

# CLIMATE CHANGE AND HEALTH

## CARIBBEAN PRACTITIONER HANDOUT

### What Health Practitioners Should Know?



#### VULNERABLE GROUPS

1

Children  
Elderly  
Differently abled people  
Individuals in flood-prone areas  
Pregnant people

People with chronic diseases  
Immunocompromised persons  
Individuals with mental disorders

#### NATURAL DISASTER IMPACTS

Acute allergies, acute injuries, vector-borne disease risks, and PTSD.

Environmental risks: Heat, Storms, Flooding, Drought.

Food and water insecurity.

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#### MEDICATIONS THAT INCREASE HEALTH RISK DURING CLIMATE EVENTS

ACE inhibitor  
Diuretics  
Beta-blockers

ARB's  
Antipsychotics

#### CLIMATE CHANGE EXACERBATES *Non-communicable diseases*

Respiratory disorders  
Cardiovascular diseases (CVD)  
Diabetes

Kidney diseases  
Obesity  
Mental disorders  
Cancers

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#### CLIMATE CHANGE EFFECTS ON CHILDREN

Increased incidence of diarrhea, asthma, pneumonia, bronchitis and allergies.  
Mental stress.

#### SPECIFIC PHYSIOLOGICAL CHANGES DUE TO HEAT

Vasodilation, excessive sweating, acclimatization.  
Some medications increase risk of heat illness.

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#### HIGH RISK OCCUPATIONS

Outdoor athletes  
Farmers  
Workers exposed to  
Industrial pollutants

Mining  
Fishing  
Construction  
Agricultural work

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What actions can health practitioners take to create system-wide change?



1

### PLEDGE ACTION

Pledge to integrate Climate Change and Health (CCH) in facility contingency plan.  
Lobby policy makers for funding to implement CCH strategies.

### ADVOCATE

Advocate for active transport and mass transit.

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### PROMOTE

Smart hospitals.  
Educational programmes and handouts for specific diseases and healthy lifestyles for communities

### IMPLEMENT

Set up CCH educational programmes.  
Establish technical committees at the level of health facilities.

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### COLLABORATE

Work with communities and health workers to help identify the exposed groups in the communities.  
Collaborate with academic institutions to incorporate CCH into their curricula and research.

### LEAD

Lead research initiatives on CCH.

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### ASSIST

The planning team in organizing the continuity of services within healthcare facilities in case of extreme weather events.

In the formulation and distribution of the list of emergencies contact numbers and shelters.

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Prompts and questions to ask patients



1

### AGE

Infants, children, and elderly

### ADDRESS

2

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### EDUCATIONAL LEVEL

### EMPLOYMENT STATUS

Employed (government/private)  
Unemployed  
Undocumented workers  
Self-employed

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### OCCUPATION /POTENTIAL EXPOSURES

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Prolonged outdoor work  
Sporting activities  
Mining and fishing industries

#### Exposure /contact to:

Animals, rodents, vectors, and plants/Tobacco fumigation, pesticides, and agricultural chemicals.  
Exposure of healthcare workers/professionals to diseases.  
Exposure to industrial pollutants.

### HOUSING

Access to A/C.  
Ventilation.  
Type of structure: wooden, concrete, thatch.  
Air pollution (e.g. Saharan dust and household) can compromise children's immune system to diseases.  
Number of people living (per room) in the household.  
Sanitation (a lack of sanitation can expose children to skin disease).  
Available household water supply .

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### RISKS AND MEDICATION

7

Alcohol use.  
Medications which may predispose to heat: diuretics, ACE-inhibitors, ARBs, beta blockers and anti-psychotics  
Medications which cause phototoxic or photoallergic skin reactions: diuretics, calcium channel blockers, ACE-inhibitors, ARBs, and statins

### NEIGHBORHOOD/GEOGRAPHIC RISKS

Prone to flooding: coastal, flood plains and hurricanes.  
Lack of Drainage, drought: risk of VBD.  
Urban location (heat island).  
Highly populated city.

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### DISABILITIES/PARTICULAR CLINICAL CONDITION

Limited mobility/bedridden.  
Physical condition.  
Mental disabilities/mental health problems.  
Pregnancy.