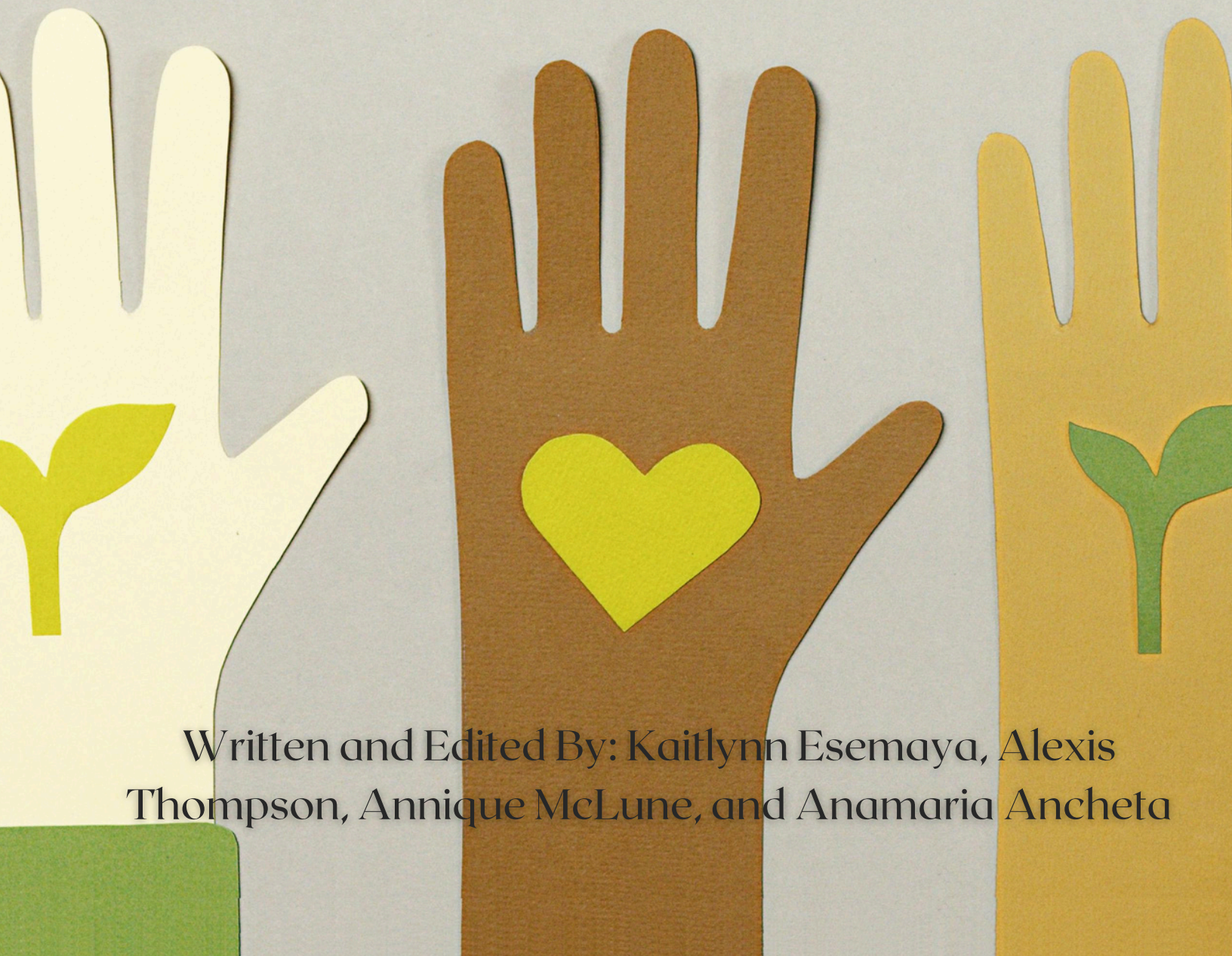


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Environmental Justice and Health Equity



Environmental justice, health disparities, and climate change are deeply interconnected, with climate change acting as a threat multiplier that exacerbates existing health inequities, particularly among marginalized and underserved communities. Environmental justice refers to equitable and meaningful involvement in environmental policies, regardless of income, race, etc. Historically marginalized communities of color, the low-income population, and indigenous people are disproportionately exposed to ongoing as well as historical environmental policies. Health disparities arise when these structurally marginalized groups experience increased illness and higher rates of mortality and illnesses from hazardous environmental exposures, including those driven by climate change. For example, heat waves, increased air pollution, and extreme weather events disproportionately affect these communities, leading to higher rates of respiratory diseases, asthma, cancer, and mental health issues. The American Thoracic Society notes that climate-sensitive exposures, such as heat, air pollution, and extreme weather, are not equally distributed. Marginalized communities experience greater exposure, higher susceptibility due to comorbid health conditions, and less access to resources for recovery and subsequent adaptation. Addressing climate change through an environmental justice lens is essential to reducing health disparities. This requires policies that target the root causes of environmental injustice, prioritize the needs of the most affected communities, and ensure equitable access to adaptation and mitigation resources.

Structural racism is the way in which racial discrimination is fostered by societies through their various systems, policies, practices, and laws. This racial discrimination is embedded within the societal norms, often pervasive and further perpetuating racial inequity. Environmental injustices are just one aspect of how structural racism disproportionately affects marginalized communities. Redlining is the discriminatory act by which individuals belonging to certain racial and/or ethnic groups are unable to receive housing, loans, or insurance within certain neighborhoods. Neighborhood maps that were created based on letter grades, A-D, often showed areas that had predominantly more marginalized communities, labeled as “hazardous.” Within these areas with D-rating, companies would build dangerous facilities with few regulations. Historically, the Federal Housing Administration (FHA) promoted this policy until the 1960s, when the Fair Housing Act of 1968 deemed the practice of redlining to be illegal. Even though the explicit act of redlining has been outlawed, the effects remain today.

The impact of environmental racism on marginalized communities is vast, ranging from toxic waste exposure, air pollution, and water contamination to cancer, cardiopulmonary illnesses, and developmental disorders. Examples in which environmental racism is still seen today are the Flint, Michigan, lead water contamination crisis, and Louisiana’s Cancer Alley, an area stretching 85 miles, where the number of health risks affecting a majority of low-income and Black communities is alarmingly high. Environmental racism is not exclusive to the United States. Plastic pollution is affecting communities that rely heavily on fishing, and a majority of electronic waste is exported from developed countries to Asian and West African countries, exposing these communities to toxic waste. Raising awareness about environmental racism and educating yourself and others about the lasting effects is just one of the most important ways in which individuals can work toward advancing health equity.



Environmental health disparities in the United States reflect deep structural inequities that place racial and ethnic minorities and low-income communities at disproportionate risk of harmful exposures in their homes, workplaces, and neighborhoods. Decades of environmental health research show that race has been one of the strongest predictors of where toxic facilities are sited, resulting in many marginalized communities living adjacent to hazardous waste, industrial emissions, and polluted waterways. In North Carolina, for example, concentrated animal feeding operations in predominantly Black and low-wealth areas produce air and water pollution linked to asthma, lung function decline, and worsening physical and mental health. Similar patterns are seen in urban centers, where low-wage and minority communities face daily exposure to pollution from highways, railroads, municipal incinerators, and aging infrastructure that threatens sewage systems and safe drinking water. Native American and tribal communities carry an additional burden, with asthma rates nearly double the national average due to historical mining practices and reliance on natural resources. Immigrant workers, particularly low-wage Latino laborers, are further impacted by toxic occupational exposures compounded by structural racism, language barriers, and food and housing insecurity. These layered disparities illustrate how environmental injustice directly shapes health outcomes and overall well-being.



Healthcare providers can play active roles in addressing the impact of structural racism and promoting environmental justice. A patient's neighborhood can directly impact their healthcare, from accessibility to walkable communities with adequate tree coverage to limit heat dispersion, access to clean drinking water, and sufficient distance from pollution-forming areas such as industrial plants and interstates. Access to green spaces, including parks and community gardens, improves air quality, reduces heat zones in urban areas, promotes outdoor exercise, and enhances the mental health of the community through fostering community interaction.

As trusted messengers, physicians can provide testimony to legislators on policies that strengthen clean water regulations, limit industrial zoning near schools, and increase funding for green infrastructure in communities, such as increasing tree coverage and the creation of cooling stations in neighborhoods impacted by heat waves. On an individual level, healthcare providers can support patients by integrating environmental health screening tools into patient visits and integrating initiatives such as the formation of asthma management programs for patients in high-risk air pollution communities, and providing them with supplies such as High Efficiency Particulate Air filters. Lastly, healthcare providers can form partnerships with local organizations and national professional societies that actively seek to incorporate discussion of environmental justice into medical curricula and support communities in actionable ways, such as Medical Students for a Sustainable Future and The Medical Society Consortium on Climate and Health.

Reflection Questions

- What are some ways in which structural racism is pervasive in society today?
- How do hazardous environmental exposures disproportionately burden marginalized communities?
- In what ways might environmental justice advocacy be integrated into clinical practice or community engagement to better support populations disproportionately affected by pollution and hazardous living conditions?
- How can you incorporate questions about a patient's environment, such as housing conditions, air quality, or access to safe places to exercise, into your routine clinical visits?

Helpful Links

- [NAACP | Environment & Climate Justice](#)
- [Resources for the Future | Environmental Justice](#)
- [The Medical Society Consortium on Climate Health | Resources](#)
- [Medical Students for a Sustainable Future](#)

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