

## PREPARING FOR CLIMATE CHANGE - CANADA'S NATIONAL ADAPTATION STRATEGY – DISCUSSION PAPER – MAY 2022

OPHA COMMENTS – July 15, 2022

The Ontario Public Health Association (OPHA) appreciates the opportunity to provide input on *Preparing for Climate Change: Canada's National Adaptation Strategy (Discussion Paper-May 2022)*.<sup>i</sup> With climate change described as the greatest public health threat of our generation, OPHA is strongly committed to supporting collaboration and advocacy on climate action for health. Through OPHA's participation on the Ontario Provincial Climate Change Impact Assessment Engagement Team, our health-focused climate-communications campaign #MakeItBetter<sup>ii</sup> and other climate and health awareness activities, we work with partners across all sectors and at all levels of government. OPHA supports rapid and comprehensive climate mitigation and adaptation action to protect Canadians from climate-related health impacts and inequities that are exacerbated by climate change. This includes strengthening public health systems that are vital to supporting all aspects of climate & health including surveillance, health promotion and protection, disease prevention, research and emergency response.

OPHA agrees that there is an urgent need for climate adaptation action. These actions must be conducted in tandem with actions to reduce greenhouse gas emissions, recognizing the health co-benefits of climate mitigation, and they must prioritize actions to address inequities and the determinants of health that are worsened by climate change. OPHA supports the vision, guiding principles, objectives and priority short-term actions outlined in Canada's National Adaptation Strategy (NAS), with the following comments to strengthen the Strategy.

**OPHA concurs with the National Adaptation Strategy's Health and Wellbeing Advisory Table that urgent action is needed to scale-up health adaptation.** Climate change is already affecting the health of Canadians with a disproportionate impact being experienced by vulnerable populations and those living with health and social inequities. As noted by the Canadian Climate Institute, "*Climate change is not just an environmental and economic threat. It is also a threat to public health.*"<sup>iii</sup> Heat-related illness and death, air pollution-related illness and death, impacts to food and water security and safety, vector-borne diseases, health impacts from floods and other extreme-weather events, and poor mental health associated with climate events and threats, are all adding to the increasing burden of climate-related health impacts across the country.<sup>iv</sup> These impacts can also result in exceeding the capacity of health systems (public health, health care, emergency health services etc.) resulting in greater harms.

Even under a low greenhouse gas emissions scenario, the Canadian Climate Institute estimates that by the year 2050, Canada will be faced with massive health-care costs associated with exposure to ground-level ozone (costs of death \$51 billion; costs of illnesses \$274 million), heat-related deaths (\$3 billion), heat-related productivity loss (\$3.9 billion), and Lyme disease (\$211 million), not to mention the unknown costs of impacts to mental illness, wildfires, smoke and air quality, culture, livelihoods and identity, and the physical risks to health infrastructure.<sup>v</sup> In an earlier report, the Canadian Climate Institute estimated that the societal health burden from exposure to particulate matter air pollution could fall from \$8.3 billion in 2015 to between \$0.7 - \$1.7 billion per year by 2050 if Canada meets its 2050 net-zero target.<sup>vi vii</sup>

**Climate change and health adaptation action must recognize that key drivers of climate-related health impacts are not only the “natural” climate-related hazards, but also the social and economic conditions within which individuals and communities live.** The root causes that put some people at greater risk from climate-related hazards include income, education, employment, housing, access to health and social services and the experience of colonization and marginalization. Health adaptation must address these social determinants of health and prioritize actions for individuals and communities experiencing these inequities.

**The health co-benefits of actions to reduce greenhouse gas emissions make it imperative that “climate action for health” include not only increasing resilience and response to the impacts of climate change (adaptation), but also reducing carbon emissions (climate mitigation).** The health co-benefits of climate mitigation action in the transportation, land-use planning, buildings, agriculture and environmental sectors include improved air quality, improved indoor environmental conditions including thermal comfort, increased physical activity, improved diets, improved access to health, social and community services, increased access to and benefits from natural environments, and improved mental health and equity outcomes. These co-benefits translate into reduced costs to public health and healthcare systems.<sup>viii</sup>

**OPHA feels that a priority action that must be addressed immediately is a nation-wide coordinated surveillance system for collecting, analyzing and dissemination information and data on climate-related health risks and impacts.** As OPHA noted in our health-focused climate communications campaign #MakeItBetter, more data is needed on climate risks and inequities to better communicate risk, raise awareness of the urgent need for climate action and protect those most at risk.<sup>ix</sup>

While OPHA applauds Objective 3 of the NAS Health and Well Being Advisory Table: “*By 2030, Canada has robust, diverse, and accessible systems and capacities to access, assess, and share health, socio-economic, and environmental data for use in health resiliency promotion, risk prevention, and diagnosis and treatment of climate-related health impacts.*”<sup>x</sup>, we strongly urge the Federal Government to coordinate a nation-wide system to ensure consistent tracking of climate-related health indicators.

As expressed in the Advisory Table report there is a need to “*improve tracking systems for climate-related illnesses and health outcomes, incorporating race and socio-economic status data.*”<sup>xi</sup> Increasing public, decision-makers and professionals’ awareness of the urgent need for both climate mitigation and climate adaptation action requires evidence-based up-to-date information and data on the health, environmental, social and other drivers of climate-related health risks and impacts. For example, developing, prioritizing, implementing and promoting actions to reduce heat-related illness and death requires comprehensive data on heat-health impacts such as syndromic surveillance, as well as the upstream risk factors of socio-economic conditions and housing environmental conditions such as elevated ambient temperatures. Evidence on the effectiveness of health adaptation interventions, such as building energy retrofits, are also very important to improve the health resiliency of Canadians in the face of escalating climate-related health risks. This evidence can also support climate mitigation by

connecting the carbon reduction potential of climate action with the climate and health adaptation benefits.

**OPHA strongly supports the National Adaptation Strategy emphasis on the need for a “whole-of-Canada approach” and the integration of “health and climate change considerations into all decision-making processes”.** Coordinated action is needed to increase Canadians resilience to climate change. All levels of government, Indigenous people and governing bodies, all sectors, non-government associations, the private sector, academia, communities and individuals have an important role to play in order to effectively plan for and respond to climate-related risks and impacts. Furthermore, all policies and strategies must consider health to maximize health co-benefits and avoid unintentional harms to health and equity. Coinciding with the “whole-of-Canada approach” must be the “*Health in All Policies approach to action on climate change, including a climate change and equity and justice lens, Indigenous Knowledge Systems, and One Health approaches*” as articulated in Objective 4 of the Health and Wellbeing Advisory Table Report<sup>xiii</sup>. These approaches recognize the interconnections and interdependencies between humans and their shared ecosystems, and the need to collaborate across disciplines.<sup>xiii</sup>

The following comments refer to specific language within the NAS’ vision, guiding principles and objectives:

**Vision: OPHA supports the opening statement that “All of us living in Canada are resilient in the face of a changing climate.” OPHA feels however, that the absence of the word “health” in the subsequent statement is an oversight, and recommends it be reworded as follows to include “health”:** “*Our adaptation actions enhance our health, well-being and safety, promote justice, equity, and Indigenous reconciliation, and secure a thriving environment and economy for future generations.*” While “well-being and safety” are vital components of a resilient Canada, they do not convey the same urgency as “health”. As noted earlier, the protection and promotion of human health must be a driver upon which climate action is based. Our interdependencies with ecosystem health and the social determinants of health necessitate that “environment” and the “economy” form the other pillars of climate action for current and future generations.

**Health and Well-Being Proposed 2050 Goal:** OPHA strongly agrees with the need for Canadians to be “supported by a climate-resilient and adaptive health sector.” OPHA feels that this goal should be expanded beyond the health sector, recognizing that the drivers of health go beyond the health sector. Municipalities can help facilitate health and well-being objectives within the National Adaptation Strategy and should be leveraged. Municipalities are strong partners of public health authorities and integral in the implementation of change to realize the health and equity co-benefits of healthy, sustainable and climate-resilient communities (e.g., urban planners, transportation planners, environmental health specialists, municipal by-law and property standards officials, housing and social services providers, etc.).

The Health and Well-Being goal must also recognize the upstream drivers of climate-related health risks disproportionately faced by priority populations including Indigenous Peoples. OPHA recommends the following revision to this goal as follows: “*The health of all people in*

*Canada is better protected from climate-related health risks and the upstream drivers of climate-risk inequities, and is supported by a climate-resilient and adaptive health sector that has robust and agile systems and services that account for and support the diverse components of well-being.” OPHA feels that this change better reflects the Health and Well-Being objectives that emphasize equitable access to climate and health adaptation measures, evidence-informed decision-making and “other health supporting systems that are integrating health and climate change considerations into all decision-making processes.” It is also important to acknowledge and address colonialism and marginalization as a determinant of health, and the existing burden of health inequities that put Indigenous People at greater risk. An equitable approach and response to climate adaptation must include strategies that support reconciliation.*

**Disaster Resilience Proposed 2050 Goal:** OPHA recommends the addition of the word “health” in the following: “... the health, well-being and livelihoods of people living in Canada are better protected;...”

**Infrastructure Proposed 2050 Goal:** OPHA supports the goal that “All infrastructure systems in Canada are climate-resilient and undergo continuous adaptation to adjust for future impacts, to deliver reliable, equitable, and sustainable services to all of society.” and the objective that “our increasingly climate-resilient infrastructure systems support the health and well-being in communities...”. OPHA appreciates that housing is included in the Strategy’s definition of “infrastructure” and recommends that immediate priority be placed on addressing existing building infrastructure and actions needed to protect the most vulnerable populations, for example, marginalized and persons living on low-income living, those living in long-term care homes and students attending schools where there is inadequate protection and temperature controls to protect them from extreme heat. There is an urgent need for stronger mandates for building code and existing building requirements (national, provincial and municipal) to be better protective of human health while reducing carbon emissions and energy poverty e.g. improved energy efficiency for new and retrofitted buildings, and improved insulation, heating, ventilation and cooling capacity.

**Natural Environment: Proposed Goal 2050:** OPHA supports the goal that recognizes the need for “ecosystems and communities ...thriving together in a changing climate, with human systems existing in close connection with natural systems.” Our reliance on the ecosystem services for all aspects of our survival require the protection of the natural environment for our health and that of the planet. OPHA recommends that stronger connections be made between disciplines and sectors at all levels of government and within communities in order to increase awareness and support for the benefits of ecosystem services. Several examples of these connections and case studies are provided through EcoHealth Ontario<sup>xiv</sup> – a multi-sectoral collaborative including OPHA.

**OPHA supports the NAS’ foundations for an effective adaptation strategy – “governance; scientific knowledge and diverse ways of knowing; sustained funding for capacity building and long-term action; and awareness and commitment of individuals to act.”** Actions to protect Canadians from climate-related health impacts, and increase awareness and support for climate mitigation and adaptation measures, require complete and up-to-date data on climate

impacts and risks, along with the capacity for supporting agencies (including community and public health) to engage in climate action for health including surveillance, health promotion and protection, disease prevention, research and emergency response. As noted in the Health Canada's Briefing for Public Health Officials – Health of Canadians in a Changing Climate: Science Assessment 2022: “Climate change will threaten the effectiveness of many public health programs in the absence of adaptation measures.”<sup>xv</sup> As such, it is vital that support for public health agencies be considered as part of the sustained funding for capacity building as part of Canada's adaptation strategy. The need for a strong and resilient public health system was reflected in the responses OPHA received from public health professionals across Ontario who shared their experiences responding to the COVID-19 pandemic,<sup>xvi</sup> and in OPHA's 2022 Ontario Election Priorities.<sup>xvii</sup>

OPHA continues to support climate action for health, and the community and public health professionals active in this important public health work. Thank you for the opportunity to provide input on Canada's National Adaptation Strategy.

Sincerely,

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Ontario Public Health Association

Helen Doyle  
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### **About the Ontario Public Health Association**

The Ontario Public Health Association (OPHA) is a not-for-profit member-based association focused on advancing public health in Ontario. Our Association represents over ten public and community health disciplines and our membership represents many sectors in Ontario. Collectively, we represent over 2,000 public and community health professionals in the province. Our mission is to provide leadership on issues affecting the public's health and to support those active in public and community health throughout Ontario.

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<sup>i</sup> Preparing for Climate Change: Canada's National Adaptation Strategy (Discussion Paper – May 2022) <https://www.canada.ca/en/services/environment/weather/climatechange/climate-plan/national-adaptation-strategy/preparing-discussion-paper-may-2022.html>

<sup>ii</sup> Ontario Public Health Association. #MakeItBetter <https://makeitbetterontario.ca>

<sup>iii</sup> Canadian Climate Institute/Institute Canadien Pour Des Choix Climatiques. Jun 2021. The Health Costs of Climate Change: How Canada Can Adapt, Prepare, and Save Lives <https://climateinstitute.ca/reports/the-health-costs-of-climate-change/>

<sup>iv</sup> Health of Canadians in a Changing Climate 2022 – Advancing Our Knowledge for Action. Health Canada 2022 <https://changingclimate.ca/health-in-a-changing-climate/>

<sup>v</sup> Canadian Climate Institute/Institute Canadien Pour Des Choix Climatiques. Jun 2021. The Health Costs of Climate Change: How Canada Can Adapt, Prepare, and Save Lives <https://climateinstitute.ca/reports/the-health-costs-of-climate-change/>



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- <sup>vi</sup> Canadian Climate Institute/Institute Canadien Pour Des Choix Climatiques. Jun 2021. Canada's Net Zero Future: Finding Our Way in the Global Transition [https://climatechoices.ca/wp-content/uploads/2021/02/Canadas-Net-Zero-Future\\_FINAL-2.pdf](https://climatechoices.ca/wp-content/uploads/2021/02/Canadas-Net-Zero-Future_FINAL-2.pdf)
- <sup>vii</sup> Canadian Climate Institute/Institute Canadien Pour Des Choix Climatiques. May 2021. A Hidden Benefit of Net Zero? Cleaner, Healthier Air <https://climateinstitute.ca/a-hidden-benefit-of-net-zero-cleaner-healthier-air/>
- <sup>viii</sup> Canadian Public Health Association/Canadian Health Association for Sustainability and Equity/Ontario Public Health Association. A Healthy, Green and Just Recovery. 2021. Promoting Population Health, Health Equity and Climate Action. 2022 <https://www.cpha.ca/resources>
- <sup>ix</sup> Ontario Public Health Association. #MakeItBetter <https://makeitbetterontario.ca/health-impacts/>
- <sup>x</sup> National Adaptation Strategy – Health and Wellbeing Advisory Table Report. 2022 <https://www.canada.ca/content/dam/eccc/documents/pdf/climate-change/climate-plan/national-adaptation-strategy/Preliminary%20Advice%20from%20Advisory%20Table%20-%20Health%20and%20Wellbeing.pdf>
- <sup>xi</sup> National Adaptation Strategy – Health and Wellbeing Advisory Table Report. 2022 <https://www.canada.ca/content/dam/eccc/documents/pdf/climate-change/climate-plan/national-adaptation-strategy/Preliminary%20Advice%20from%20Advisory%20Table%20-%20Health%20and%20Wellbeing.pdf>
- <sup>xii</sup> National Adaptation Strategy – Health and Wellbeing Advisory Table Report. 2022 <https://www.canada.ca/content/dam/eccc/documents/pdf/climate-change/climate-plan/national-adaptation-strategy/Preliminary%20Advice%20from%20Advisory%20Table%20-%20Health%20and%20Wellbeing.pdf>
- <sup>xiii</sup> World Health Organization [https://www.who.int/health-topics/one-health#tab=tab\\_1](https://www.who.int/health-topics/one-health#tab=tab_1)
- <sup>xiv</sup> EcoHealth Ontario <https://www.ecohealthontario.ca>
- <sup>xv</sup> Briefing for Public Health Officials – Health of Canadians in a Changing Climate: Science Assessment 2022 <https://changingclimate.ca/site/assets/uploads/sites/5/2022/02/27-21-2875-Briefing-Note-Public-Health-Professionals-EN-WEB.pdf>
- <sup>xvi</sup> Ontario Public Health Association. 2022. What We Heard: Report on Public Health Professionals and the COVID-19 Pandemic Response. <https://opha.on.ca/what-we-heard-report-on-public-health-professionals-and-the-covid-19-pandemic-response/>
- <sup>xvii</sup> OPHA Provincial Election Advocacy Priorities 2022 <https://opha.on.ca/opha-provincial-election-advocacy-priorities/>