

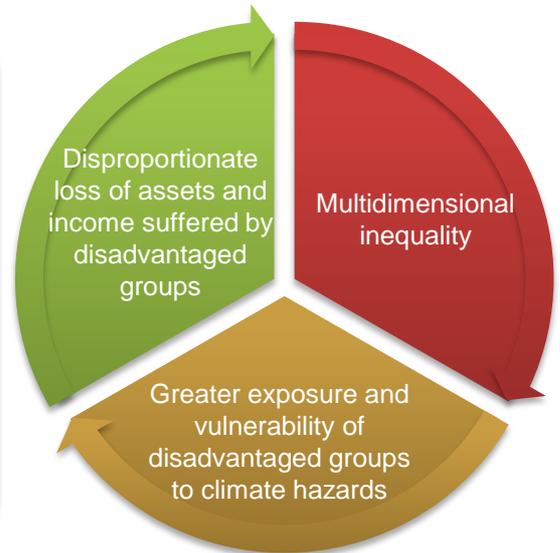
HEALTHY COMMUNITIES AND INEQUALITIES

Tackling the vicious cycle between climate change and health inequalities

How does climate change relate to health inequalities?

To understand the relationship between climate change and health inequalities, a useful conceptual framework is to consider a “**vicious cycle**”¹. The cycle begins with initial multidimensional inequalities, which cause the disadvantaged groups to suffer disproportionately from the adverse effects of climate change, which in turn worsens inequalities.

Evidence suggests that climate change worsens such inequalities through three channels: (i) causing greater exposure of the disadvantaged groups to climate hazards, (ii) increasing their susceptibility to damage caused by these hazards, and (iii) decreasing their ability to cope with and recover from damage. This applies to both across-country and within-UK contexts.



(i) Exposure to climate change hazards

In general, exposure is primarily influenced by the **location of residence** and **nature of work**.

International – e.g. a high proportion of the poor are living low-elevation zones in developing regions¹.

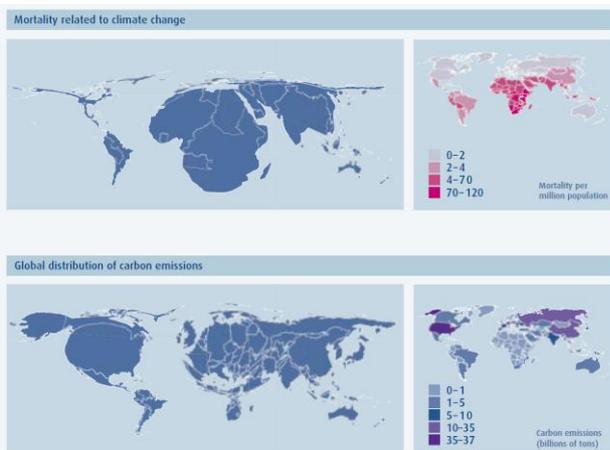
UK – e.g. older people in hospitals and care homes tend to be disproportionately affected by heatwave events².

(ii) Susceptibility to damages caused by climate change

Health impacts will not be the same for all because of the **differential sensitivity** and susceptibility of individuals/groups.

International – e.g. people living in poverty are more susceptible to malaria and water-borne diseases when access to piped water is limited¹.

UK – e.g. isolated people, those with limited mobility, and immigrants with limited language skills may have limited adaptive capacity³.



This figure shows the global distribution of carbon emissions (bottom) and mortality related to climate change (top) for diseases attributable to temperature rise over 30 years⁴.

(iii) Ability to cope and recover

Inequality implies **less resources** for the disadvantaged groups to undertake **copng and recovery** measures.

International – e.g. poor households in Sub-Saharan Africa were found more likely to provide their children with lower-quality nutrition and withdraw their children from school following climate hazards to save expenses, which jeopardises the children’s short term and long term health outcomes¹.

UK – e.g. the low-income households’ uninsured losses to assets cannot be recovered and repeated exposure to flooding can deplete vulnerable households’ assets³.

What can be done to tackle the vicious cycle?

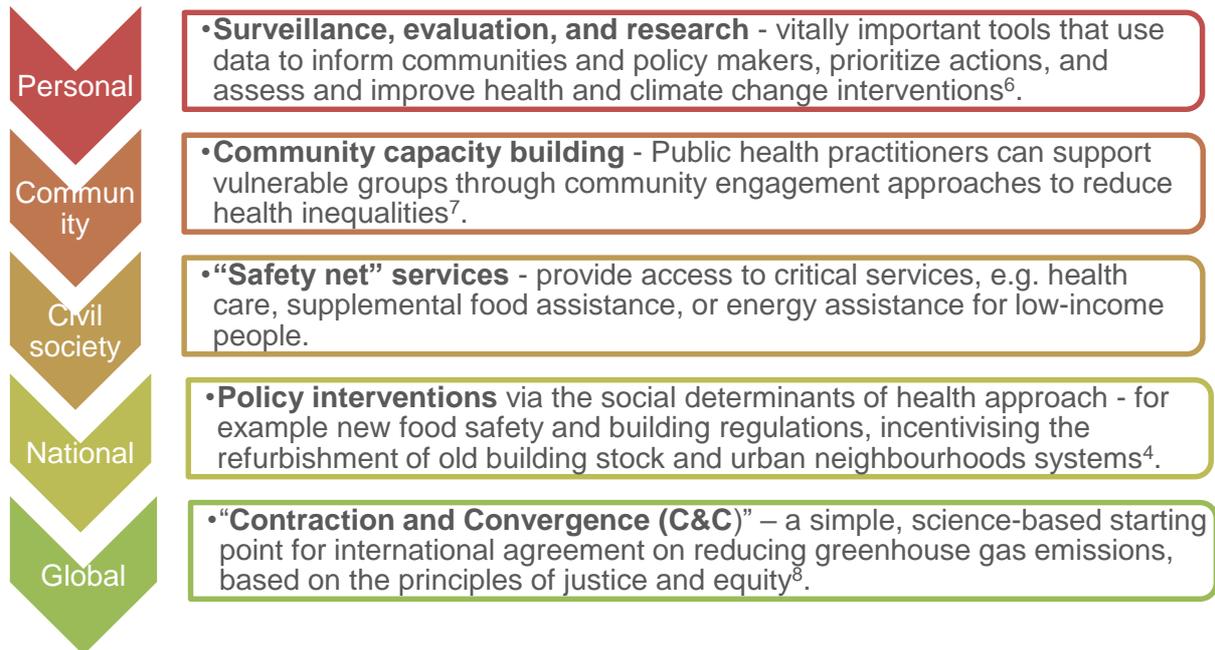
An important point to bear in mind is that **strategies which rely on people’s own initiative** (such as health education) can **increase rather than decrease health inequalities**. For instance, income inequalities and different levels of trust and engagement translate to different uptake of adaptation measures among different groups of people. Educational status, immigration status, and age may also influence people’s ability to translate health education into plans and actions, as well as to undertake adaptation measures.

On the other hand, **public preparedness measures** have good potential for alleviating health impacts of climate change and related health inequalities. For example, early warnings for emergency services and public service delivery organisations may confer important benefits to vulnerable groups if they lead to improved preparedness and existence of joined-up plans in different service delivery organisations³.



A good example is the Heat Wave Plan for England, which was developed to protect the population from heat-related harm to health, with specific strategies for particular vulnerable groups such as older people living in care homes⁵.

Some ideas for action at different levels



Take-home messages

- Climate change will have differential health impacts on different groups of people, because of differences in their exposure, susceptibility, and ability to cope.
- Different strategies for avoiding and mitigating health impacts of climate change can have quite different implications for health and social inequalities.
- Strategies based on individual preparedness, action and behaviour change may in turn aggravate them due to selective uptake of measures and the lack of engagement of some social groups, unless coupled with broad public information campaigns³.
- On the other hand, health education and public preparedness measures that take into account differential exposure, sensitivity and adaptive capacity of different groups may help to address health and social inequalities³.

References

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7. NICE guideline [NG44] Community engagement <https://www.nice.org.uk/guidance/ng44> (accessed 2 July 2019)
8. Roberts I (2009). The health benefits of action on climate change, in Griffiths J, Rao M, Adshead F and Thorpe A (eds), *The health practitioner's guide to climate change: diagnosis and cure*. Earthscan.

Professional Development Questions

1. What are some example(s) of differential health impacts on different groups of people you could identify in your local area or through your work?
2. In your professional or personal capacity, what are some strategies or actions you could take to start breaking the vicious cycle between climate change and health inequalities?

FPH General CPD Questions

1. What did I learn from this activity or event?
2. How am I going to apply this learning in my work?
3. What am I going to do in future to further develop this learning and/or meet any gaps in my knowledge, skills or understanding?