

Climate Change As a Critical Health Issue

By KENDALL STAGG, JD, and BECHARA CHOUCAIR, MD, MS

The environment around us has a profound impact on health. This is true whether we interpret the word environment to mean the natural world around us — especially as affected by human activity — or if we interpret environment quite broadly to include all of the various surroundings or conditions in which we live.

Health advocates are focusing increasingly on broadly defined, upstream “environmental change” strategies to create dramatic improvements in community health and well-being. In contrast, efforts to fight climate change and safeguard the well-being of the Earth are not yet widely embraced as strategies for improving community health. In order to have a healing presence in the communities we serve, we should embrace and continue to rebrand climate change as a critical health issue.

In delivering the highest caliber of care possible, Catholic health care ministries must recognize that health usually does not begin in hospitals and clinics — health typically begins in homes and neighborhoods. In the communities we serve, we cannot limit our mission-driven, healing presence to services provided in a clinical setting.

ROOT CAUSES OF POOR HEALTH

Broadly defined, the environment around us — where we live, where we work and play, where our children learn and where we pray — has a profound impact on our health. In fact, the environment we live in is one of the best

predictors of good health, which is why ZIP code is a better predictor of health outcomes than genetic code. The environment we live in also explains why, all across America, people living just a few miles apart can have dramatic differences in health outcomes and life expectancy.

Contrary to popular belief, the root causes of poor health rarely are attributable only to poor individual choices. Food access is a clear example of how the environment around us affects health. A family living in poverty in a “food desert” community may face a complicated commute to get to a full-service grocery store. If the commute is too difficult, the family is likely to rely on the nearest convenience store for food. But there, energy drinks, alcohol, tobacco products and candy occupy most of the shelves, and frozen foods

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— high in sodium and saturated fat — often are the only practical dinner options. Dairy products typically are available in food deserts, but families with limited purchasing power often stretch their grocery dollars by buying cheap soda instead of the more expensive milk.

In many local communities, health systems are devising ways to improve access to fresh, healthy food in the neighborhoods they serve. For example, in November 2015, Trinity Health, based in Livonia, Michigan, announced the Transforming Communities initiative, a program providing grants and other forms of investment to collaborative partnerships in six communities to improve healthy living and to decrease childhood obesity and use of tobacco products.

When children lack access to environments that offer healthy, affordable food and safe places to play, pediatric obesity thrives — a condition the World Health Organization calls one of the most serious public health challenges of the 21st century.¹ What’s more, children who live in unhealthy food environments are more likely to be obese as adults, too, putting them at risk for such conditions as heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.

Countless other examples illustrate



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the profound health impact of the environment in which one lives. Dilapidated community water systems polluted with lead are dangerous environments, especially for children, as are houses containing lead-based paint. Even tiny doses of lead can cause subtle damage to developing brains; prolonged exposure can trigger serious learning disabilities and even cause violent behavior. A child's exposure to lead can dramatically change the trajectory of his or her life.

Similarly, we know the health hazards of smoking and tobacco use. The evidence is clear that smoking not only harms those who smoke, but is harmful to others — especially children — who are exposed to tobacco smoke. People who live in smoke-free environments have substantially better health outcomes.

Though the Centers for Disease Control and Prevention reported fewer children and youths smoked cigarettes between 2011-2014, more were using tobacco products in other forms — electronic cigarettes, smokeless tobacco and the like.²

“Despite recent reductions in tobacco use, the 1 in 5 high school students who reported current use of tobacco and the almost half who reported ever using a tobacco product remain at risk for nicotine dependence and the adverse health consequences of tobacco use,” the report said.³

Facts like these are why Trinity Health and national partners have taken a strong stance at strengthening tobacco legislation at the city, county and state level through Tobacco 21 initiatives to improve the health of communities.

UPSTREAM EFFORTS

For many years, health programming has focused on individual behavior, assuming that if you teach people what will make them healthy, they will find a way to do what it takes. Unfortunately, being healthy is rarely just about individual choices. The communities the health care ministry serves need to foster environments that promote health. That is where policy, systems and environmental change come in.

Focusing on policy and environmental change is a relatively new way of thinking about how to effectively improve community health and well-being. Specifically, policy and environmental change strategies recognize that where we live has an impact on how we live. These “upstream”

efforts seek to change systems and laws and to reshape physical landscapes in order to prevent obesity, diabetes, cancer and other chronic diseases.

Unfortunately, efforts to safeguard the Earth rarely are viewed as essential to improving community health and well-being. Scientific evidence is clear and unequivocal: Climate change is real and a serious threat to human health. Yet global warming is not often discussed as a public health issue — rather, we discuss it as an ecological or conserva-

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tion problem without outlining the profound, detrimental health effects climate change can have on community health and well-being. That needs to change. Climate change is an environmental health risk. Health advocates should embrace strategies for combating climate change with the same vigor that they now endorse the more broadly based environmental change strategies.

AIR, HEAT, WATER

Across the globe, the single largest environmental health risk is air pollution. According to the World Health Organization, in 2012 alone, exposure to indoor and outdoor pollutants accounted for 1 in 8 deaths worldwide.⁴ Climate change exacerbates the problem, with poorer air quality triggering significant increases in cardiovascular and respiratory illness and death.

Decline in air quality is not the only environmental health risk. Virtually all of the most likely effects of climate change have negative health implications: longer and more intense heat waves will cause droughts; rising temperatures and more variable rainfall patterns will reduce crop yields, compromising food security. This could further a nutrition crisis that already accounts for more than 3 million deaths in the world's poorest countries every year.

Health effects of climate change also will include:



- More heat stroke, heat-induced heart attacks and other heat-related diseases and deaths
- Wildfires, floods and other extreme weather events that increase deaths and injuries
- More frequent and intense flooding creates breeding grounds for disease-carrying fleas, ticks and mosquitoes
- Lyme disease, dengue fever, West Nile virus, malaria, Zika virus and other emerging diseases undoubtedly will increase — as will deaths associated with them

Climate change can threaten availability, access to and quality of water. To be healthy, a community must have clean, safe water for drinking and bathing, but this precious commodity also governs the health of crops, livestock and aquaculture that produce the food we eat. We use water to generate electricity, the advent of which allowed for proper refrigeration and virtually eliminated foodborne illnesses in the developed world. Access to water also is essential for modern-day sewage and sanitation systems. Anything that could potentially disrupt sewage treatment is a serious health concern.

THE HEART OF OUR MISSION AND CORE VALUES

Efforts to improve the environment go to the heart of the Catholic health mission and core values. Catholic teachings hold that all life is sacred, and Catholic health care always has had a special commitment to the most vulnerable, especially the poor. Combatting climate change will save lives.

In contrast, if we do nothing, the detrimental health impacts of climate change will disproportionately affect the most vulnerable populations we serve, specifically, children, the elderly and the poor, creating profound health inequity and social justice problems that Catholic health care works so hard to eradicate.

Catholic health care must not be silent. We should take action and use our position as trusted

health leaders to broaden and steer conversations about climate change and environmental stewardship to include dialogue about combating increases in childhood asthma, preventing surges in infectious diseases, addressing malnutrition and food insecurity and the many other health implications climate change carries.

Pope Benedict XVI, Pope Francis and the U.S. Conference of Catholic Bishops have called repeatedly for bold, courageous action against the degradation of the Earth. Answering their call to action will have a transformative healing presence in the communities we serve.

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NOTES

1. World Health Organization, “Global Strategy on Diet, Physical Activity and Health: Childhood Overweight and Obesity.” www.who.int/dietphysicalactivity/childhood/en/.
2. Centers for Disease Control and Prevention, “Fact Sheet: Youth and Tobacco Use.” www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm#factors.
3. Centers for Disease Control and Prevention, “Morbidity and Mortality Weekly Report: Tobacco Use Among Middle and High School Students — United States, 2013.” www.cdc.gov/mmwr/preview/mmwrhtml/mm6345a2.htm?s_cid=mm6345a2_w.
4. World Health Organization, “7 Million Premature Deaths Annually Linked to Air Pollution,” news release, March 25, 2014. www.who.int/mediacentre/news/releases/2014/air-pollution/en/.

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