In the News

New Federal Office Will Tackle Climate Change as Health Threat Borne Unequally by Vulnerable Groups

Joan Stephenson, PhD

Just a day after Hurricane Ida made landfall in Louisiana on August 29 as a powerful category 4 hurricane—and as wildfires continued to ravage the West—the US Department of Health and Human Services (HHS) announced the launch of a new office to address the health threats posed by hurricanes, flooding, fires, and other climate change–fueled disasters, especially to communities that are disproportionately affected by the effects of a warming planet.

The mission of the new Office on Climate Change and Health Equity (OCCHE), the first of its kind at the national level to address climate change and health equity, is to treat climate change as a public health issue and protect the health of vulnerable communities that are disproportionately affected by pollution and climate-fueled disasters such as wildfires, extreme heat, drought, hurricanes, and flooding. The establishment of the OCCHE is part of the response to President Joe Biden's Executive Order on Tackling the Climate Crisis at Home and Abroad.

"In just the last few weeks, we have seen what climate change can do to the health of the American people," HHS Secretary Xavier Becerra, JD, said at a press briefing announcing the new office. "Farmworkers in the fields and elderly people in sweltering apartments are dying from severe heat. Wildfires are choking people, wiping out entire towns, worsening the risks of the COVID-19 pandemic," he said, also noting that floods from a series of tropical storms led to drownings in the Southeast and vanishing reservoirs in California.

"The alarm bells are ringing, and we can't afford to ignore them any longer," he said, noting that the consequences for inaction are real and worsening.

The World Health Organization estimates that from 2030 to 2050, the effects of climate change will cause at least 250,000 additional deaths each year.

A new report from the Environmental Protection Agency (EPA), released just days after the announcement of the OCCHE, examined how effects of a rise in global temperature of 2 °C (3.6 °F) (relative to the 1986-2005 average) or 50 cm of global sea level rise (relative to 2000) would affect 4 socially vulnerable groups—those with low incomes, racial and ethnic minority groups, those with less than a high school diploma or equivalent, and those aged 65 years or older.

The EPA analysis found that of the 4 socially vulnerable groups, racial and ethnic minority groups are the most likely to live in areas with the highest projected levels of climate change effects.

For example, the report notes that Black and African American individuals are 40% more likely than others to live in areas with the highest projected increases in mortality rates resulting from climate-driven changes in extreme temperatures, and they are 34% more likely to live in areas with the highest projected increases in childhood asthma diagnoses because of climate-related changes in particulate air pollution.

One of the OCCHE's chief responsibilities is identifying communities with disproportionate exposures to climate change–related hazards and addressing health disparities exacerbated by the effects of climate to "enhance community health resilience" to help reduce the effects of climate change, said Rachel Levine, MD, Assistant Secretary for Health, at the press briefing. "We will work closely with our regional offices to help tailor solutions that meet each region's unique needs."

A second area of focus will be aiding regulatory efforts to reduce greenhouse gas emissions and air pollution in the health care sector. The US health sector accounts for approximately 8.5% of US carbon emissions, whereas the global health sector accounts for just 4.5% of global carbon emissions.

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emissions, Levine said, noting that OCCHE will partner with hospitals and health systems “to reduce their greenhouse gas emissions, and make them more resilient to the impacts of climate change.”

Another priority for the new office is harnessing recovery and infrastructure funding to combine climate resilience with health equity, Levine noted.

“We are understanding more and more how the environments where people are born, live, work, play, worship, and age can either make people healthy and long-lived or contribute to illness and health disparities,” Levine said. The office will explore opportunities to partner with philanthropic entities and the private sector and support training opportunities to nurture “the next generation of climate change and health equity leaders,” she added.

The HHS has requested $3 million from Congress to fund its activities next year. John Balbus, MD, MPH, who previously served as Senior Advisor for Public Health to the director of the National Institute of Environmental Health Sciences, will head the new office on an interim basis.

“We’re going to have to try to bring together all the authorities we have under our jurisdiction to protect the health of Americans,” said Becerra.

ARTICLE INFORMATION

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