CLIMATE CHANGE AND HEALTH EQUITY

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Building Climate Resilient Health Systems in the Americas: Workshop for Health Sector Decision Makers

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The Lək̓ʷəŋən Peoples, known today as the Songhees and Esquimalt Nations, and the Métis Chartered Community of Greater Victoria
PRESENTATION
OBJECTIVES

• Understand the linkages between climate change and health equity

• Identify resources, tools, and approaches to help center health equity into climate change activities

• Identify examples of climate change adaptation and mitigation measures that promote and advance health equity
INEQUITIES ARE SYSTEMATIC, AVOIDABLE, UNFAIR, AND UNJUST

<table>
<thead>
<tr>
<th>Inuit Nunangat</th>
<th>All Canadians</th>
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<tbody>
<tr>
<td>72.4 years</td>
<td>82.9 years</td>
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<tr>
<td>The Average life expectancy for</td>
<td>The average life expectancy for all</td>
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<tr>
<td>residents in Inuit Nunangat</td>
<td>Canadians</td>
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<td>12.3</td>
<td>4.4</td>
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<tr>
<td>The infant mortality rate per 1000 for Inuit infants in Canada</td>
<td>The non-Indigenous infant mortality rate per 1000 for Canada</td>
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</tbody>
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12.3 The infant mortality rate per 1000 for Inuit infants in Canada

4.4 The non-Indigenous infant mortality rate per 1000 for Canada

(Adapted from ITK, 2018)
CLIMATE CHANGE IS ALREADY NEGATIVELY IMPACTING THE HEALTH OF PEOPLE AND OUR HEALTH SYSTEMS

(Clayton, 2014)
THE INTERSECTION OF CLIMATE CHANGE AND HEALTH EQUITY IS COMPLEX

- Those at highest risk are typically least responsible
- Differential and disproportionate experiences of climate vulnerability due to health inequities
- Differential outcomes of adaptation and mitigation actions
- Inequitable participation in adaptation planning
Impacts on Community and Individual Health and Well-being

(Schnitter et al., 2022)
Differences in exposure, sensitivity and adaptive capacity result in some people being more severely affected by climate change (Gamble et al., 2016).
BC HEAT DOME 2021

Extreme heat event in B.C. resulted 619 deaths between June 25–July 1, 2021

- 98% of deaths occurred indoors
- 67% were 70 years of age or older
- More than half lived alone (56%)
- Many lived in socially or materially deprived neighborhoods
- More than 80% of decedents were on three or more chronic disease registries
- Many deaths were in urban areas with low greenness (fewer trees) surrounded by large roads, large buildings, and high density

(BC Coroners Service, 2022; Lee et al., 2023)
WHO IS MOST AT RISK?

POPULATIONS COMMONLY IDENTIFIED AS AT HIGHER RISK INCLUDE:

• seniors and children
• pregnant people
• people with chronic medical conditions
• low-socioeconomic status
• racialized populations
• Indigenous peoples
Population groups are not homogenous

Individuals have a variety of vulnerability and resilience factors

(Schnitter et al., 2022)
INDIGENOUS PEOPLES ARE UNIQUELY SENSITIVE TO THE IMPACTS OF CLIMATE CHANGE

- Relationships with and dependence on land, waters, animals, plants, and natural resources for their sustenance, livelihoods, cultures, identities, health and wellbeing
- Greater existing burden of health inequities
- Historic and ongoing effects of colonization
- Socio-economic and political marginalization

Indigenous knowledge systems and practices are key to First Nations, Inuit, and Métis peoples’ ability to observe, respond, and adapt to climate and environmental changes.

(UNEP, 2019; Berry & Schnitter, 2022)
Climate change adaptation measures, which are meant to protect human health, are not experienced in the same way across populations and communities.
In the absence of careful planning, adaptation measures may have unintended outcomes that adversely impact some population groups or exacerbate existing inequities

Urban green space example:

- Low income and racialized communities have less access to tree canopy cover and public green spaces
- Increase in green spaces could also perpetuate gentrification and increase property values, which may lead to the displacement of low-income residents and small local businesses
Health equity should be an important focus of climate change and health activities.
The absence of equity considerations in climate change and health activities could result in undesirable outcomes

- Inadvertently reinforce, redistribute, or create new inequities
- Overlook critical vulnerabilities and needs
- Inequitable outcomes and maladaptation
- Significant impacts on the health system

$230 billion of direct medical care costs and $1 trillion of indirect costs associated with illness and premature death could have been saved in the US between 2003-2006 if health disparities were eliminated

(Rudolph et al., 2015; Bennette & King, 2018; Ericksen et al., 2021)
Tools and resources can enhance the integration of health equity considerations in V&As and adaptation and mitigation measures

Health Equity Impact Assessments & Sex and Gender-Based Analysis Tools
- Health Equity Assessment Toolkit (PAHO)
- Health Equity Impact Assessment Tool (OMHLTC, 2012)
- Gender Based Analysis Plus (Government of Canada, 2019)

Resiliency and Asset Mapping
- Climate Change, Health, and Equity: A Guide for Local Health Departments (Rudolph et al., 2018)
- Asset Mapping Toolkit (UCLA, n.d.)

Vulnerability Mapping
- Vancouver Coastal Health’s climate vulnerability index and mapping project (VCH, 2020)

Community Engagement
- Equitable Climate Adaptation: Considerations for Local Governments (ICLEI, 2022)
Ensuring inclusive, equitable, and community-based participation in the adaptation process is critical for effective adaptation actions.
Equitable participation and the inclusion of diverse voices

Residents and community based organizations have important knowledge of:

- the assets and resources available in their community
- local and traditional knowledge
- past health interventions and campaigns (successes and challenges)
- can leverage their networks to help with communication and outreach of V&A results
Health equity can be advanced, and determinants of good health strengthened, through adaptation.
Increasing a “health in all policies” approach to climate adaptation and NDC’s

• consideration of health across all sectors can lead to improvements in health, health equity, and sustainable development

• the Americas have a high level of consideration of health in NDCs, with over 90% of NDCs referencing health

• spending on health and health-related adaptation efforts in the Americas far exceeds that of other regions and has increased over time, reaching over USD$30 per capita in 2018–2019

(Watts et al., 2021; IANAS, 2022)
InosiKatigeKagiamik Illumi: Healthy Homes in Nunatsiavut

- Project aimed to develop climate-resilient housing infrastructure that was culturally-relevant, affordable, energy efficient, and reduced the health impacts from overcrowded dwellings and mold
- Community-driven housing design process
- Addresses key climate risks and contributes to strengthened determinants of health

(ISC, 2019; Bennett, 2015)
Nurses for Cool and Healthy Homes

Fresno County, California

• one of the hottest parts of the county (92 days each year over 40°C)

• 22% of the population live in poverty

• racialized populations comprise 62.5% of the population

• Incorporate heat risk assessments into nurse home visits

• Energy assistance and health referrals are made including utility payment assistance, home energy improvement, and heat health information

(Rudolph et al., 2015)
Reflecting on actions to address climate change in the context of established public health roles to improve health equity

Centring equity in emerging public health responses to climate change

By Parmas Mazumder on March 08, 2020

This is the second blog in a series that explores the connections between climate change, health equity and public health. Click here to read the first blog in this series.

THE NEED FOR MULTISECTORAL INTERVENTIONS AND COLLABORATION
MONITORING AND EVALUATING ADAPTATION ACTIONS

(Boeckmann & Zeeb, 2016)
THANK YOU!

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