

Expanding the Public Health Role in Mitigating Climate Change

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Climate change continues to be a hot topic for many cities and states, including those in the Northwest. Three of our states (Montana, Oregon, and Washington) participate in the Western Climate Initiative, a regional collaboration among seven western states and four Canadian provinces. Seattle and King County are active in the US Conference of Mayors Climate Protection Center, launched in early 2007 to equip cities with knowledge and tools.

What is the public health role in these emergent efforts? Our epidemiologists are regularly tapped to assess potential health impacts of the various outcomes of climate change. Other public health specialties are less involved in climate change “adaptation and mitigation responses,” which involve transportation and land use. There are several notable exceptions, particularly at Public Health - Seattle & King County.

The recent public health focus on the obesity epidemic suggests a relationship between the “built environment” and health. The Centers for Disease Control and Prevention (CDC) definition of built environment includes homes, schools, workplaces, parks and recreation areas, greenways, business areas, transportation systems, electric transmission lines, sewers, and land-use plans and policies.

The challenge for public health is not only in documenting the health impacts of the built environment, but also in early involvement with program and policy issues that shape how our communities are put together. We have a *bona fide* stake in building sidewalks, bicycle trails, and traffic calming strategies that reduce vehicle speeds and improve safety. We can create a greater sense of “place” by connecting streets, encouraging neighborhood businesses, and supporting a residential density that discourages driving. We can address health disparities such as a lack of access to recreational facilities in low-income areas and communities of color.

Public health leaders generally recognize the problem, but lack resources to address it. The National Association of County and City Health Officials (NACCHO), in conjunction with George Mason University and the Environmental Defense Fund, published a survey in 2008 on local public health engagement in climate change. While 60 percent of those surveyed thought climate change will lead to serious health problems, and more than half of local directors said preparing for climate change was an “important priority,” only 19 percent said

climate change was among their department’s top ten priorities.

Sustainable funding is a constant strain for the public health system, which competes with other critical services and sectors, such as law enforcement and social services, for finite dollars. This dynamic puts a premium on continuing our core work and not taking on emergent issues such as the built environment.

For those in public health who provide direct service, jumping into the conceptual world of systems and policies may not be intuitive. We will need to work with new partners in zoning and planning, transportation, recreation, agriculture, and land conservation.

Public health is accustomed to taking a leadership role or working closely with other parts of the health care system. In the built environment arena, the public health viewpoint is not necessarily obvious to some of the new partners, and we may need to demonstrate our value to earn a seat at the table.

I do not mean to imply that public health always sits on the sidelines in the mitigation discussions. In Washington State, the 2007 King County Climate Plan calls out “land use and growth management” and “transportation” as two of the four key areas of its action plan, and includes the health department in both the Global Warming Action Team and the Adaptation Team. The report explicitly includes a goal section titled “Public Health, Safety and Emergency Preparedness.”

In other jurisdictions, new concepts for planning and transportation are moving ahead without a public health perspective. This is unfortunate, as public health is adept at proposing, communicating, and implementing system-wide solutions with a population-wide impact. Improved health status is a strong selling point for built environment strategies, though it is currently underplayed.

The burden is clearly on public health to demonstrate our field’s contributions to policy and systems solutions, especially in sectors that may lie outside our comfort zone. ■

Author

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