

## FACULTY OF PUBLIC HEALTH SPECIAL INTEREST GROUP – SUSTAINABLE DEVELOPMENT

### Resources on climate change and sustainable development

## MODEL ANSWERS TO SPECIFIC PROFESSIONAL DEVELOPMENT QUESTIONS

**NB – many questions do not have “answers” but highlight issues for consideration**

### Resource K2: Sustainable Economy Q1

1. Is there a fundamental tension between improving health and living within the means of the planet?

Suggested list of points that should be covered in an answer

*Some would argue that economic growth is essential to improve health in some areas*

*Others would argue it has been other types of progress that have been associated with economic growth – and health can be improved without growth*

*Some would argue that there are different types of economic growth and some could support living within the means of the planet*

*However, absolute de-coupling has not happened so others would argue that an economy not predicated on growth but on different indicators of improvement is most likely to support living within means of the planet*

### Resource K4: Health Impacts of Climate Change

1. b and d are both true, the others are false.

2. c is the correct answer

### Resource K7: Sustainable Food Systems

Answers:

1. B – The farm stage is responsible for 61% (81% if you include deforestation) of all food system GHGE. Transportation, packing and retail combined contribute only 1 – 9% of all food system GHGE.
2. C and D. A – Phosphorous is a non-renewable resource and supplies are expected to be depleted within 50 to 100 years. B – For every 100 calories fed to an animal used to produce food, approximately 7 – 30 are available for human consumption. E – In the UK, approximately 40% of all antibiotics are used for livestock.

## Resource A6: Fuel Poverty and Affordable Warmth

Suggested answers:

1. This might include: advice on keeping your home warm efficiently and measures to help keep in the warmth, as well as advice to help people look after their own health (including broader measures to stay well in winter, such as the flu vaccine, and specifics such as asking to be added to the priority services register), looking out for vulnerable friends, neighbours or relatives, and how to access financial support if eligible – see pages 10-11 of the PHE/NHS Cold Weather Plan for more detailed advice on each of these areas.
2. That properties may be far from the gas grid; properties may be older, with more rural properties being solid walled and “off gas”, so harder and more expensive to heat. Solutions to reduce energy costs may be more expensive than in urban areas. Important to seek to ensure that the additional barriers of geography and cost are overcome, to provide equitable energy efficient solutions which address rural health inequalities.
3. Any of: Local housing mix (in terms of energy efficiency and building type); number, demographics and distribution of homes/families living in fuel poverty; home ownership (due to associated impacts on residents’ ability to agree to insulation or boiler improvements); existing home improvement/energy advice schemes, whether to target only people with pre-existing health conditions; available budget/funding sources.
4. *Advantages*: more closely related to home energy efficiency and therefore potentially more helpful in tracking progress in relation to improving this; the fuel poverty gap (related to the LHIC definition) allows the depth of fuel poverty to be monitored, not only the prevalence. *Disadvantages*: not significantly affected by changes in energy prices (since these also affect median costs), and therefore does not reflect the significant impact these can have on affordability. For further discussion of this, see <https://www.gov.scot/publications/new-definition-fuel-poverty-scotland-review-recent-evidence/pages/7/> and Middlemiss L. A critical analysis of the new politics of fuel poverty in England. *Critical Social Policy*. 2017 Aug;37(3):425-43.
5. Programme activity and outputs, data on home temperature change, impacts on stress and mental wellbeing, physical health benefits, equity considerations (horizontal and vertical), service access and acceptability, user experience, responsiveness and response times, financial savings, reductions in fuel use and/or emissions, indirect or wider social impacts (e.g. air pollution, reduced food poverty/improved nutrition).

## Resource A9: Adaptation to Climate Change

Answers

1. A, B, D & E should all be considered. C is less directly relevant, although the incidence of vector borne diseases will have an impact on healthcare needs, so good quality surveillance may assist with service planning in the future.
2. A, C & D: These will all contribute to resilience in terms of health through either direct or indirect means. B is a mitigation action, aimed at reducing emissions. However this could also have positive impacts on health by contributing to reductions in global warming but may also reduce exposure to pollutants created during energy production (e.g. reduced pollution from coal power stations).