



A systematic review of animal feeding operations including concentrated animal feeding operations (CAFOs) for exposure, health outcomes, and environmental justice

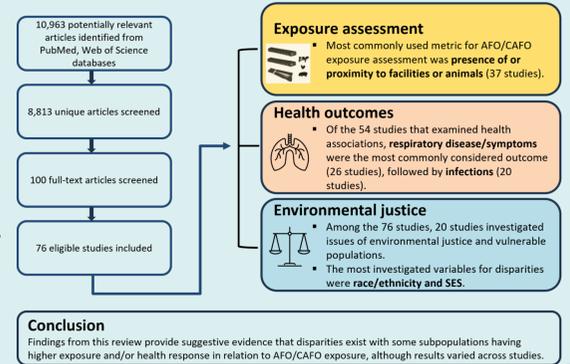
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Key findings

- A relatively small number of studies investigated environmental justice (EJ) issues in relation to AFOs/CAFOs.
- Findings were inconsistent across studies, populations, exposure metrics, EJ related variables.
- The most commonly applied exposure metric was presence of or proximity to facilities or animals.
- The most investigated variables for disparities were race/ethnicity and SES.

A systematic review of animal feeding operations including CAFOs



Introduction

- Despite the growing literature on animal feeding operations including CAFOs, research on disproportionate exposure and the associated health burden is relatively limited and shows inconclusive findings.
- We systematically reviewed previous literature on AFOs/CAFOs, focusing on exposure assessment, associated health outcomes, and variables related to environmental justice and potentially vulnerable or susceptible populations.

Materials and Methods

Systematic search

- MEDLINE/PubMed, Web of Science databases for population-based studies of exposure to AFO/CAFO through 14 March 2023
- Citation screening

Selection criteria for eligible studies

- Consider exposure to AFO/CAFO and investigate exposure for human populations
- Be peer-reviewed
- Be written in English

Data extraction

- Study information: location, population, period, type, design, statistical methods, adjusted variables, main findings
- AFO/CAFO characteristics: animal type, data source, measure of exposure, exposure assessment

- Health outcomes or symptoms including physical, mental, and social well-being
- Information related to environmental justice and potentially vulnerable or susceptible populations: in relation to exposure and/or health associations, related variables, main findings

Statistical analysis

- Qualitatively summarized the findings
- Provided detailed information for each study and summarized findings using frequency and proportion of articles by study characteristics based on several criteria (e.g., study information, AFO/CAFO characteristics and exposure assessment, and EJ and potentially at-risk populations)

Results

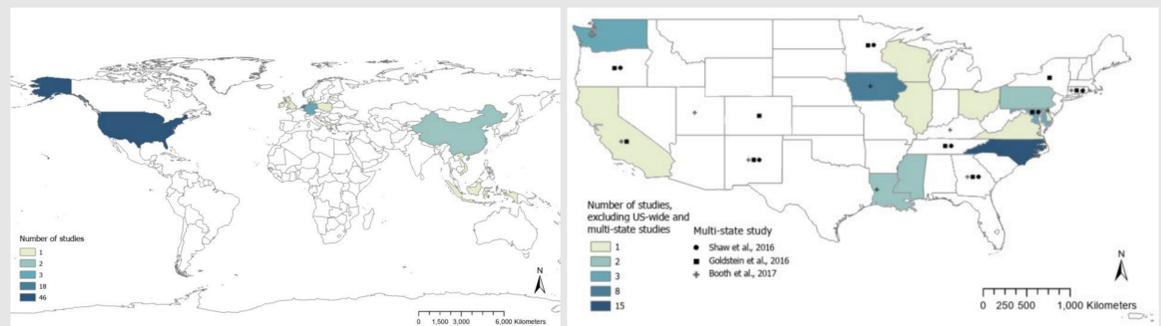
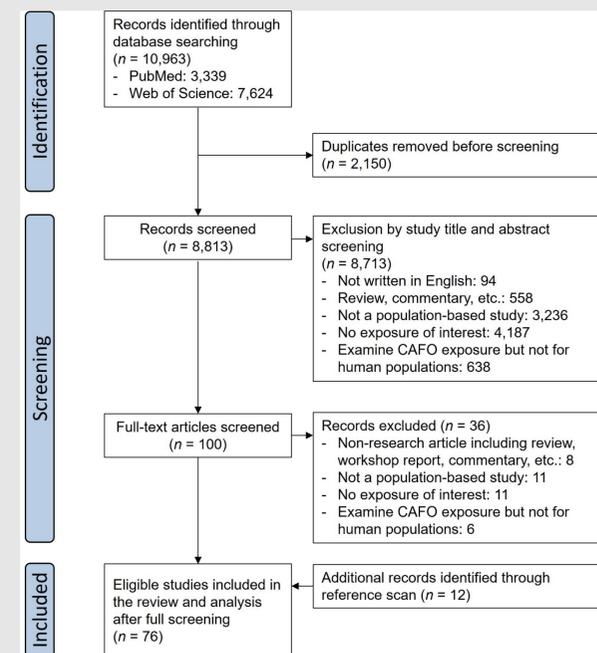


Figure 3. Spatial distribution map of published AFO/CAFO studies (A) in the world and (B) across US states

→ The most represented country was the United States (46 studies), followed by the Netherlands (18 studies).

→ Among the 46 studies conducted in the US, the most investigated state was North Carolina (15 studies), followed by Iowa (8 studies).

Criterion	Number of Studies	Criterion	Number of studies
Health outcomes/symptoms		Exposure	
Respiratory diseases/symptoms or lung function	26	Air pollution	27
Immune-mediated diseases	8	Water quality	2
Infections	20	Odor	6
Mortality	5	Presence/proximity of facility/specific farm animals within boundaries (e.g., county, buffer)	37
Birth outcomes	4	Density within boundaries, buffer	34
Cancer	5	Other	7
Gastrointestinal symptoms	3		
Neurological symptoms	5		
Mental health, quality of life	6		
Blood disorder	4		
Kidney disease	2		
Endocrine disease	3		
Digestive disorder	2		
Cardiovascular disease	3		
Bone disease	2		
Others	3		

→ We found differences in findings across studies, populations, the metrics used for AFO/CAFO exposure assessment, and variables related to EJ and vulnerability.

→ Of the 54 studies that examined health associations, **respiratory diseases/symptoms** were the most commonly considered outcome (26 studies), followed by infections (20 studies).

→ The most commonly used metric for AFO/CAFO exposure assessment was the **presence of or proximity to facilities or animals**.

→ The most investigated variables related to disparities were **race/ethnicity and SES**.

Criterion	Number of studies	
	EJ and vulnerability in relation to exposure	EJ and vulnerability in relation to health association
Race / ethnicity	13	5
Low SES	14	4
Immigrant, foreign born status	2	-
Urban/rural, population density	4	3
Age (e.g., younger or older)	3	5
Sex	-	5
Health behavior	1	1
Others	-	2

→ Most studies were conducted in the United States (US) (60.5%), published between 2016 and 2020 (43.4%), and examined associations between exposure and health outcomes (71.1%).

→ Among the 76 studies, 20 studies investigated issues of vulnerable populations and environmental justice.

→ Of these 20 studies, 13 evaluated exposure disparity.

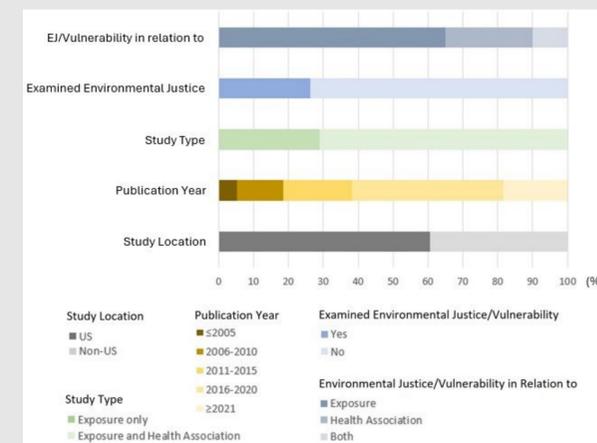


Figure 2. Summary of study characteristics

Conclusions

- We observed suggestive evidence that disparities exist with some subpopulations having higher exposure and/or health response in relation to AFO/CAFO exposure, although results varied across studies.
- The findings from this review provide valuable knowledge on AFOs/CAFOs exposure assessment, health outcomes and symptoms associated with AFO/CAFO exposure, and environmental justice and vulnerability, and highlight needed areas of future research.

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