



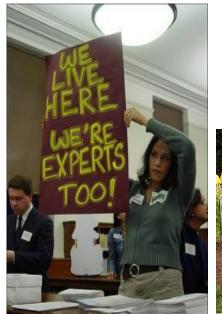




# Climate Change and Health Equity: Existing Disease Burden

Neil Maizlish, PhD
Office of Health Equity
California Department of Public Health

Public Health Work Group Sacramento, February 24, 2015











## **Climate Change and Health Equity**

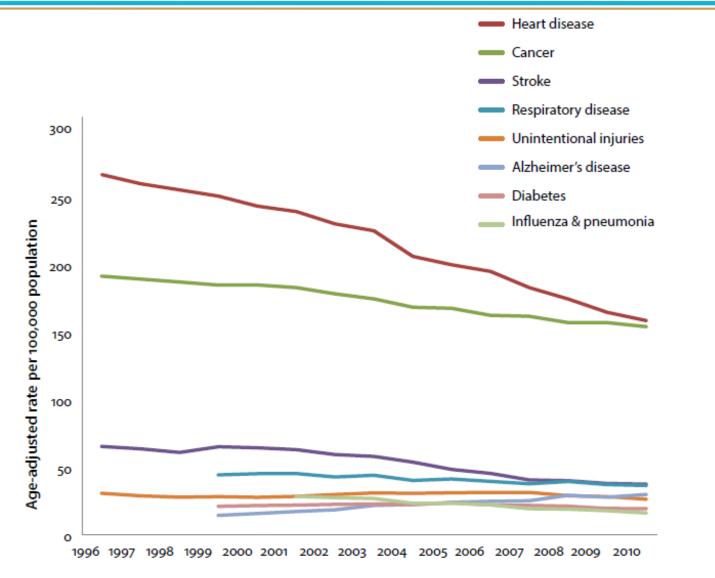
- What is the existing burden of disease?
- What are the existing inequities in health outcomes?
- What is producing population vulnerabilities and inequities in the health outcomes?
- How will climate change impact health outcomes and the factors producing health inequities

"Climate change will, absent other changes, amplify some of the existing health threats the nation now faces. Certain people and communities are especially vulnerable, including children, the elderly, the sick, the poor, and some communities of color." – 3<sup>rd</sup> National Assessment of Climate Change, 2014





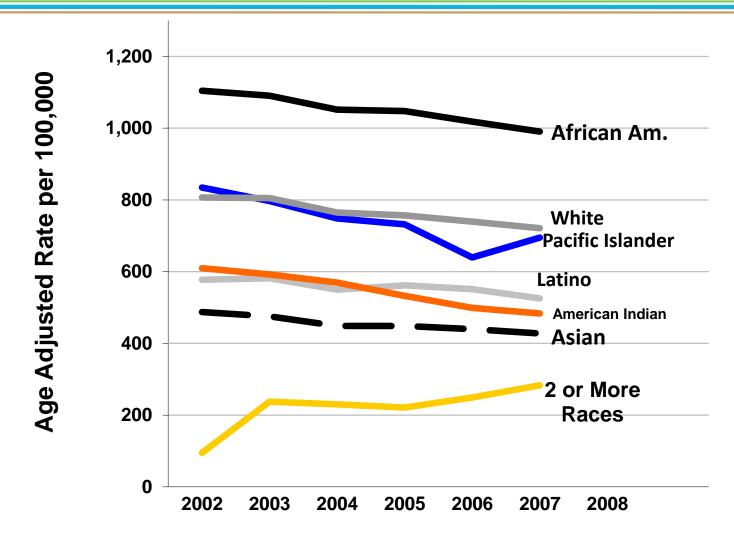
### Burden of Disease and Injuries: Leading Causes of Death, California







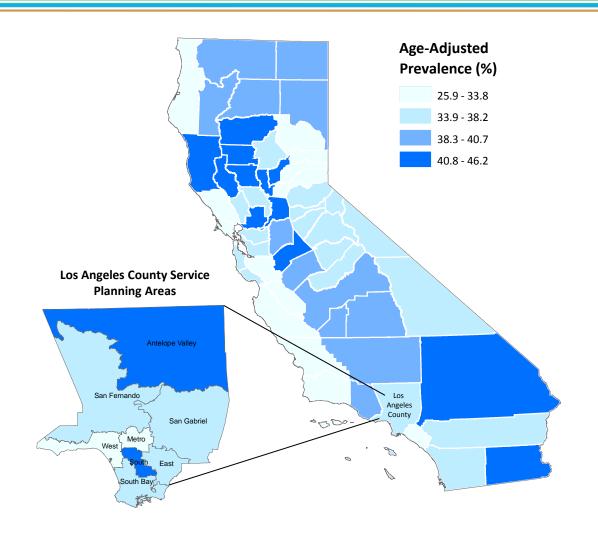
#### Disparities in the Disease Burden: Deaths by Race/Ethnicity, California, 2002-2007



Source: California Department of Public Health; Department of Finance



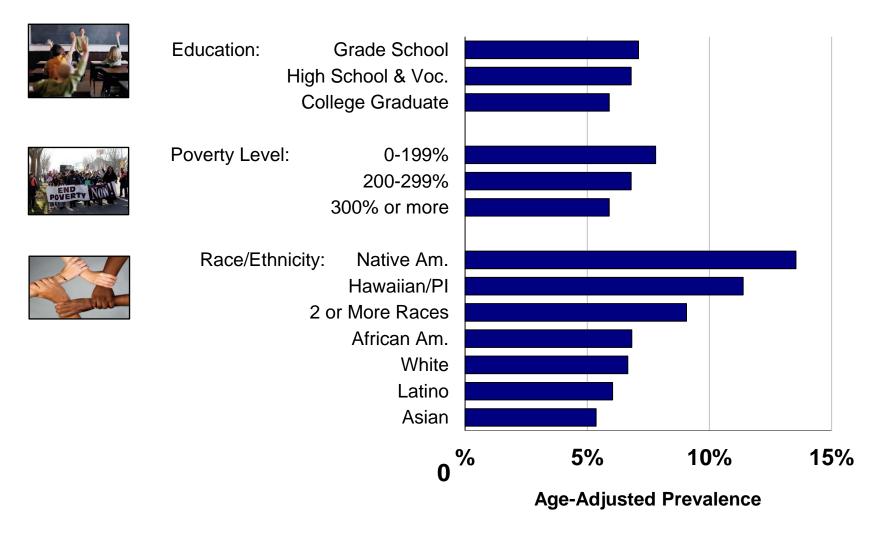
# Disparities in the Disease Burden: Share of Adults with One or More Chronic Conditions, by County and Service Planning Areas of Los Angeles County, 2007



Source: Lui C, Wallace S. Chronic Conditions of Californians: California Health Interview Survey. Oakland, CA: California Health Care Foundation, 2010.



# Disparities in Disease Burden: Social Determinants Influence the Share of the California Adults Who Were Ever Told by a Doctor They Have Heart Disease, 2007



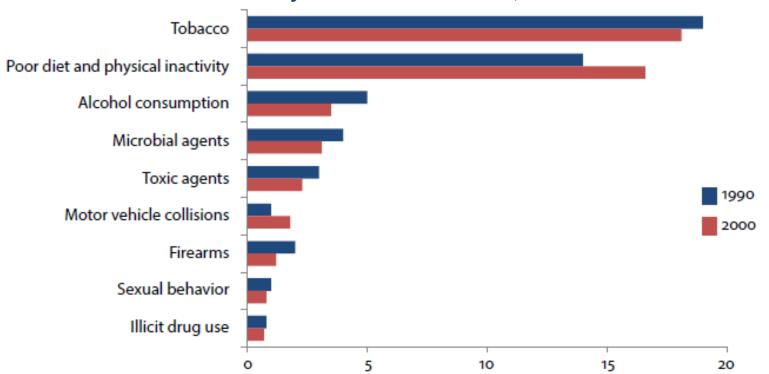
Source: California Health Interview Survey (CHIS), 2007



### Traditional Public Model of Burden of Disease and Injury

- 3-4-50
  - 3 behavioral risk factors (tobacco, poor diet, physical inactivity) associated with
  - 4 major diseases (heart, cancer, stroke, diabetes) that account for
  - 50% of deaths

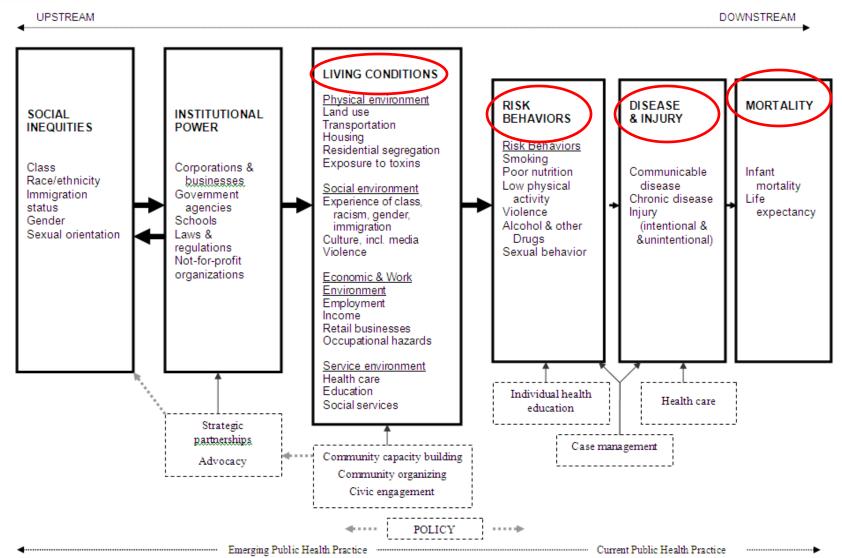






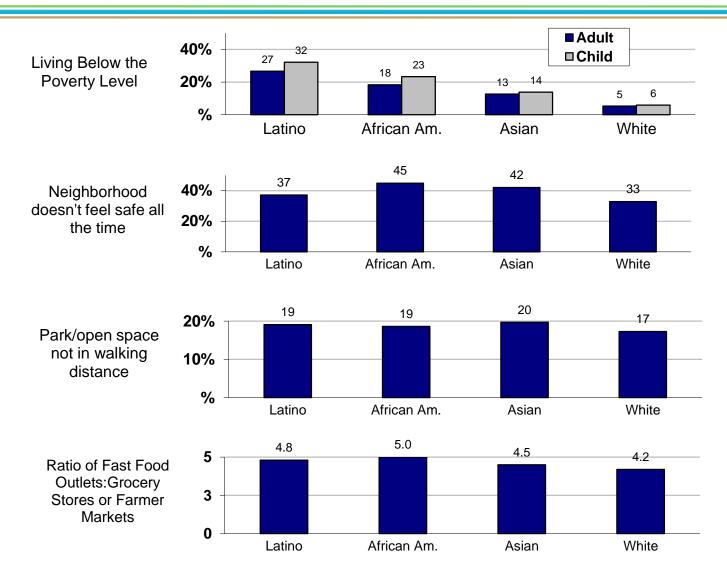


#### A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE





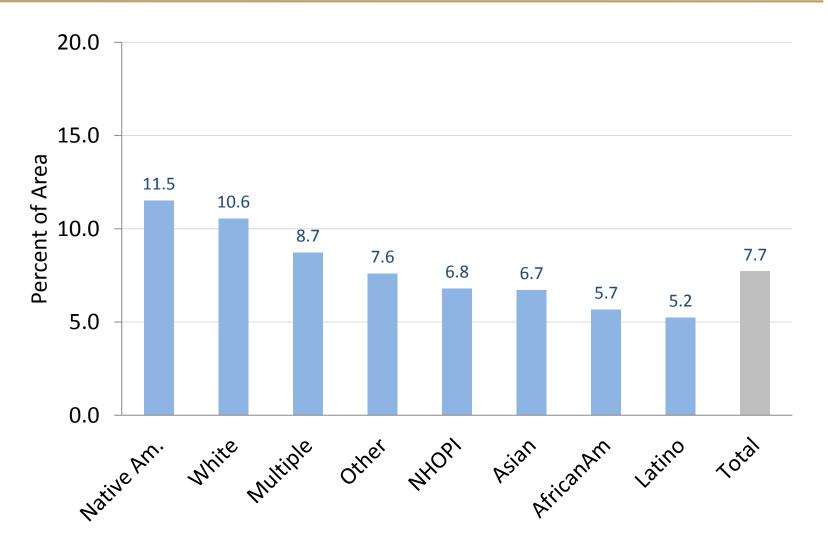
# Some populations have a disproportionate share of risk factors and social determinants that adversely affect health

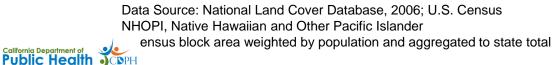




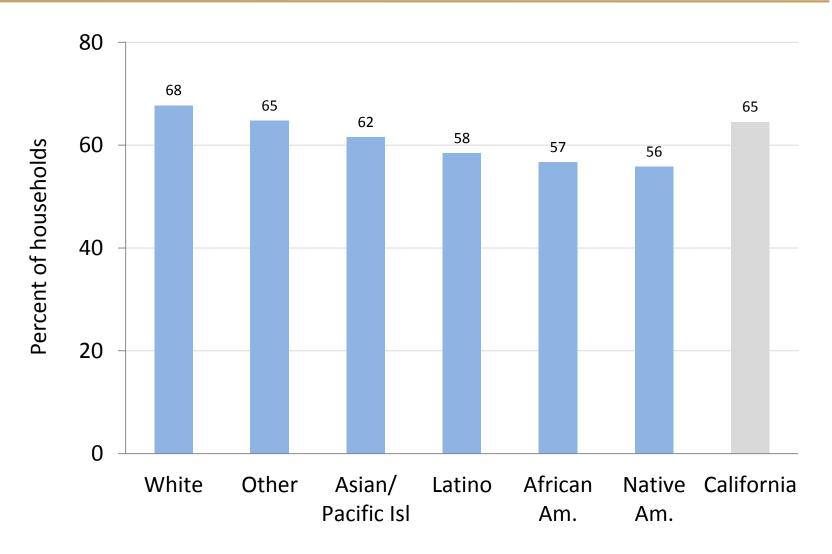
Source: California Health Interview Survey (CHIS), 2007

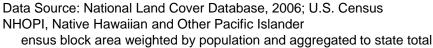
#### Tree Canopy Coverage\* by Race/Ethnicity, California, 2011





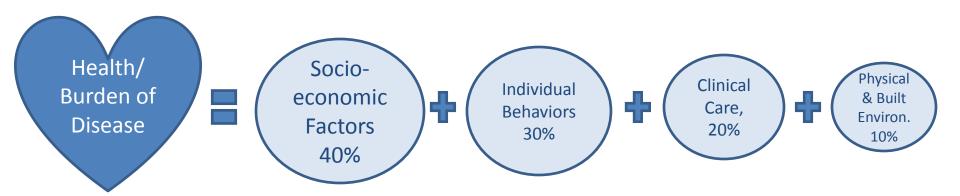
#### Prevalence of Household Air Conditioning by Race/Ethnicity, California, 2009





Public Health JCDPH

# **Cumulative Impact**



Source: Robert Wood Johnson/University of Wisconsin, Commission for a Healthier America, County Health Rankings, 2012



#### Cumulative Impact of Social Determinants of Health Over the Life Cycle and Generations

A White child from the Oakland Hills can expect to live to 85 years old, whereas an African-American child living in West Oakland—just a few miles away—can expect to live only to 70.

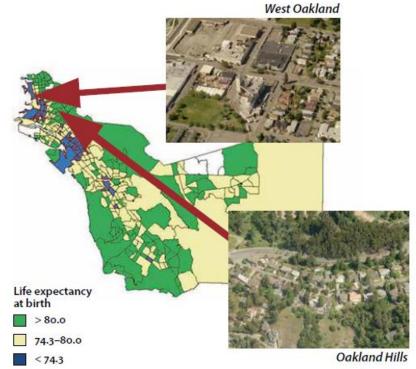
The child from West Oakland is:

- 1.5 times more likely to be born prematurely
- 7 times more likely to be born into poverty
- 2 times as likely to live in a home that is rented
- 4 times more likely to have parents with only a high-school education
- 2.5 times more likely to be behind in childhood vaccinations
- 4 times less likely to read at grade level by fourth grade
- 4 times as likely to live in a neighborhood with double the density of liquor stores and fast food outlets
- 5.6 times more likely to drop out of school

As an adult, he or she is:

- 5 times more likely to be hospitalized for diabetes
- 2 times more likely to be hospitalized for heart disease
- 2 times more likely to die of heart disease
- 3 times more likely to die of stroke
- 2 times as likely to die of cancer

Life Expectancy by Census Tract, Alameda County, 2000



		West Oakland	Oakland Hills
Percent	High school grads	65%	90%
	Unemployment	12	4
	Poverty	25	7
	Home ownership	38	64
	Non-White	89	49

Sources: Alameda County Public Health Department, 2008, 2012



# How Does Climate Change Interact with Health Inequities and Factors that Produce Them?

- Poorer health is more prevalent in socially vulnerable populations
- Some vulnerable/disadvantaged live in higher climate risk areas (e.g., poor disproportional residing in urban heat islands)
- Some vulnerable populations have lower adaptive capacity
- Inequities in co-benefits or harms of climate mitigation or adaptation strategies, or inaction



### **Contact Information**

## Neil Maizlish (Neil.Maizlish@cdph.ca.gov)

### Office of Health Equity



