



Conclusion

Climate change threatens the fundamentals that sustain life and health—fresh water, food, clean air, shelter, and security—and thus threatens the health and possibly the very survival of the communities that local health departments serve. To fulfill the very definition of public health—“what we, as a society, do collectively to assure the conditions for people to be healthy”—climate change must be integrated across all aspects of public health practice.¹

Climate change is happening now, is largely due to human activities, and is amenable to action to slow its pace and reduce its impacts. Climate change is a global phenomenon, but it is people and communities at the local level that experience its consequences. Climate change exacerbates local and global health inequities because some people and communities bear an unfair burden of these health harms, including low-income communities, communities of color, native and tribal communities, the very young and very old, and those with chronic illnesses.

The root causes and upstream drivers of climate change and health inequities are often the same: Our energy, transportation, land use, housing, planning, food and agriculture, and socioeconomic systems critically influence levels of climate pollution and community living conditions.

Our actions now will affect the magnitude of climate impacts and the extent to which communities thrive in the face of climate change and recover in the aftermath of climate-related disasters. Local public health departments have a professional and ethical responsibility to address this urgent threat, just as they have done in addressing other emergent threats to the health of the public.

LHDs are on the front lines and public health workers are seeing the impacts of climate change every day. They can help policymakers and the public understand the breadth of climate health impacts, and the urgent need for climate action.

Interventions to address climate change and health inequities range from upstream structural, policies, and systems changes to downstream treatment, rehabilitation, and disaster recovery efforts. Interventions along the entire spectrum are needed to protect and promote health in the era of climate change. However, upstream solutions have the greatest benefits, providing primary prevention and promoting healthy, equitable, sustainable, and resilient communities.² Public health leaders can show how transformative upstream changes can protect people and build healthy and equitable communities in the era of climate change.

Building political and economic power and voice of marginalized communities are essential components of climate resilience. Especially for historically disenfranchised low-income communities and communities of color, imbalances in political and economic power have allowed the perpetuation of unhealthy living conditions associated with health inequities and climate vulnerability. LHDs can support genuine participation of community members in decisions about how local governments respond to climate change to ensure that those most impacted by climate change and climate action have a voice in shaping their future.

LHDs have a proven track record of succeeding against powerful forces to protect health from complex threats, resting on a commitment to addressing cultural, economic, political, structural, and corporate forces that shape the environments that determine health. With similar commitment and effort, LHDs can play an essential role in addressing climate change and its impacts on health and health equity.

Climate change is a public health emergency. The time to act is now.