

Climate Change and Health Profile Report Calaveras County



This report was supported by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement 5UE1EH001052 and the California Department of Public Health – Office of Health Equity. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Authors: Neil Maizlish, Dorette English, Jacqueline Chan, Kathy Dervin, Paul English
Graphics: Lauren Wohl Design
Evaluation: Mary Anne Morgan
GIS Support: David Ozer

Suggested citation: Maizlish N, English D, Chan J, Dervin K, English P. Climate Change and Health Profile Report: Calaveras County. Sacramento, CA: Office of Health Equity, California Department of Public Health; 2017.

CalBRACE (California Building Resilience Against Climate Effects) Project

Office of Health Equity
California Department of Public Health
850 Marina Bay Parkway
Richmond, CA 94804
calbrace@cdph.ca.gov
<http://www.cdph.ca.gov/programs/Pages/CalBRACE.aspx>

Disclaimers

This report incorporates information from several state agencies and their contractors, whose work included the following disclaimers. This information is being made available for informational purposes only. Users of this information agree by their use to hold blameless the State of California and its respective officers, employees, agents, contractors, and subcontractors for any liability associated with its use in any form. This work shall not be used to assess actual coastal hazards, insurance requirements, or property values and specifically shall not be used in lieu of Flood Insurance Studies and Flood Insurance Rate Maps issued by the Federal Emergency Management Agency (FEMA). Some California counties may have more geographically refined data on climate risks than those presented in this report.

TABLE OF CONTENTS

Message from CDPH Director Dr. Karen Smith	i
Acknowledgements.....	ii
Introduction.....	1
Background	2
What is climate change?.....	2
How does climate change impact climate and weather?	2
What are the climate projections for the North Sierra Region?.....	4
What are the climate projections for Calaveras County?	6
Projected Temperature Changes in Calaveras County	6
Current Fire Hazard Severity Zones in Calaveras County	7
Projected Wildfire Acreage in Calaveras County.....	9
Overview of climate change and health impacts	10
Extreme Weather-Related Injury, Displacement, and Mental Health.....	10
Health Impacts of Heat.....	11
Health Impacts of Drought	11
Vector Borne Illness and Food Insecurity	11
Sea Level Rise, Mold, and Indoor Air Quality	11
Socioeconomic Disruption.....	12

Which population subgroups are most vulnerable?	13
What are the health status, health inequities, and population vulnerabilities in Calaveras County?	14
Selected public health strategies and action steps for climate change	18
Resources.....	20
References	21
Appendices	23
Appendix 1: How are future changes in climate predicted?	23
Appendix 2: Public health impacts of climate change in California	24
Appendix 3: Indicator data sources.....	27

MESSAGE FROM CALIFORNIA DEPARTMENT OF PUBLIC HEALTH DIRECTOR DR. KAREN SMITH

I am pleased to present Climate Change and Health Profile reports for each of the counties in California. The reports provide climate change projections for counties, and identify vulnerabilities and assets to support local adaptation planning for climate change. The Climate Change and Health Profile reports are the first in a series of CalBRACE materials being developed by the CDPH Office of Health Equity to foster mobilization to prevent and reduce injury and disease related to climate change.

As we continue building capacity to address climate change we are also aligning CDPH's work with the Governor's Executive Order B-30-15, which specifically addresses the need for climate adaptation and "actions [that] should protect the state's most vulnerable populations." The mission of the Office of Health Equity is to achieve the highest level of health and mental health for all people, with special attention focused on those who have experienced socioeconomic disadvantage and historical injustice. These reports focus resources on planning to protect those most vulnerable to the health impacts of climate change. We are also working with others in California to achieve emissions reduction targets, in order to slow further climate changes. These steps further our goal of becoming the healthiest state in the nation.

Each California county will experience the health impacts of climate change uniquely. The CDPH Office of Health Equity's CalBRACE project provides tools and resources to counties so that they can prioritize and adopt climate change adaptation and preparation strategies that fit their communities and geographies.

Climate change challenges our commitment to achieve equity in health and wellbeing in California, as it deepens the need to take actions that reduce vulnerabilities and increase resilience to climate change in our communities. Faced with this challenge, we approach climate change planning as an opportunity to improve living conditions and social determinants of health so that we can improve health, equity, and address climate change. These reports are one component of a comprehensive approach to creating healthy equitable communities and building resilience to climate change impacts. I hope that these reports provide you with information you can apply as you join me in this effort to protect our communities from the preventable health impacts of climate change.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen Smith', is positioned above the printed name.

Karen Smith, MD, MPH
CDPH Director and State Public Health Officer

ACKNOWLEDGEMENTS

The authors appreciate the review and contributions provided by many people, including:

- Steven Davis, Jane Horton and Arie Manangan, Federal Centers for Disease Control and Prevention (CDC)
- Abe Doherty, Ocean Protection Council and California Natural Resources Agency
- Matthew Heberger, Pacific Institute
- David Sapsis and Chris Keithley, California Department of Forestry and Fire (CAL FIRE)
- Leroy Westerling, University of California, Merced

California Department of Public Health Contributors

- Dulce Bustamante, Office of Health Equity
- Rickie Cleere, Office of Health Equity
- Solange Gould, Office of Health Equity
- Linda Helland, Office of Health Equity
- Sumi Hoshiko, Environmental Health Investigations Branch (EHIB)
- Melissa Ibarra, Office of Health Equity
- Rob Lipton, Office of Health Equity
- Meredith Milet, Office of Health Equity
- Frank Molina, Office of Health Equity
- Eva Weinstein, Office of Health Equity

We also thank the many reviewers from county health departments who provided valuable feedback about local conditions and the challenges and opportunities that exist for them to take action to address health and climate change. The local health departments are the vital link to promote public health prevention and wellness in communities, cities, and neighborhoods.

Our work was informed and enriched by the teams from the staff of the CDC Climate-Ready States and Cities Initiative's program, Building Resilience Against Climate Effects (BRACE), grantee states and cities, collaboratives, and communities of practice.

Cover photo credits

California Fire Siege 2007, California Department of Forestry and Fire Protection (CAL FIRE); Jeff Poskanzer, California King Tides Project - Open Source; and California Division of Occupational Safety and Health (Cal/OSHA)

INTRODUCTION

Through legislation and Governor's Executive Orders, the State of California has mobilized to meet the challenges and opportunities posed by climate change. The overall strategy is embodied in reducing carbon emissions, promoting readiness for climate impacts, and conducting research to provide the best available science to guide our actions. In the course of this work, technical documents, strategies, and planning guidance have been produced by state agencies, including the California Department of Public Health (CDPH).

The *Climate Change and Health Profile Report* seeks to provide a county-level summary of information on current and projected risks from climate change and potential health impacts. This report represents a synthesis of information on climate change and health for California communities based on recently published reports of state agencies and other public data.

We have compiled and edited this wealth of information from technical documents and created a report accessible to public health professionals and their partners in state, regional, and local government, the private sector, and community-based organizations. We also highlight the public health dimensions of climate change along with its environmental impacts.

The content of this report was guided by a cooperative agreement between CDPH and the CDC Climate-Ready States and Cities Initiative's program *Building Resilience Against Climate Effects* (BRACE). The goals of BRACE are to assist state health departments to build capacity for climate and health adaptation planning. This includes

using the best available climate science to project likely climate impacts, identifying climate-related health risks and populations vulnerable to these impacts, assessing the added burden of disease and injury that climate change may cause, identifying appropriate interventions, planning more resilient communities, and evaluating to improve the planning effort. Communities with economic, environmental, and social disadvantages are likely to bear disproportionate health impacts of climate change.

This *Climate Change and Health Profile Report* is intended to inform, empower, and nurture collaboration that seeks to protect and enhance the health and well-being of all California residents.

This report is part of a suite of tools that is being developed by the California Department of Public Health to support local, regional, and statewide efforts of the public health sector to build healthy, equitable, resilient, and adaptive communities ready to meet the challenges of climate change.

Along with a county-level climate change and health vulnerability assessment and state guidance documents, such as *Preparing California for Extreme Heat: Guidance and Recommendations*, the profile provides a knowledge base for taking informed action to address climate change.

BACKGROUND

What is climate change?



Modern life has entailed the burning of coal, natural gas, petroleum, and other fossil fuels in our power plants, factories, businesses, farms, homes, and cars. Key byproducts of energy production and consumption are carbon dioxide, methane, and other pollutants. These gases are called greenhouse or heat trapping gases because as they mix in the atmosphere, they create a barrier that stops heat produced by the sun from escaping the Earth's surface.

The changing climate is evident from observations of increased global average air and ocean temperatures, widespread melting of snow and ice, and rising global average sea level rise.¹ The average carbon dioxide concentration in the atmosphere topped 400 parts per

million (ppm) in 2013, which far exceeds the range experienced over the last 650,000 years.^{1,2}

An overwhelming consensus of scientists now warns that climate change is due to human activities. This consensus extends to warning that if we do not curb our current carbon emissions, the increase in the planet's temperature will cause significant harm to natural systems and threaten our health and very existence.¹

Efforts to reduce carbon emissions, called mitigation, are imperative. Because of the longevity of atmospheric carbon dioxide, the increased levels already present will continue to cause climate impacts such as sea level rise and atmospheric warming that cannot be reversed.³ Adaptation is the term used to describe the measures we take to prepare for and respond to these inevitable climate changes.

An overwhelming consensus of scientists now warns that this climate change is due to human activities.

How does climate change impact climate and weather?

Changes in atmospheric and ocean temperatures affect the general behavior of Earth's water, including how the atmosphere holds water vapor as it warms.



Along with the timing, amount, and the manner in which the water circulates (i.e., the hydrologic cycle) or covers the Earth are all part of what defines our climate and weather.

Weather can be thought of as the short-term variability of local daily temperature, precipitation (i.e., rain, snow), wind, and events like storms (hurricanes, tornados, etc.) throughout a year. Climate can be thought of as the general pattern on a larger geographic area and time scale, usually in the span of decades.

California is unique in the United States and has a Mediterranean type of climate with a distinct dry season (May to October) and wet season (November to April)

which is modified by proximity to the coast or mountains and variable elevation.

The future amount of carbon emitted into the Earth's atmosphere has two broad drivers:

- the dependence of economic growth on fossil fuels, and
- the growth of the world's population.^{1,4}

Based on the different combinations of economic development strategies and population growth, scientists have constructed formal scenarios⁴ of future carbon emissions during the 21st century and predicted the associated climate impacts compared to a 1990 baseline.⁴ In an optimistic scenario, in which world economies become much less dependent on fossil fuels and the world population levels off after 2050¹, the average global temperature is predicted to increase by 1.8°C (3.2°F).

In a pessimistic scenario, in which we continue to emit greenhouse gases on the same current trajectory, climate models predict a 3.4° C (6.1° F) increase. This scenario is based on the assumption that the world continues its path of fossil fuel-intensive economic development and that the world population increases during the 21st century.

On the backdrop of gradually increasing temperatures and sea levels, these climate models also predict an increase in the frequency and intensity of extreme weather events such as hurricanes, floods, and droughts.¹ More information about climate models is described in Appendix 1.

WHAT ARE THE CLIMATE PROJECTIONS FOR NORTH SIERRA REGION?

The impact of climate change in California varies across the state due to diversity in biophysical setting, climate, and jurisdictional characteristics. The California Adaptation Planning Guide organized the state into climate impact regions based on county boundaries in combination with projected climate impacts, existing environmental settings, socioeconomic factors, and regional designations and organizations.⁵ See Figure 1 for a map of climate impact regions.

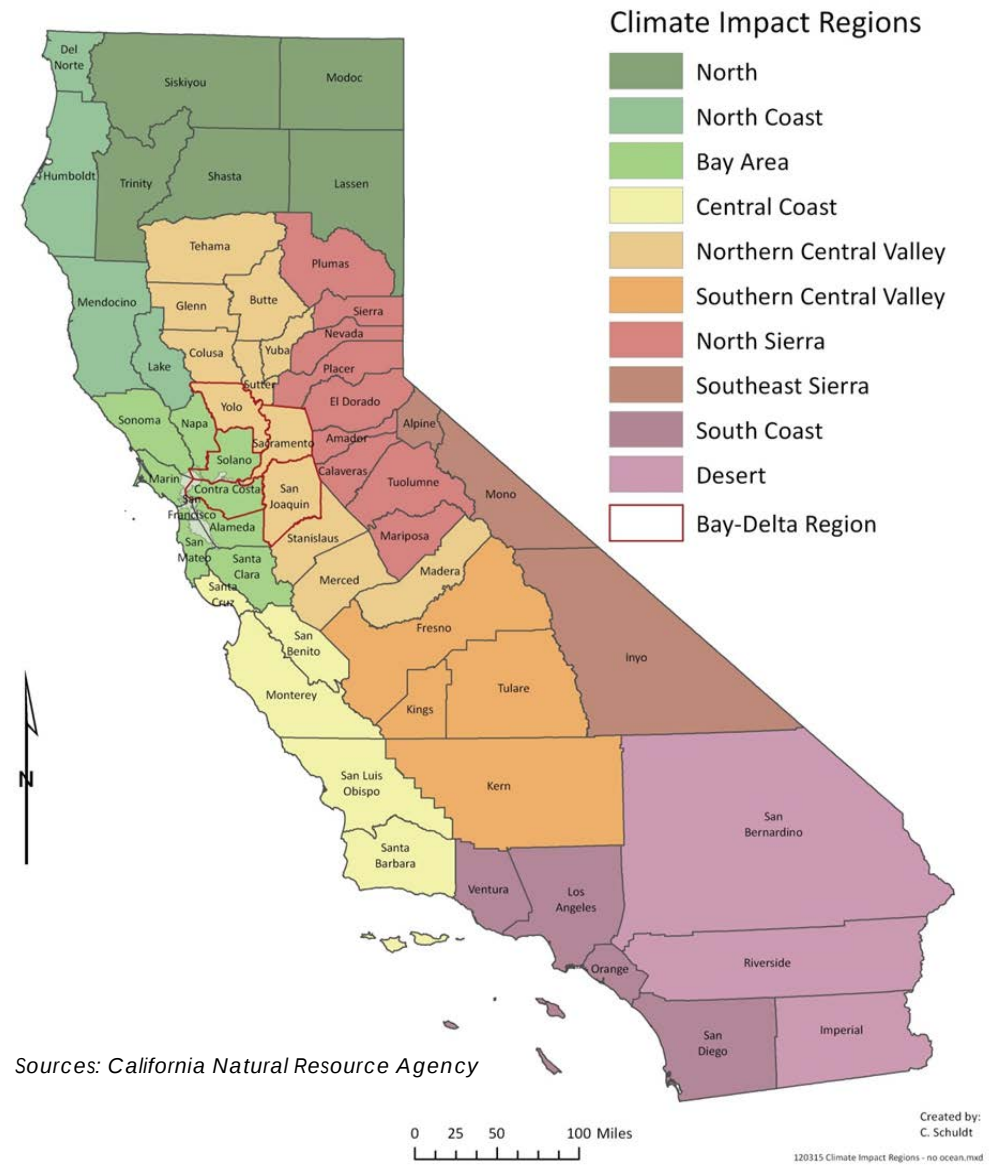


Figure 1. California Climate Impact Regions designated in the *California Climate Adaptation Planning Guide*⁵

Table 1 summarizes Cal-Adapt projections for the North Sierra Region and is intended to identify the major types of changes projected for the region. Regional projections may differ from county level projections.

Table 1. Summary of Cal-Adapt Climate Projections for the North Sierra Region⁵

RANGES	
Temperature Change, 1990-2100	January increase in average temperatures of 2.5°F to 4°F by 2050 and 6°F to 7°F by 2100, The largest changes are observed in the southern part of the region. July increase in average temperatures of 4°F to 5°F by 2050 and 0°F by the end of the century, with the greatest change in the northern part of the region. <i>(Modeled high temperatures; high carbon emissions scenario)</i>
Precipitation	Precipitation decline is projected throughout the region. The amount of decrease varies from 3 to 5 inches by 2050 and 6 inches to more than 10 inches by 2100, with the larger rainfall reductions projected for the southern portions of the region. <i>(CCSM3 climate model; high carbon emissions scenario)</i>
Heat Wave	Heat waves are defined as five consecutive days over 83°F to 97°F depending on location. By 2050, the number of heat waves per year is expected to increase by two. A dramatic increase in annual heat waves is expected by 2100, 8 to 10 more per year.
Snowpack	Snowpack levels are projected to decline dramatically in many portions of the region. In southern portions of the region, a decline of nearly 15 inches in snowpack levels and a more than 60 percent drop is projected by 2090. <i>(CCSM3 climate model; high emissions scenario)</i>
Wildfire Risk	Wildfire risk is projected to increase in a range of 1.1 to 10.5 times throughout the region, with the highest risks expected in the northern and southern parts of the region. <i>(GFDL model, high carbon emissions scenario)</i>

Source: Public Interest Energy Research, 2011. Cal-Adapt⁶ (<http://cal-adapt.org>)

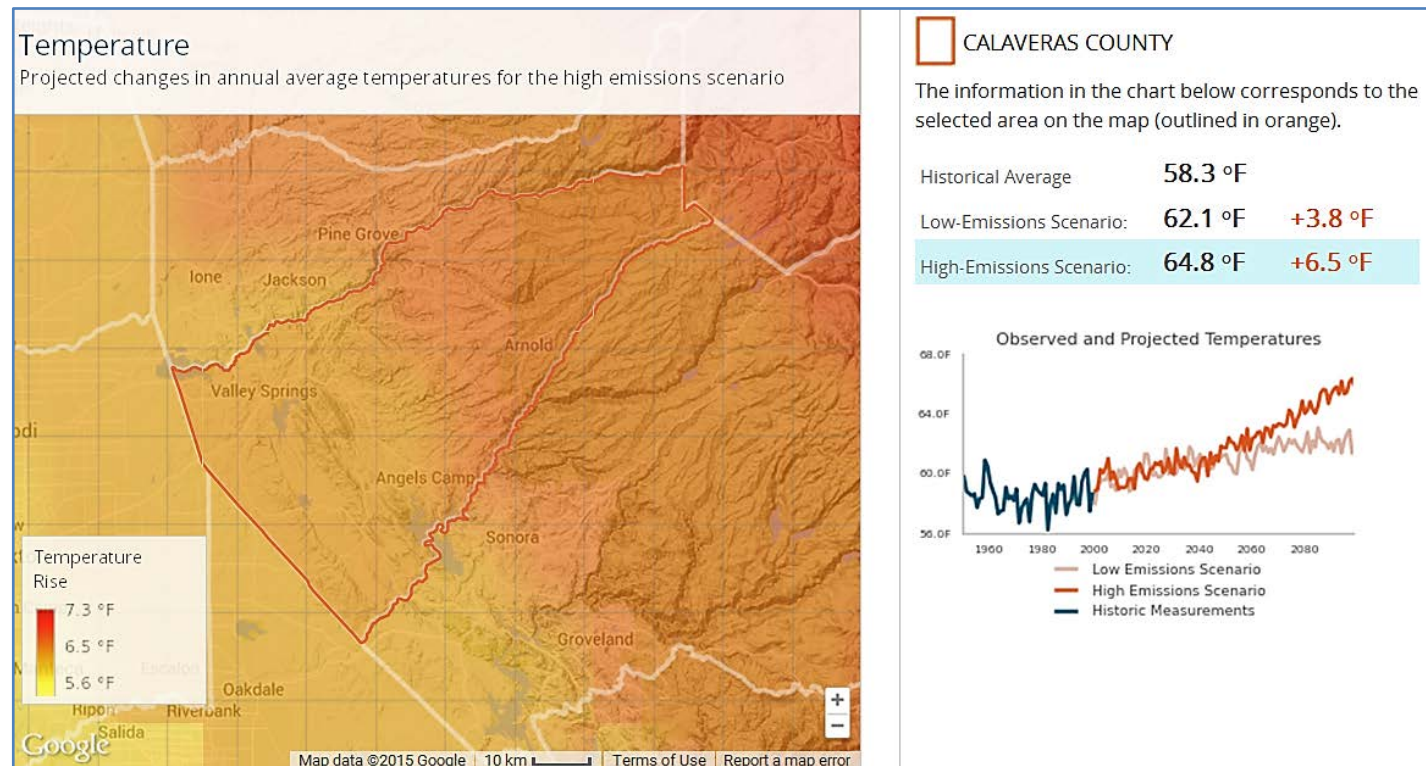
WHAT ARE THE CLIMATE PROJECTIONS FOR CALAVERAS COUNTY?

Projected Temperature Changes in Calaveras County

Overall, temperatures are expected to rise substantially throughout this century. During the next few decades, scenarios project average temperature to rise between 1°F and 2.3°F in California.⁶ The projected temperature increases begin to diverge at mid-century so that, by the

end of the century, the temperature increases projected in the higher emissions scenario are approximately twice as high as those projected in the lower emissions scenario. Figure 2 shows the projected temperature changes in 2099 scenarios for Calaveras County.⁶

Figure 2. Projected changes in annual average temperature in future carbon emissions scenarios, Calaveras County, 2099⁶



Current Fire Hazard Severity Zones in Calaveras County

While all of California is subject to some degree of fire hazard, there are specific features that make some areas more hazardous.⁷ Figure 3 visualizes current fire hazard severity zones in Calaveras County.

Fire Hazard Severity Zones (FHSZ) were developed using a computer model.⁷ They predict the physical damage a fire is likely to cause based on the factors that influence fire likelihood and behavior.⁷ Many factors are considered such as fire history, existing and potential fuel (natural vegetation), flame length, blowing embers, terrain, and typical weather for the area.^{7,8}

Fire Hazard Severity Zones are categorized into three categories:

- **Moderate**

Wildland areas supporting areas of typically low fire frequency and relatively modest fire behavior, or developed/urbanized areas with a very high density of non-burnable surfaces (including roadways, irrigated lawn/parks, and low total vegetation cover (<30%) that is highly fragmented and low in flammability).⁸

- **High**

Wildland areas supporting medium- to high-hazard fire behavior and roughly average burn probabilities, or developed/urbanized areas with moderate vegetation cover and more limited non-burnable cover. Vegetation cover typically ranges from 30-50% and is only partially fragmented.⁸

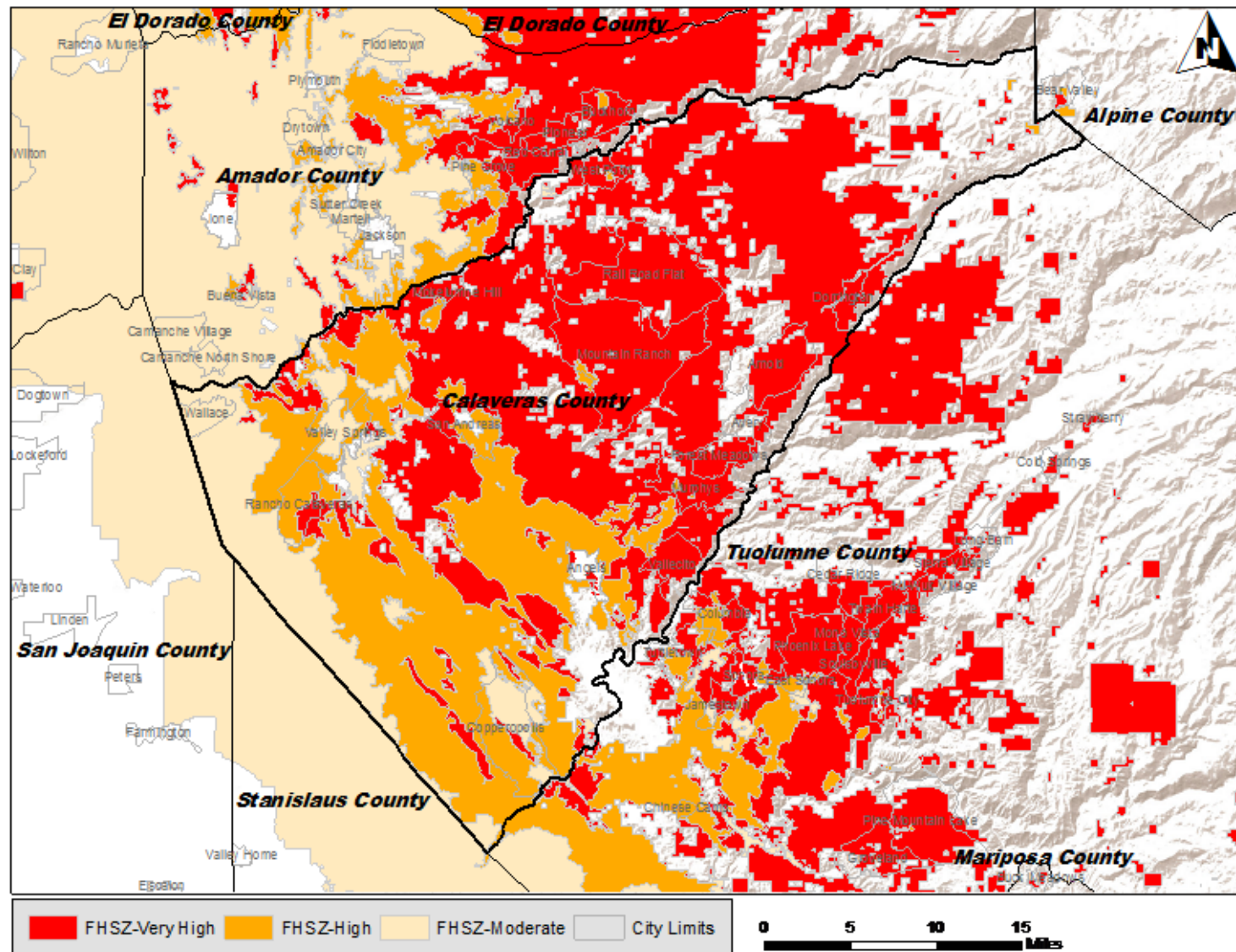
- **Very High**

Wildland areas supporting high to extreme fire behavior resulting from climax fuels typified by well-developed surface-fuel profiles (e.g., mature chaparral) or forested systems where crown fire is likely, or developed/urban areas typically with high vegetation density (>70% cover) and associated high fuel continuity. This allows for flames to spread over much of the area impeded only by isolated non-burnable areas.⁸

The FHSZ rating system is more completely described at http://frap.fire.ca.gov/projects/hazard/fhsz_review_instructionsv1_3b.pdf.

Figure 3. Current Fire Hazard Severity Zones (FHSZ), Calaveras County, 2007⁸

Note: Map includes only state and local responsibility areas.



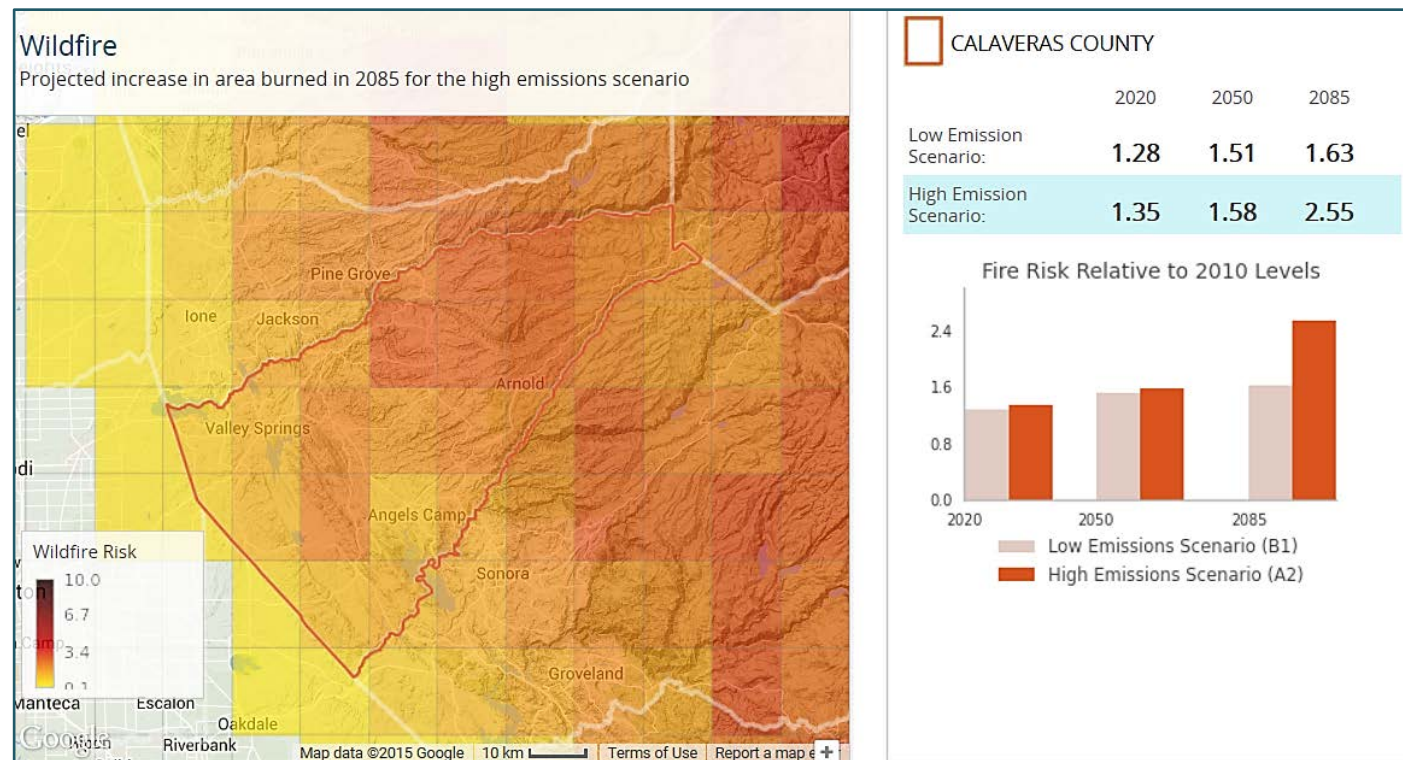
Projected Wildfire Acreage in Calaveras County

Periodic natural fire is an important ecosystem disturbance. Uncontrolled wildfires, however, can be extremely damaging to communities and ecosystems. Fire can promote vegetation and wildlife diversity, release nutrients into the soil, and eliminate heavy accumulation of underbrush that can fuel catastrophic fires.

The map below (Figure 4) displays the projected increase or decrease in potential area burned based on projections of the Coupled Global Climate Model (version 3) for the high carbon emissions scenario in 2085.⁶ The bar graphs to the right of the map in Figure 4 illustrate the

projected time trend over the 21st century for both the high and low emissions scenarios. Please note that these data are modeled solely on climate projections and do not take landscape and fuel sources into account. The projections of acreage burned are expressed in terms of the relative increase or decrease (greater or less than 1) from a 2010 baseline for fires that consume at least 490 acres. The 2010 baseline reflects historic data from 1980-1989 and trends through 2010. Data on the number of fires and the acreage burned are described later in this report.

Figure 4. Relative increase in wildfire acreage in future carbon emission scenarios, Calaveras County⁶



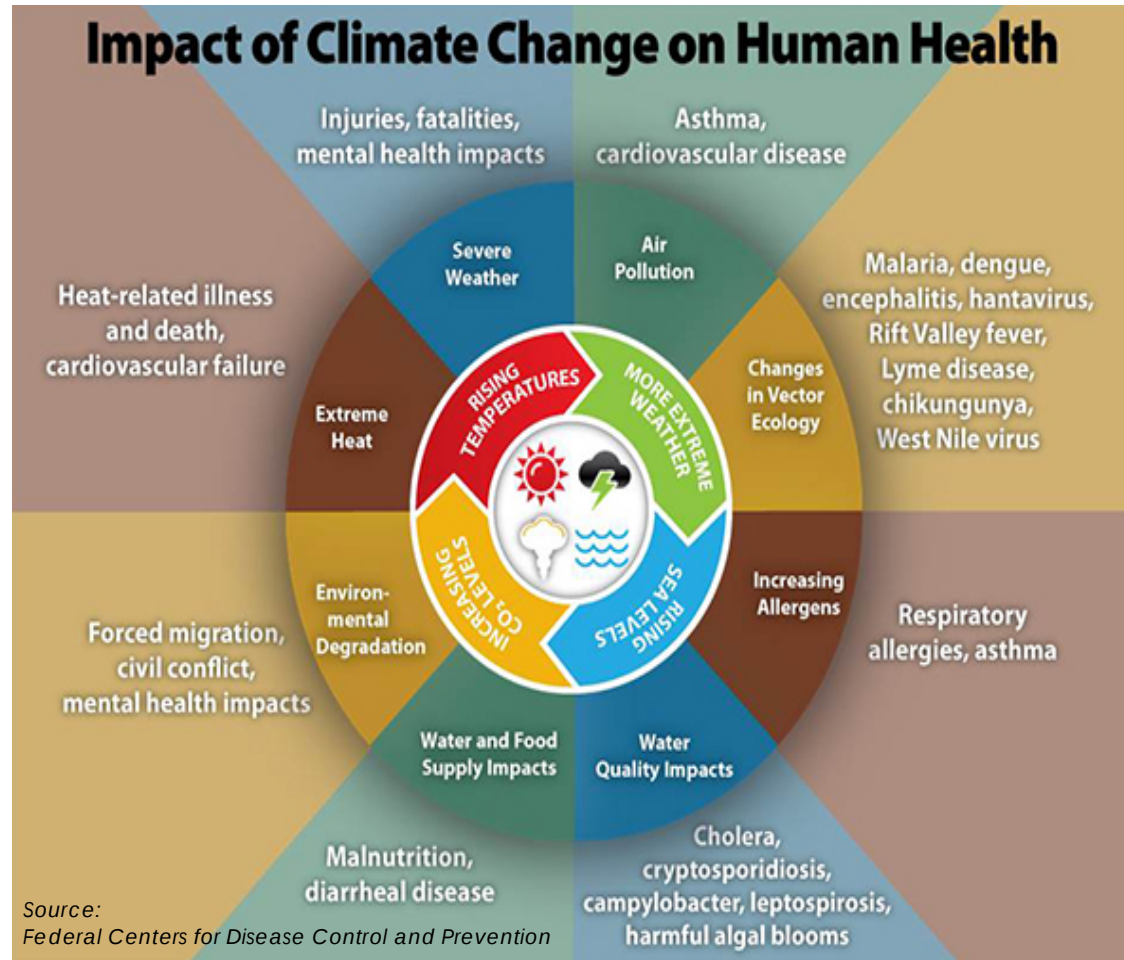
OVERVIEW OF CLIMATE CHANGE AND HEALTH IMPACTS

Researchers have examined the pathways in which increased temperatures and hydrologic extremes can impact health and generally recognize three main pathways: direct exposures, indirect exposures, and socioeconomic disruption (Figure 5).⁹ Based on the review of weather-related natural disasters and historical patterns^{10,11} and scientific judgment, public health researchers have suggested the nature and direction of health harms or benefits.^{9,12}

Extreme Weather-Related Injury, Displacement, and Mental Health

Extreme weather events (storms, flooding) cause fatal and nonfatal injuries from drowning, being struck by objects, fire, explosions, electrocution, or exposure to toxic materials. A widespread weather-related natural disaster may destroy or ruin housing, schools and businesses and cause temporary or permanent displacement. Individuals and families may experience post-traumatic stress, depression, and increased risk of suicide.^{13,14}

Figure 5. Impact of Climate Change on Human Health



Health Impacts of Heat

Increased temperatures manifested as heat waves and sustained high heat days directly harm human health through heat-related illnesses (mild heat stress to fatal heat stroke) and the exacerbation of pre-existing conditions in the medically fragile, chronically ill, and vulnerable.^{15,16} Increased heat also intensifies the photochemical reactions that produce smog and ground level ozone and fine particulates (PM_{2.5}), which contribute to and exacerbate respiratory disease in children and adults. Increased heat and carbon dioxide enhance the growth of plants that produce pollen, which are associated with allergies. Increased temperatures add to the heat load of buildings in urban areas and exacerbate existing urban heat islands adding to the risk of high ambient temperatures.

Health Impacts of Drought

Lack of moisture, already at a severe level in California due to a current multi-year drought and decades of fuel accumulation from historical forestry and fire suppression practices, increases the risk of wildfires.¹⁷ Devastating wildfires like the Rim Fire of 2013 impact watersheds and increase the risk of landslides or mudslides, and sediment in run-off that reduce water quality. In addition to fire-related injuries, local and regional transport of smoke, ash, and fine particles increases respiratory and cardiovascular risks.

Increasing temperatures and changes in precipitation may lead to intensified drought conditions.¹⁸ Drought decreases the availability and quality of water for humans. This includes reduced water levels to fight

wildfires. Drought may increase exposure to health hazards including wildfires, dust storms, extreme heat events, flash flooding, degraded water quality, and reduced water quantity.¹⁹ Dust storms associated with drought conditions have been associated with increased incidents of Valley fever, a fungal pathogen.¹⁹

Vector-borne Illnesses

Climatic changes alter the range, biogeography, and growth of microbes and the vectors of food, water, and vector-borne illnesses.¹⁹ This includes the changes in aquatic environments that could increase harmful algal blooms and lead to increases in foodborne and waterborne illnesses.¹⁸

Food Insecurity

Climate change is expected to have global impacts on food production and distribution systems.¹⁹ This can cause food prices to increase, which makes food less affordable and increases food insecurity, obesity, and malnutrition in economically constrained households.¹⁹

Sea Level Rise, Mold, and Indoor Air Quality

Through sea level rise, salt water may intrude into coastal aquifers thus reducing quality and quantity of water supply. Coastal erosion can contribute to the loss of recreational venues and pose a variety of hazards to infrastructure and public safety. Water intrusion into buildings can result in mold contamination leading to indoor air quality problems.¹⁹

Socioeconomic Disruption

Widespread social and economic disruption includes damage to the infrastructure for the delivery of health services and for general economic well-being. Health care facilities, water treatment plants, and roads for emergency responders and transportation for health care personnel can be damaged in climate-related extreme weather events. Increased burden of disease and injury will test the surge capacity of health care facilities. Economic disruption can lead to income loss, income insecurity, food insecurity, housing insecurity, and mental health problems, which in turn may increase substance abuse, suicide^{20,21} and other health problems.

Energy production and distribution is also threatened by heat and wildfires through loss of efficiency, generating capacity, and fires disrupting transmission lines. California's ports that provide the gateway to goods for California, national, and international markets are at risk from sea level rise and coastal storms.

WHICH POPULATION SUBGROUPS ARE MOST VULNERABLE

All Californians are vulnerable to the health impacts of climate change. Even if one is fortunate to live, work, study, or play in a place without direct contact with wildfires, flooding, or sea level rise, no one can entirely avoid excessive heat or the indirect effects of extreme weather events. The table in Appendix 2 summarizes the populations more vulnerable to the health impacts of climate change.

Based on medical reviews of individuals who died during heat waves and other extreme weather events, those who are particularly vulnerable to the direct effects of climate change include the very old and very young, individuals who have chronic medical conditions and psychiatric illness, people taking multiple medications, people without means for evacuation (no access to public transit or private cars), people who are socially isolated, medically fragile people, and people living in institutions.¹⁴ Acclimatization to heat may help reduce risks from heat waves in the healthy general population, but may not be sufficient to protect those with underlying medical conditions.

A much larger part of the population is vulnerable to intermediate or socioeconomic factors such as preexisting physical and mental health conditions, cultural or physical isolation, occupations involving outside or high risk work, a precarious socioeconomic status, or lack of social cohesion and collective efficacy. Collective efficacy factors include effective action to plan and coordinate the preparation, response and recovery to climate threats.¹⁷

The underlying burden of disease and injury accounted for by the social determinants of health²² considers the economic, service, and built environments in which people live, work, learn, and play.²³ Climate change magnifies existing health disparities. Disadvantaged populations, such as those with low education, experiencing racial segregation, low social support, poverty, and income inequality face disproportionate climate-related health burden.²⁴

Community resilience refers to actions taken by individuals, neighborhoods, organizations, and multiple sectors of government to resist and overcome obstacles and to promptly recover from climate threats. In the short term, this may include traditional elements of public health preparedness and community development. However, in the long term, this may include actions to broadly promote population health and decrease the number of people with physical and mental conditions rooted in the social determinants of health.

Health inequities based on race/ethnicity, income, geography (urban/rural) are widespread today in California.²³ Even without climate change, demographic changes already underway will increase the size of vulnerable populations in California in the coming decades. The population is aging and the share of individuals aged 65 or more years will increase from 13 percent in 2010 to 19 percent in 2050.²⁵ In many California communities, racial and ethnic minorities constitute the majority of residents.

WHAT ARE THE HEALTH STATUS, HEALTH INEQUITIES, AND POPULATION VULNERABILITIES IN CALAVERAS COUNTY?

Climate change impacts the health and well-being of Californians. Estimates for health status, health inequities, and population vulnerabilities are summarized in Figures 6 and 7. In some cases where data are sparse, data are pooled for Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, and Tuolumne counties (Eastern Counties).

There is a broad range of environmental hazards attributed to climate change including heat waves, wildfires and wildfire smoke, air pollution, sea level rise and inland flooding.

All Californians are at risk from extreme heat. In 2010, approximately 85% (38,649 residents) of the county's population lived in fire hazard zones of moderate to very high severity. From 1980 to 1989 (a pre-climate change baseline), 66 wildfires at least 490 acres in size consumed a total of 369,363 acres in the North Sierra Region.

Climate change affects the social and environmental drivers of health outcomes. The effects of climate change can exacerbate existing health conditions and compound the risks of adverse health outcomes. The age-adjusted death rate, which takes into account the effect of the population's age distribution, is a basic indicator of the health status of communities. In 2010, the age-adjusted death rate in Calaveras County was lower than the state average. Disparities in death rates among race/ethnicity groups highlight how certain populations disproportionately experience health impacts. Within the county, the highest death rate occurred among Whites

and the lowest death rate occurred among Hispanics/Latinos.

In 2012, nearly 38% of adults (pooled for the Eastern Counties) reported one or more chronic health conditions including heart disease, diabetes, asthma, severe mental stress or high blood pressure. In 2012, 11% of adults reported having been diagnosed with asthma (pooled for Alpine, Amador, Calaveras, Inyo, Mariposa, Mono and Tuolumne counties). In 2012, approximately 19% of adults were obese (pooled for Alpine, Amador, Calaveras, Inyo, Mariposa, Mono and Tuolumne counties; statewide average was 25%). In 2012, nearly 18% of residents aged 5 years and older had a mental or physical disability (statewide average was 10%).

In 2005-2010, there was an annual average of 13 heat-related emergency room visits and an age-adjusted rate of 28 emergency room visits per 100,000 persons (the statewide age-adjusted rate was 10 emergency room visits per 100,000 persons).

Among climate-vulnerable groups in 2010 were 1,992 children under the age of 5 years and 9,565 adults aged 65 years and older. In 2010, there were approximately 493 people living in nursing homes, dormitories, and other group quarters where institutional authorities would need to provide transportation in the event of emergencies.

Social and demographic factors and inequities affect individual and community vulnerability to the health impacts of climate change. In 2010, 1% of households

(166) did not have a household member 14 years or older who spoke English proficiently (called linguistically isolated; statewide average was 10%).

In 2010, approximately 9% of adults aged 25 years and older had less than a high school education (statewide average was 19%). In 2010, 8% of the population had incomes below the poverty level (the statewide average was 14%).

Sixteen percent of households paid 50% or more of their annual income on rent or a home mortgage (statewide average was 22%). In 2012, approximately 36% (pooled for Alpine, Amador, Calaveras, Inyo, Mariposa, Mono and Tuolumne counties) of low-income residents reported they did not have reliable access to a sufficient amount of affordable, nutritious food (called food insecurity; statewide average was 42%).

In 2010, Calaveras County had approximately 1,656 outdoor workers whose occupation increased their risk of heat illness. In 2010, roughly three percent of households did not own a vehicle that could be used for evacuation (statewide average was 8%).

In 2009, approximately 20% of households were estimated to lack air conditioning, a strategy to counter adverse effects of heat (statewide average was 36%). In 2011, tree canopy, which provides shade and other environmental benefits, was present on 31% of the county's land area (statewide average was 8%).

Social capital is embedded in social relationships and networks and refers to the existence of trust and mutual aid among the members of society.^{26,27} These relationships are important in building resilience when confronted with extreme climates.²⁷

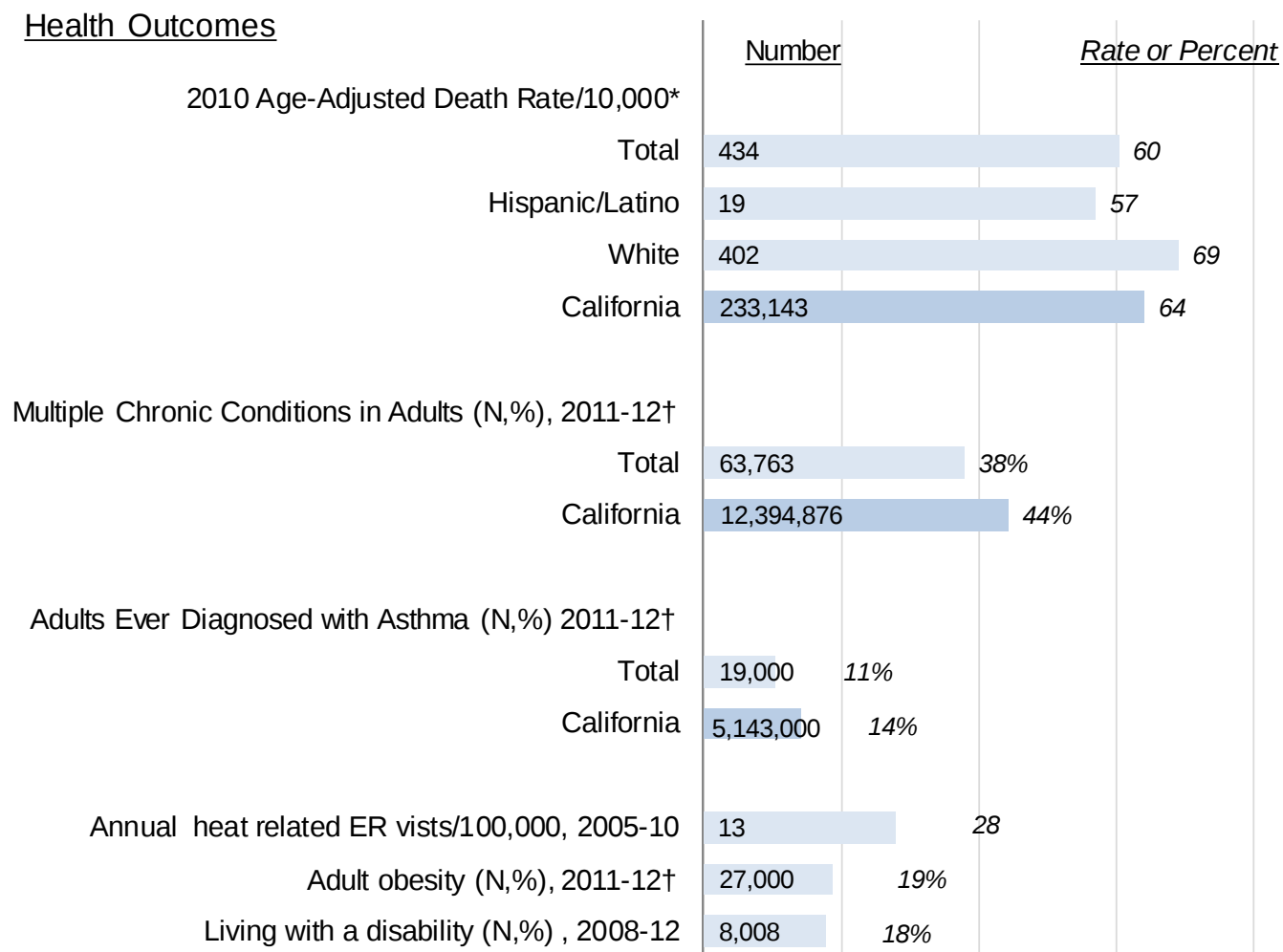
There is evidence that populations with higher levels of political participation also have greater social capital.^{28,29} Sixty-eight percent of registered voters voted in the 2010 general election (statewide average was 58%).

Natural disasters worsened by climate change increase the displacement of victims, which in turn increases population densities and tensions over resources.^{30, 31} Violent crime also increases during heat events.³²

Safe neighborhoods that are free of crime and violence are an integral component of healthy neighborhoods and community resilience. In 2010, Calaveras County experienced approximately 2 violent crimes per 1,000 residents (statewide rate was 4 per 1,000 residents).

These findings highlight specific populations that are most susceptible to health risks, as well as the social determinants of health and adaptive capacity that contributes to resilience or conversely intensifies the impacts from climate change.

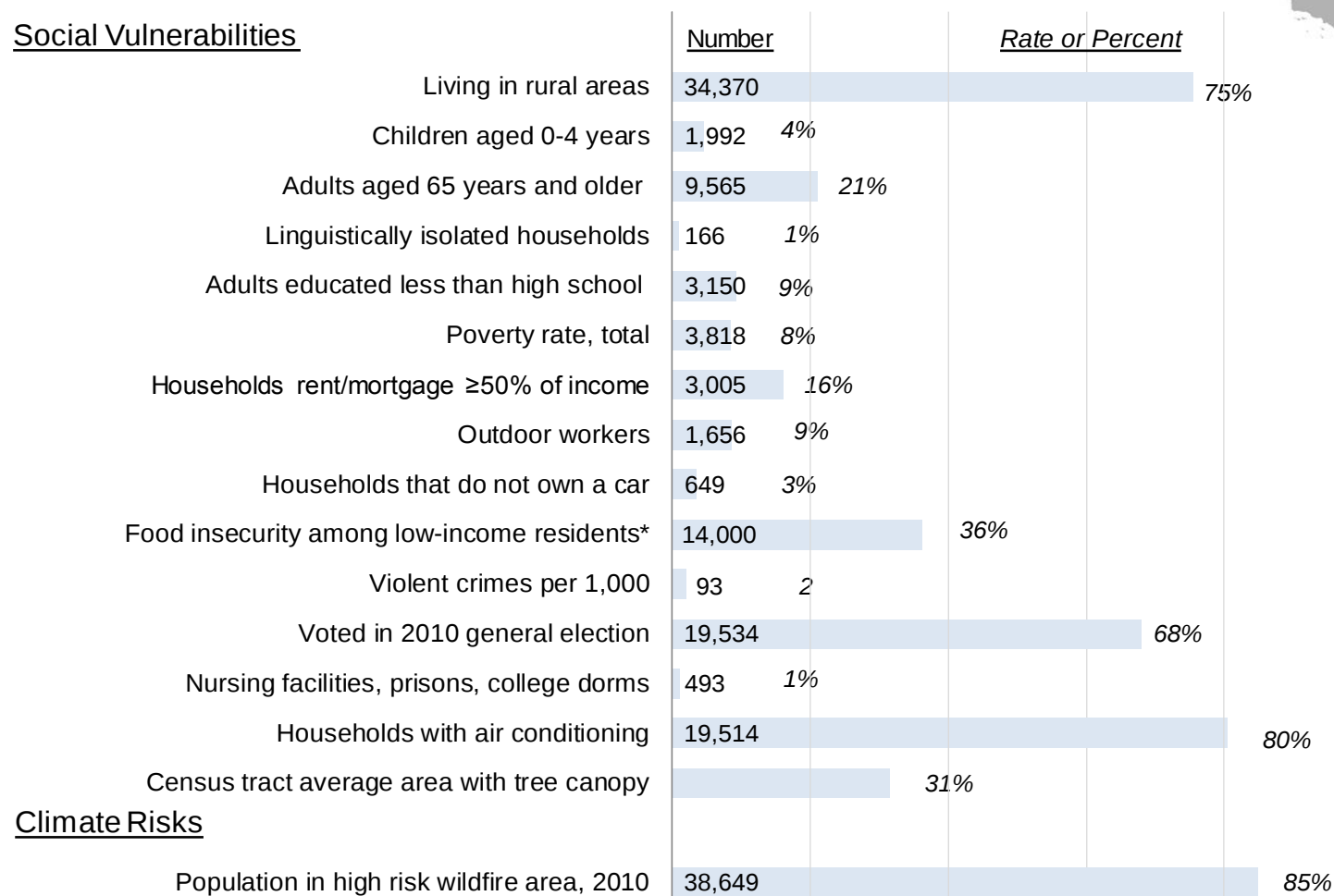
Figure 6. Profile of Health Outcomes and Inequities, Social Vulnerabilities and Climate Risks, Calaveras County



* Groups with less than 20 observations are not presented

† Pooled for Alpine, Amador, Calaveras, Inyo, Mariposa, Mono and Tuolumne counties

**Figure 7. Profile of Health Outcomes and Inequities,
Social Vulnerabilities and Climate Risks, Calaveras County**



* Pooled for Alpine, Amador, Calaveras, Inyo, Mariposa, Mono and Tuolumne counties

Data sources for indicators in Figures 6 and 7 are described in Appendix 3.

SELECTED PUBLIC HEALTH STRATEGIES AND ACTIONS FOR ADAPTING TO CLIMATE CHANGE

Findings from this report describe climate risks in Calaveras County and highlight certain populations who are most susceptible to health risks from current and future climate change exposures. Some of the changes due to climate change will occur over the long term, but broad shifts in our weather can be seen now and will result in many direct and indirect health risks.

Coping with a changing climate presents opportunities for local health departments and partners to consider policies, actions, and infrastructure design that will not just protect the public from climate change threats, but also establish health equity, resiliency, and sustainability. A critical step for building resilience is to improve capacity of communities to prepare, respond, and recover from

climate-related health risks. Steps need to be taken to ensure that the most vulnerable populations have access to information, services, and resources to prepare and respond to climate risks.

The goal of public health adaptation strategies is to minimize the negative health impacts of climate change. A selection of the near-term and long-term strategies and actions steps for adapting to climate change are outlined in Table 2. These include community education and engagement, public health workforce development, identification of co-benefits, bolstering existing functions of public health preparedness and surveillance, multi-sectorial partnership building, and research.

Table 2. Selected public health strategies and action steps for adapting to climate change³³

STRATEGIES	NEAR-TERM ACTIONS	LONG-TERM TERM ACTIONS
1. Promote community resilience to climate change to reduce vulnerability	• Promote healthy, built environments • Identify and reduce health vulnerabilities • Improve food security and quality	• Promote food sustainability • Reduce heat islands • Support social and community engagement • Promote increased access to health care
2. Educate, empower and engage California residents, organizations and businesses to reduce	• Educational outreach campaign tying into existing efforts • Specific outreach to vulnerable	• Proactive social marketing campaign

vulnerability through mitigation and adaptation	populations	
3. Identify and promote mitigation and adaptation strategies with public health co-benefits	• Identify and prioritize strategies with public health co-benefits	
4. Establish, improve and maintain mechanisms for robust rapid surveillance of environmental conditions, climate-related illness, vulnerabilities, protective factors and adaptive capacities	• Monitor outcomes (state and local) • Develop existing environmental contaminant biomonitoring • Maintain and upgrade water accessibility information • Improve heat warning systems	• Convert to electronic surveillance systems to improve disease reporting, management and surveillance
5. Improve and sustain public health preparedness and emergency response	• CDPH and local health departments should refine existing preparedness plans and conduct exercises	
6. Work in multi-sectoral partnerships (local, regional, state and federal)	• Expand training and education to build collaborative capacity	
7. Conduct applied research to enable enhanced promotion and protection of human health	• Vulnerability assessments • Research collaboration • Assess local impacts on health	
8. Implement policy changes at local, regional and national levels	• Policy collaboration with stakeholders • Occupational safety standards	• Model policies and training • Public engagement
9. Identify, develop and maintain adequate funding for implementation of public health adaptation strategy	• Identify and develop funding mechanisms	• Develop funding mechanisms/AB32 for education and research

Source: California Natural Resources Agency³³ (http://resources.ca.gov/docs/climate/Statewide_Adaptation_Strategy.pdf)

RESOURCES

This report brought together recently published, technical information from state-sponsored research and planning documents, including:

- California Climate Change Adaptation Planning Guide, 2012
http://resources.ca.gov/climate/safeguarding/adaptation_policy_guide/
- Safeguarding California: Reducing Climate Risk, 2014
http://resources.ca.gov/docs/climate/Final_Safeguarding_CA_Plan_July_31_2014.pdf
- California Climate Adaptation Strategy, 2009
http://resources.ca.gov/docs/climate/Statewide_Adaptation_Strategy.pdf
- Cal-Adapt: Exploring California's Climate Change Research
<http://cal-adapt.org/>
- Preparing California for Extreme Heat: Guidance and Recommendations
http://www.climatechange.ca.gov/climate_action_team/reports/Preparing_California_for_Extreme_Heat.pdf

For more information and resources for climate change adaptation and public health planning, please visit:

- CDPH CalBRACE web page
<http://www.cdph.ca.gov/programs/Pages/CalBRACE.aspx>
- CDPH Climate Change and Health Team web page
<https://www.cdph.ca.gov/programs/Pages/ClimateChange.aspx>
- CDC BRACE web page
<http://www.cdc.gov/climateandhealth/default.htm>
- The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment 2016
<https://health2016.globalchange.gov/>
- Urban Heat Island Index for California
<http://calepa.ca.gov/UrbanHeat/Maps/default.htm>

REFERENCES

1. Solomon S, Qin D, Manning M, Chen Z, Marquis M, Averyt KB, et al. Climate Change 2007: The Physical Science Basis. Working Group I Contribution to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change (IPCC). New York: Cambridge University Press; 2007;245.
2. Earth System Research Laboratory. Trends in Atmospheric Carbon Dioxide: Up-to-date weekly average CO₂ at Mauna Loa. Boulder, CO: National Oceanic & Atmospheric Administration; 2014.
3. Solomon S, Plattner G, Knutti R, Friedlingstein P. Irreversible climate change due to carbon dioxide emissions. Proceedings of the National Academy of Sciences. 2009;106(6):1704-1709.
4. Taylor KE, Stouffer RJ, Meehl GA. An overview of CMIP5 and the experiment design. Bull Amer Meteor Soc 2012;doi:10.1175/BAMS-D-11-00094.1.
5. California Emergency Management Agency, California Natural Resources Agency. California Adaptation Planning Guide: Understanding Regional Characteristics. July 2012.
6. Public Interest Energy Research (PIER) Program. Cal-Adapt: Exploring California's Climate Change Research. Sacramento: California Energy Commission; 2011. <http://cal-adapt.org/>. Accessed June 2, 2012.
7. California Department of Forestry and Fire Protection (CAL FIRE) Office of the State Fire Marshall. Fact Sheet: California's Fire Hazard Severity Zones. California Department of Forestry and Fire Protection. May 2007.
8. California Department of Forestry and Fire Protection (CAL FIRE). Fire and Resource Assessment Program; <http://frap.cdf.ca.gov/>.
9. Confalonieri U, Menne B, R. Akhtar R, Ebi K, Hauengue M, Kovats R, et al. Human Health. Climate Change 2007: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge, UK: Cambridge University Press; 2007.
10. Borden KA, Cutter SL. Spatial patterns of natural hazards mortality in the United States. Int J Health Geographics. 2008;7:64-77.
11. Knowlton K, Rotkin-Ellman M, Geballe L, Max W, Solomon G. Six climate change-related events in the United States accounted for about \$14 billion in lost lives and health costs Health Affairs. 2011;30:2167-2176.
12. Haines A, Patz P. Health effects of climate change. JAMA. 2004;291:99-103.
13. Gray S. Long-term health effects of flooding. J Public Health. 2008;30:353-354.
14. Ahern M, Kovats R, Wilkinson P, Few R, Matthies F. Global health impacts of floods: epidemiologic evidence. Epidemiol Rev. 2005;27:36-46.
15. Bouchama A, Dehbi M, Mohamed G, Matthies F, Shoukri M, Menne B. Prognostic factors in heat wave-related deaths: a meta-analysis. Arch Intern Med. 2007;167:2170-2176.
16. Basu R, Ostro B. A multicounty analysis identifying the populations vulnerable to mortality associated with high ambient temperature in California. Am J Epidemiol. 2008;DOI: 10.1093/aje/kwn170.
17. Westerling AL, Bryant BP. Climate change and wildfire in California. Climatic Change 2008;87 (Suppl 1):s231-s249.

18. Melillo JM, Richmond T, Yohe, (Eds.). *Climate Change Impacts in the United States: The Third National Climate Assessment*. U.S. Global Change Research Program, 841 pp. 2014. doi:10.7930/J0Z31WJ2
19. Luber G, Knowlton K, Balbus J, Frumkin H, Hayden M, Hess J, McGeehin M, Sheats N, Backer L, Beard CB, Ebi KL, Maibach E, Ostfeld RS, Wiedinmyer C, Zielinski-Gutiérrez W, Ziska L. *Ch. 9: Human Health. Climate Change Impacts in the United States: The Third National Climate Assessment*. U.S. Global Change Research Program, 220-256. 2014. doi: 10.7930/J0PN93H5.
20. Kessler RC, Borges G, Walters EE. Prevalence of and Risk Factors for Lifetime Suicide Attempts in the National Comorbidity Survey. *Arch Gen Psychiatry*. 1999; 56(7): 617-626.
21. Hawton K, Sutton L, Haw C, Sinclair J, Deeks JJ. Schizophrenia and suicide: systematic review of risk factors. *The British Journal of Psychiatry*. 2005; 187(1); 9-20.
22. Galea S, Tracy M, Hoggatt K, Dimaggio C, Karpati A. Estimated deaths attributable to social factors in the United States. *Am J Public Health*. 2011;101(8):1456-1465.
23. *Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity*. California Department of Public Health, Office of Health Equity. Sacramento, CA. 2015.
24. Shonkoff SB, Morello-Frosch R, Pastor M, Sadd J. The climate gap: environmental health and equity implications of climate change and mitigation policies in California – a review of the literature. *Climate Change*. 2011;109(1):485-503.
25. Peck C, Logan J, Maizlish N, Van Court J. *The Burden of Chronic Disease and Injury California*. Sacramento, CA: California Department of Public Health; 2013. (<http://www.cdph.ca.gov/programs/Documents/BurdenReportOnline%2004-04-13.pdf>).
26. Dynes RR. Social capital: dealing with community emergencies. *Homeland Security Affairs*. 2006;2(2):1-26.
27. Kawachi I. Social capital and community effects on population and individual health. *Ann N Y Acad Sci*. 1999; 896: 120-130.
28. Braveman PA, Egerter S, Woolf SH, Marks JS. When do we know enough to recommend action on the social determinants of health? *Am J Prev Med*. 2011 (40)1S1: S58-S66 .
29. Gilbert KL, Quinn SC, Goodman RM, Butler J, Wallace J. A meta-analysis of social capital and health: a case for needed research. *J Health Psychol*. 2013; 18(11): 1385-1399.
30. Rudolph L, Gould S, Berko J. *Climate Change, Health, and Equity: Opportunities for Action*. Oakland, CA: Public Health Institute; 2015.
31. Reuveny R. Climate change-induced migration and violent conflict. *Political Geography*. 2007; 26(6): 656-673.
32. Ranson M. Crime, weather, and climate change. *Journal of Environmental Economics and Management*. 2014; 67(3): 274-302
33. 2009 California Climate Adaptation Strategy: A Report to the Governor of the State of California in Response to Executive Order S-13-2008: California Natural Resources Agency; 2009.
34. Gould S, Dervin K. *Climate Action for Health: Integrating Public Health Into Climate Action Planning*. California Department of Public Health. February 2012.
35. California Climate Change Center. *Public Health-Related Impacts of Climate Change in California*. March 2006. Retrieved January 8, 2012. <http://www.energy.ca.gov/2005publications/CEC-500-2005-197/CEC-500-2005-197-SF.pdf>
36. Karl TR, Melillo JM, Peterson TC (Eds). *Global Climate Change Impacts in the United States*. New York, NY: Cambridge University Press. 2009; 89-98.
37. Centers for Disease Control and Prevention. *Climate and Health Program*. Retrieved January 8, 2017 from <https://www.cdc.gov/climateandhealth/effects/default.htm>

APPENDIX 1: HOW ARE FUTURE CHANGES IN CLIMATE PREDICTED?

Scientists use historical weather data and mathematical models to describe historical trends and to predict the impacts of global warming.³ Historical data show that on average sea levels are already rising, primarily from the expansion of water.¹ Historical data also show that in the past century average temperatures are increasing, polar ice and glaciers are melting at increased rates, and snow pack in mountains is diminishing compared to time periods in which human-generated carbon emissions were relatively small.¹

Climate models are computer simulation over time of the Earth's atmosphere and oceans taking into account solar radiation, surface reflection, circulating air masses and wind, heat stored in oceans, sea ice, evaporation from land surfaces and green plants, cloud cover, and other factors. A key input to climate projection models is the current and projected amount of carbon dioxide and other greenhouse gases emitted into the atmosphere.

The future amount of carbon emitted into the Earth's atmosphere has two broad drivers:

- the dependence of economic growth on fossil fuels, and
- the growth of the world's population.

Based on the different combinations of economic development strategies and population growth, scientists have constructed formal scenarios⁴ of future carbon emissions during the 21st century and predicted their associated climate impacts compared to a 1990 baseline.⁶

The average global temperature is predicted to increase by 1.8°C (3.2° F) for an optimistic scenario called B1 in which world economies become much less dependent on fossil fuels and the world population levels off after 2050¹. In a pessimistic scenario called A2, climate models predict a 3.4° C (6.1° F) increase, based on the assumption that the world continues its path of fossil fuel intensive economic development and that the world population increases during the 21st century.

On the backdrop of gradually increasing temperatures and sea levels, the climate models also predict an increase in the frequency and intensity of extreme weather events such as hurricanes, floods and droughts¹. Using these global climate models as a starting point, the Scripps Institution of Oceanography at the University of California, San Diego has further refined climate impacts in California to 12 km grids (7 by 7 miles).⁶ This allows California communities to have local data to inform climate adaptation planning.

APPENDIX 2: PUBLIC HEALTH IMPACTS OF CLIMATE CHANGE IN CALIFORNIA

CLIMATE CHANGE EXPOSURES	HEALTH IMPACTS	POPULATIONS MOST AFFECTED
Extreme Heat	• Premature death • Cardiovascular stress and failure • Heat-related illnesses such as heat stroke, heat exhaustion, and kidney stones	• Elderly • Children • Diabetics • Low-income • Urban residents • People with respiratory diseases • Agricultural workers • Those active outdoors
Poor Air Quality/ Air Pollution	• Increased asthma, allergies, chronic obstructive pulmonary disease (COPD), and other cardiovascular and respiratory diseases	• Children • Elderly • People with respiratory diseases • Low income • Those active outdoors

CLIMATE CHANGE EXPOSURES	HEALTH IMPACTS	POPULATIONS MOST AFFECTED
Wildfires	• Injuries and death from burns and smoke inhalation • Eye and respiratory illnesses due to air pollution • Exacerbation of asthma, allergies, chronic obstructive pulmonary disease (COPD), and other cardiovascular and respiratory diseases • Risk from erosion and land slippage after wildfires • Displacement and loss of homes	• People with respiratory diseases
Severe Weather, Extreme Rainfall, Floods, Water Issues	• Population displacement, loss of home and livelihood • Death from drowning • Injuries • Damage to potable water, wastewater, and irrigation systems, resulting in decrease in quality/quantity of water supply and disruption to agriculture • Water- and food-borne diseases from sewage overflow	• Coastal residents, and residents in flood-prone areas • Elderly • Children • Low income
Increased average temperature	• Cardiovascular disease • Increased number and range of: • Vector-borne disease, such as West Nile virus, malaria, Hantavirus, or plague • Water-borne disease, such as cholera and <i>E. coli</i> • Food-borne disease, such as <i>salmonella</i> poisoning • Harmful algal blooms causing skin disease and poisoning • Allergies caused by pollen, and rashes from plants such as poison ivy or stinging nettle • Vulnerability to wildfires and air pollution	• Children • Elderly • Agricultural workers • Those active outdoors • People with respiratory disease • People with acute allergies

CLIMATE CHANGE EXPOSURES	HEALTH IMPACTS	POPULATIONS MOST AFFECTED
Agricultural Changes	• Changing patterns and yields of crops, pests, and weed species, resulting in higher prices for food and food insecurity, hunger, and malnutrition • Changes in agriculture/forestry, leading to lost or displaced jobs and unemployment	• Agricultural workers • Rural communities • Low income • Elderly • Children
Drought	• Hunger and malnutrition caused by disruption in food and water supply, increased cost and conflict over food and water • Food- and water-borne disease • Emergence of new contagious and vector-borne disease	• Low income • Elderly • Children
All Impacts	Mental Health Disorders: (e.g., depression, anxiety, Post-Traumatic Stress Disorder, substance abuse, and other conditions) caused by: • Disruption, displacement, and migration • Loss of home, lives, and livelihood Health Care Impacts • Increased rates of illness and disease, emergency room use, and related costs borne by employers, health plans, and residents • Damage to health facilities	• All populations • Low income • Health care staff

Sources:

- *Climate Action for Health: Integrating Public Health Into Climate Action Planning. California Department of Public Health*³⁴
- *Public Health-Related Impacts of Climate Change in California, A Report From: California Climate Change Center*³⁵
- *Global Climate Change Impacts in the United States, Cambridge University Press*³⁶
- *Centers for Disease Control and Prevention, Climate and Health Program*³⁷

APPENDIX 3: DATA SOURCES

DATA SOURCE	INDICATOR
1. California Department of Forestry and Fire Protection (CalFIRE). Fire and Resource Assessment Program; http://frap.cdf.ca.gov/ .	• Population in a high-risk wildfire area
2. Center for Health Statistics and Informatics. <i>Vital Statistics Query System</i> . Sacramento, CA: California Department of Public Health; 2004. www.apps.cdph.ca.gov/vsq/default.asp ,	• Age-Adjusted Death Rate / 10,000 with race/ethnicity stratification
3. Environmental Health Tracking Program. Heat-Related Illness Data Query Options. Environmental Health Investigations Branch, California Department of Public Health, Richmond, CA (http://www.ehib.org/page.jsp?page_key=913)	• Annual heat-related ER visits / 100,000
4. Federal Bureau of Investigation. <i>Uniform Crime Reports</i> . DS. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation; 2011. https://www.fbi.gov/about-us/cjis/ucr/ucr .	• Violent crimes per 1,000
5. Heberger M, Cooley H, Herrera P, Gleick P, Moore E. <i>The Impacts of Sea Level Rise on the California Coast</i> . Oakland, CA: Pacific Institute; 2009. http://www.pacinst.org/wp-content/uploads/2013/02/exec_sum11.pdf .	• Population in 100-year flood prone area (for coastal counties) • Population in 100-year flood area and 55" of sea level rise (for coastal counties)
6. Palmgren C, Stevens N, Goldberg M, Barnes R, Rothkin K. <i>California Residential Appliance Saturation Survey</i> . Oakland, CA: KEMA, Inc.; 2009.	• Households with air conditioning
7. Public Interest Energy Research (PIER) Program. <i>Cal-adapt: Exploring California's Climate Change Research</i> . Sacramento: California Energy Commission; 2011. http://cal-adapt.org	• Historical record of wildfires and acres consumed

8. UCLA Center for Health Policy Research. <i>California Health Interview Survey</i> . Los Angeles, CA: UCLA Center for Health Policy Research; 2009. http://www.chis.ucla.edu/main/default.asp?page=dac (multiple chronic conditions, asthma, food insecurity (<200% poverty))	• Multiple chronic conditions in adults • Adults ever-diagnosed with asthma • Food insecurity (low income residents) • Adult obesity
9. U.S. Census Bureau. <i>American Community Survey or SF1 file (Living with disability, living in rural areas, population aged < 5 years and >65 years living alone, linguistically isolated, poverty rate, housing cost burden, outdoor workers, group quarters)</i> DS. Washington, DC: U.S. Census Bureau; 2012. http://factfinder2.census.gov .	• Living with disability (Age 5 and older) • Living in rural areas • Children aged 0-4 years • Adults aged 65 years and older • Linguistically isolated households • Poverty rate, total • Households rent/mortgage $\geq$50% of income • Outdoor workers • Households that do not own a car • Nursing facilities, prisons, college dorms • Adults with less than a high school education
10. US Environmental Protection Agency. <i>National Land Cover Data</i> ; http://www.epa.gov/mrlc/nlcd-2001.html . Accessed March 24, 2011.	• Census tract average area with tree canopy
11. Southern California Association of Governments (SCAG), Metropolitan Transportation Commission (MTC), Sacramento Council of Governments (SACOG), and population data from the U.S. Census Bureau	• Residents within ½ mile from frequent transit stop
12. Statewide Database, University of California Berkeley Law, Center for Research, California Secretary of State, Elections Division, Reports of Registration, California Department of Finance, Demographic Unit	• Registered voters who voted in 2010 general election