



Health Canada Santé
Canada Canada



CLIMATE CHANGE AND HEALTH & WELL-BEING IN CANADA'S NORTH

**Report on the
Public Health Planning Workshop on Climate Change
and Health & Well-being in the North**

**July 6-7, 2002
Yellowknife, NWT**



Canada

CLIMATE CHANGE AND HEALTH & WELL-BEING IN CANADA'S NORTH

**Climate Change and Health Office
Safe Environments Programme
Healthy Environments and Consumer Safety Branch
Health Canada**

Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

For more information:
Climate Change and Health Office
Health Canada
Sir Charles Tupper Building
A.L. 6604J
Ottawa, Ontario
K1A 0K9

ClimatInfo@hc-sc.gc.ca
www.hc-sc.gc.ca/cc

Published by authority of the
Minister of Health

Également disponible en français sous le titre
*Le changement climatique, la santé et le bien-être
dans le nord Canadien*

This publication can be made available in
WordPerfect, PDF, Web and HTML upon
request.

8 HER MAJESTY THE QUEEN IN RIGHT OF CANADA, 2002
Cat. H46-2/02-290-1
ISBN 0-662-66982-7

Forward

The Climate Change and Health Office of the Safe Environments Programme, Healthy Environments and Consumer Safety Branch at Health Canada is pleased to present the results of the **Public Health Planning Workshop on Climate Change and Health & Well-being in the North** held July 6-7, 2002 in Yellowknife, NWT.

Background

Climate Change is already affecting Canada, and the country's North will experience greater climatic changes than other regions in Canada. As the northern climate warms, there will be wide-ranging ecosystem impacts, including permafrost melting, changes in wildlife migration patterns, and increases in sustainable fish and game harvests. The health and well-being of northern populations will be affected as northerners try to adapt to the varying climate by changing their traditional and cultural practices, and by attempting to maintain and expand the economic, social, and health infrastructures required for a 21st century northern society. The complex, large-scale environmental changes which have already begun will require early adaptation measures, including in the public health sector.

The Workshop

To raise the awareness of northern public health communities about climate change and health issues, and to assess needs for adaptation to climate change, Health Canada hosted a **Public Health Planning Workshop on Climate Change and Health & Well-being in the North** in Yellowknife, Northwest Territories, on July 6-7, 2002. The participants included Chief Medical Officers of Health and public health practitioners, public health organizations, and Aboriginal health partners. The proceedings of the workshop, including an overview, follow.

OVERVIEW OF THE PROCEEDINGS

Climate change and variability is already being felt in Northern Canada. Scientists are observing some warming outside what are considered normal measurements. As well, scientific and indigenous observations of climate change are showing a wide variety of impacts, and changes to ecosystems and climate that people have never seen in their lifetimes, nor heard of in stories. Impacts of greatest concern include extreme weather events, changes in ice distribution and ice stability, along with a range of direct and indirect health effects. Climate change may strain the ability of northerners to meet their sustainable development goals, including an equitable standard of living for this and future generations, safe food and water, clean energy sources, safe shelter, and a healthy environment.

Climate change has implications for a wide range of public health programs in the North such as those associated with mental health, nutrition, water and air quality, disease monitoring and surveillance, disaster preparedness and relief, search and rescue, housing and shelter, education and awareness, and children's environmental health. Public health decision makers in Canada's North need to begin considering how they will obtain the capacity (information, skills, etc.) and other resources which they will need for their adaptation efforts, and how they may strengthen linkages with key partners in these efforts. Some adaptation strategies to cope with the effects of climate change are already being implemented in communities throughout the North. Public health networks in the North may need to identify a suitable mechanism for collaboration, to ensure linkages are made with key climate change and health research & policy activities.

Northern communities, Aboriginal organizations and provincial/territorial governments are recognizing the impacts that climate change may have on human health and are responding through increased education, discussion, and action. Inuit roundtables, advocacy to international organizations, and local workshops are bridging the gap between scientific research and adaptive actions. Inuit organizations and territorial governments will have the opportunity to present their information to the Arctic Council and the Inuit Circumpolar Conference (ICC) to work with the Inuit in other countries and have their concerns on climate change heard internationally.

The Northern Contaminants Program was highlighted as a model management structure because it has successfully engaged all interested partners at the territorial and community levels. It currently involves environment and health practitioners in the North and all interested federal partners. Health Canada, as the federal department with a mandate to protect the health of Canadians, plays a very important role in providing scientific and adaptation information to public health partners in the North.

In all climate change initiatives it will be important to remember the unique situation of Canada's North. Knowledge and policy development need to include and be responsive to the needs of local communities in Canada's North. It will experience impacts before the other regions of Canada, and these impacts will put an additional stress on an already stressed public

health system that has competing priorities and limited resources. Together, government, community partners and non-governmental organizations can address the climate change issue in a comprehensive manner that protects the health of Northern citizens.

Health Canada will continue to work with public health partners in the North through the provision of information on climate change and health, and the further development of knowledge. Health Canada will provide an information toolkit to participants for their use in decision-making and education of their public health network. Health Canada will also collaborate with the Territorial Ministries of Health in the completion of a climate change and health impact assessment for their region, that will feed into the national assessment due in 2005.

July 6-7, 2002
Yellowknife, NWT

July 6, 2002

Welcome and Objectives of the Workshop

André Corriveau, Chief Medical Officer of Health, Northwest Territories

Opening the workshop, Dr. Corriveau welcomed the participants to Yellowknife. He reviewed the main objectives of the workshop which included:

- \$ To increase awareness in the health community of the vulnerabilities and potential impacts from climate change on the health of citizens in the North.
- \$ To identify current vulnerabilities, anticipated and already occurring climate change impacts, and the need for public health adaptation measures.
- \$ To identify opportunities for collaboration between Northern health partners, and to define Health Canada's role in supporting the collaboration.

Dr. Corriveau then highlighted why public health groups in the North need to begin planning for adapting to climate change. He suggested that climate change is occurring and will continue for some time into the future. As well, climate scientists have indicated that of all regions in Canada, the North will be most affected by climate change. Climate change also may occur more rapidly than currently predicted. For all of these reasons, we therefore need to be better prepared for the impacts of climate change, and we need to be anticipatory rather than reactive in our public health response.

PRESENTATIONS

Climate Change and Health: International to Local Action

Michael Sharpe, Acting/Manager, Climate Change and Health Office, Health Canada

Mr. Sharpe began his presentation by highlighting the need to organize the health sector in the North to plan for the effects of climate change, given that it is such a broad issue. The Climate Change and Health Office at Health Canada is facilitating this coordination by linking the partners that deliver key health and social programs and services, including community health.

The Inter-governmental Panel on Climate Change (IPCC) has concluded that climate change is occurring now and will increase in the future. Climate Change is a truly global issue that will impact local communities in very different ways. It is quite clear from current scientific studies and observations based on traditional knowledge that the impacts of climate change are being felt in the North already. In responding to these impacts, we need to take a preventative approach

to limit the effects of climate change on health and well-being. The focus of CCHO's work is on adaptation. At present, only about one tenth of CCHO activities are aimed at addressing greenhouse gas (GHG) mitigation issues. But CCHO has responsibilities under both climate change related issues.

Mr. Sharpe then reviewed the health story in climate change by discussing the Health Issues Table included in the workshop entry document *Climate Change and Health & Well-being: A Policy Primer for Canada's North*. He noted that climate change is not a new issue, but is simply an important and significant stress that will add pressure to existing public health priorities in the North. We need to complete more assessments of the potential impacts on health from climate change in local communities to fully understand the policy implications. Traditional knowledge experts and policy research partners cannot perform all of the needed work; we need to include the scientists developing climate scenarios to identify likely future impacts.

CCHO does not advocate that a climate change and health program be developed in each jurisdiction in the North. Rather, the hope is that public health officials in the North will begin integrating climate change considerations into their existing work so as to address the possible impacts on health. CCHO facilitates this process, but ultimately, action must be taken at the local and community levels because this is where much of the mandate for protecting the health and well-being of people exists.

Questions:

During the discussion, one participant noted that because global cycles and patterns of weather change exist, it is never quite clear that the climatic changes to ecosystems in the North are actually due to climate change. Another participant remarked that even if this is the case, it is necessary to implement no-regrets policies to adapt to the health effects of climate change. Another commented that, in fact, the Inter-governmental Panel on Climate Change (IPCC), which includes over 1000 scientists, has concluded that climate change is occurring, and is at least partly due to human activities. In addition, regardless of the cause of climate change, the public health sector must take actions now to prepare and respond to these environmental changes.

One participant noted that climate change partnerships will be very important. A joint meeting between Health and Environment federal, provincial and territorial Deputy Ministers is being considered for this fall. This may offer an opportunity to build partnerships on climate change and health issues. Mr. Sharpe responded to this point by indicating that we need to be clear on what actions are requested from the Environment and Health Deputy Ministers before this is put on the agenda.

A participant shared some information on efforts to highlight the importance of the Arctic as an indicator region for climate change at the World Summit on Sustainable Development (WSSD), which is to occur this August in South Africa.

Regarding partnerships, a concern was raised because of the general focus on scientific research. It was noted that partnerships developed by the Inuit Tapiriit Kanatami (ITK) are very

community- based and include traditional knowledge experts. The question was raised about how Aboriginal groups were going to be integrated into these processes, including those focussing on policy and adaptation. Mr. Sharpe responded by indicating that this meeting is an example of how Aboriginal groups are to be consulted and integrated on climate change and health issues. This is a policy meeting with public health decision makers and we are here to learn about how public health networks are organized in the North.

Climate Change in the North

Chris Furgal, Unité de recherche en santé publique, CHUQ, Québec

Dr. Furgal began his presentation by reviewing what is known and what is not known about climate change - its causes and impacts. He indicated that we are already observing some warming outside what are considered normal measurements. As well, indigenous observations of climate change are showing a wide variety of impacts, and changes to ecosystems and climate that people have never seen in their lifetimes, nor heard of in stories.

With respect to human health, Dr. Furgal noted that we currently do not have sufficient climate scenario data to inform health impacts activities at the local level. A wide range of factors influence health, such as lifestyle, public health infrastructure, ecosystems, diet, and garbage disposal. These must be considered when discussing the impacts of climate change on health.

Dr. Furgal then provided an overview of the objectives, methods and results of a study on climate change and health in which he was recently involved, namely *Climate Change and Health in Nunavik and Labrador: What We Know from Science and Inuit Knowledge*. This study indicated that using traditional knowledge is valuable because it shows us the complex relationships between northern ecosystems, human behaviour, local communities and human health. These are considerations which scientists sometimes overlook or do not capture fully enough.

The study focussed on possible impacts from climate change, as well as the burden of disease on the communities in the North. Impacts of greatest concern include extreme weather events, changes in ice distribution and ice stability, along with health effects, while the issue of least concern, is increased UV exposure. It was also noted that some adaptation initiatives are already underway, such as changes in food handling and preparation, changes in travel plans for hunting trips and increased emergency preparedness.

Climate change may strain our ability to meet sustainable development goals in Canada, including an equitable standard of living for this and future generations, safe food and water, clean energy sources, safe shelter, and a healthy environment. The Arctic Climate Impact Assessment (ACIA) attempts to understand in what ways climate change will influence sustainable development goals in the Arctic. The ACIA involves an inter-governmental panel assessing the impacts of climate variability and change, and increased UV radiation, on the Arctic Region. The Assessment will look at human health impacts, as well as environmental, social and economic impacts in the context of other developments and pressures on the Arctic Region. The Panel will produce a scientific document that includes a series of assessment reviews. It will also include a policy document with recommendations for adaptation strategies. There is a chapter on human health, and there is a separate chapter on climate change related vulnerabilities, sensitivities and capacity issues. The final document will also include a policy summary with recommendations regarding adaptation strategies. More information can be found at www.acia.uaf.edu. Drafts of the various chapters will be released this fall, and Dr. Furgal is looking for a suitable group of national public health experts to review the chapter on human health.

Questions

An inquiry was made as to whether the workshop participants could act as a group to receive and review the ACIA report which is to be released shortly. This may provide an opportunity to input into the contents of the report.

One participant suggested the need for caution in making generalizations about research results on the impacts of climate change from one region or area. Dr. Furgal agreed that there are significant differences between regions that should not be generalized. The project in which he was involved attempted to standardize the methods and analyse further approaches so that valid comparisons could be made between communities.

Opportunities for Action: Northern Adaptation Policy Directions

Mark Buell, Inuvialuit Regional Corporation

Mr. Buell began his presentation by highlighting the importance of partnerships in a project that looked at observations of climate change in the Inuvialuit Settlement Region. A number of organizations were involved in the project, including the Inuvialuit Regional Corporation, International Institute for Sustainable Development (IISD), Inuit Tapiriit Kanatami (ITK), Northern Ecosystem Initiative (NEI) - Environment Canada, Health Canada, Joint Secretariat, the communities of Tuktoyaktuk, Aklavik and Inuvik and others. Mr. Buell outlined the methodology behind the study and highlighted that it was shaped through close consultations with members of the local communities.

A number of important findings were made in the discussions with the people in the three communities. For example, it became clear that many adaptation strategies to cope with the effects of climate change are already being implemented in the community (e.g., taking bottled water when hunting to cope with the increasing heat). Also, it was noted that some of the effects

of climate change will be positive, such as an increase in shipping seasons for much of the North due to the earlier break-up of winter ice.

A number of challenges face the three communities because of climate change. For example, Tuktoyaktuk may, at some future time, need to be relocated because of extensive erosion of the shoreline. As well, low quality animal skins and furs mean that people are not able to make as many craft products to sell, nor clothing for personal use (e.g., moccasins etc). The community is looking for money to reopen community freezers which are needed to ensure that food does not spoil in the warmer temperatures. In this regard, warmer surface waters mean that fish now spoil quickly and sometimes cannot be eaten. As well, a growing mental health problem is related to the fact that elders cannot go hunting. Spiritual well-being of the community is also threatened due to erosion, as some graves are falling into the ocean.

Mr. Buell concluded his presentation by outlining the next steps for the project and indicating the importance of public health workers in northern communities input, as well as the need to get them engaged on this issue.

The Public Health Response to Climate Change in Canada's North: Future Directions and Considerations

Peter Berry, Senior Policy Advisor, Climate Change and Health Office, Health Canada

Dr. Berry began his presentation by indicating that the Climate Change and Health Office (CCHO) was seeking input from public health partners in the North about how it can best support them in their efforts to address the impacts on health and well-being from climate change. He highlighted that climate change has implications for a wide range of public health programs, such as mental health, nutrition, water and air quality, disease monitoring and surveillance, disaster preparedness and relief, search and rescue, housing and shelter, education and awareness, and children's environmental health.

Northern communities are already adapting to the health effects of climate change. The key question that Dr. Berry suggested was whether this adaptation is anticipatory - planned, coordinated, collaborative and based on the latest scientific findings, or whether it is passive - less coordinated, and possibly less well-informed. Anticipatory planning provides greater effectiveness, and reduces health-related costs. These costs may include illnesses, deaths, economic impacts on health care systems and public health infrastructure, as well as broader social impacts. It also provides opportunities to capitalize on climate change benefits (e.g. greater diversity or abundance of plants and animals in some areas), and would address growing concerns in local communities about the health impacts of climate change.

Dr. Berry outlined key requirements for planned adaptation, including sound knowledge to guide adaptation efforts, appropriate capacity to take action, which requires financial resources, institutional stability, information, skills and other resources, as well as collaboration between health partners, and between the health sector and other sectors. The key message was that public health decision makers in Canada's North will need to begin considering how they will obtain the information and other resources which they will need for their adaptation efforts, and how they may strengthen linkages with key partners in these efforts. Public health networks in the North may need to identify a suitable mechanism for collaboration, to ensure linkages are made with key climate change and health research & policy activities.

Dr. Berry closed his presentation by highlighting the services provided by CCHO to facilitate the development of climate change and health adaptation strategies in Canada. Currently, the CCHO website is being updated to include health issue and policy fact sheets, lists of funding sources, potential adaptation strategies, and a bibliography of public health adaptation information sources. CCHO is also in the process of developing a climate change and health information toolkit for public health decision makers. Dr. Berry ended his presentation by indicating that CCHO is seeking input about the types of information and services which health partners would find useful for addressing the health effects of climate change in the North.

FACILITATED DISCUSSION

What health issues are of most concern in the North?

- \$ Diabetes is a big problem for northern communities. We need to put more effort into nutrition counselling.
- \$ A lot of healthy people are starting to get strokes. Cancer and sexually transmitted diseases are also on the rise.
- \$ There is currently a public health problem related to tobacco use.
- \$ Children have asthma in record numbers.
- \$ The lack of quality health care for almost all Aboriginal communities in the North is a big problem.
- \$ There is a poor housing situation in Nunavut. Approximately, 1000 people out of a population of 30, 000 are waiting for suitable housing.

What are the similarities/differences between regions on the health issues of concern?

- \$ Tobacco use and its health effects are pervasive.

- \$ Obesity is a problem in the North, but is not limited to northern populations.
- \$ Dene and Métis communities inland in the boreal forest will have different experiences than communities living on the coast. Métis communities eat caribou and moose, and this could be a problem if these species migrate.
- \$ Focussing on the change in the ecological niches is therefore needed.
- \$ Quality of drinking water is important, as there are now skin rashes caused by algae blooms.
- \$ The Inuit and Cree view of the environment is very complex due to cultural relationships to the environment, and is different from region to region.
- \$ The stratification within the community is important. Elders may live closer to the environment than children.
- \$ It is difficult to identify similarities/differences of health issues because of a lack of research.

What health issues related to climate change are of concern?

- \$ Many people have poor ventilation in their houses which will be a problem if temperatures rise. Housing is an issue across all northern regions.
- \$ Earlier, there was a concern with contaminants and a structure was set up to manage it, and now the North is looking at the effects of climate change which could be quite serious (e.g., vector-borne diseases, food sources).
- \$ Communities depend on ice roads, but as seasons get shorter, some communities might not be able to get resupplied with fuel and food.
- \$ Food security will be an important issue for northern communities due to climate change.
- \$ There is despair among northern people at some of the changes already seen. Ice safety is a big issue. It is getting harder to get traditional foods.
- \$ With seasons changing, food preparation becomes more hazardous. We need to change our food preparation activities.
- \$ There are concerns over mental health issues due to climate change.

What research and public health interventions are occurring in the North that are related

to climate change and health?

- \$ The Council of Yukon First Nations is quite active on climate change issues. Elders are indicating that health is important, and they can bring people together.
- \$ Northern Ecosystem Initiative (NEI) - Environment Canada programs are ongoing. NEI has provided funding for an Inuit roundtable on climate change.
- \$ There was a recent call for proposals from the Climate Change Action Fund (CCAF) on health and climate change which may address problems in the North.
- \$ Making sure that regional and provincial/territorial governments have a health annex in their disaster preparedness plans (e.g., pandemic planning).
- \$ One community in Labrador has developed a food safety project.
- \$ The Centre for Indigenous People's Nutrition and Environment (CINE) at McGill University is looking at climate change issues.
- \$ The Arctic Borderlands Program includes a climate change theme.

What are the steps needed to address these climate change and health issues?

- \$ As a first step, we must start at the community level to find out what people are observing and feeling.
- \$ The National Contaminants Program (NCP) is up for renewal next year, and climate change might be included as a component. It would be helpful to examine the success of the NCP in bringing together research and policy partners. The approach on climate change so far has been more fragmented, and consequently very different in different regions and communities.
- \$ The NCP model could be taken to the upcoming meeting of Deputy Ministers of Health and Environment to be showcased and proposed for adoption to address climate change and health issues.
- \$ On the issue of climate change and health, the problem is that there is no national assessment occurring or being funded. We therefore do not know what the community needs are.
- \$ A big problem is that climate change has been an issue in Aboriginal communities for the last 50 years but nobody really took notice.

What existing public health mechanisms can be used to address these issues? Do new forms of cooperation need to be developed?

- \$ Communities want to be involved, and they have much of the needed information on impacts and adaptation strategies. Next steps include the development of more indicators of climate change impacts, and communication of results. However, local communities need money for this.
- \$ There is the difficult issue of jurisdiction. Provincial and Territorial governments have the responsibility for health, and the Federal government provides transfer payments to territorial governments. Many of the determinants of health are also outside of the jurisdiction of the health authorities.
- \$ There are some fundamental issues about Aboriginal rights and jurisdiction that need to be addressed.
- \$ Most of the needed health interventions would not be done simply for climate change but for other reasons (e.g., surveillance for West Nile Virus).
- \$ There is a Health Canada online learning program for epidemiologists for specific issues, which can be very helpful.
- \$ Environmental health programs in the North exist and are valued. But if we are to increase our activities in food safety and security issues, then we will need environmental health officers with strong mandates and adequate funding.
- \$ We also have programs related to sunscreen education and nutrition counselling.
- \$ We may need to increase our knowledge about heat stroke and the needed adaptation skills (e.g, getting out of the heat, hydration).
- \$ There is a need to increase advocacy for the things we cannot influence directly (e.g, improving social housing, improving indoor air quality).
- \$ It is important to use both qualitative information and quantitative information (e.g., using photography and actual measurements of shorelines receding).

How can Health Canada support your work in this area?

- \$ Information materials provided by Health Canada such as the CCHO website are quite useful, even if not community specific. The ideas can be borrowed.
- \$ Need to have materials that are designed by the northern communities, for people in the North with their own images and information.
- \$ There is a need for surveillance and research initiatives. What role does the CCHO have if not a funding one?
- \$ Health Canada, through CCHO, is making scientific and public health adaptation

information accessible to all. In addition, CCHO will identify these resource-type needs at the federal level and there may be an opportunity to do it through federal/provincial/territorial mechanisms as well. Health Canada will also coordinate the national climate change and health impact assessment, to be done by federal and territorial partners.

July 7, 2002

PRESENTATIONS

Where do we go from here?

Michael Sharpe, Acting/Manager, Climate Change and Health Office, Health Canada

Mr. Sharpe opened the day by indicating that it would be useful to have some discussion of current communications and partnering on climate change and health issues at the international level. Lessons may be learned in this regard at the national level for managing climate change and health issues in Canada's North.

Inuit Tapiriit Kanatami

Pitsey Moss-Davies, Inuit Tapiriit Kanatami

Ms. Moss-Davies opened her remarks by providing an overview of the mandate and goals of the Inuit Tapiriit Kanatami (ITK). The translation of ITK means "Inuit Team Builders of Canada". This organization is the national body that represents the Inuit of Canada. There are four Inuit regions in the ITK. Each region has an elected president who sits on the board of directors of the national organization. ITK receives its direction from the regions.

The Inuit Circumpolar Conference (ICC) is the international representative body for the Inuit of Canada. The ICC is a permanent participant on the Arctic Council, is involved in relevant United Nations negotiations and activities, and has brought the Inuit perspective on Kyoto to international negotiations.

Ms. Moss-Davies noted that it is generally accepted that climate change will impact the North more than other regions. Discussions and studies thus far on the effects of climate change on Canada's North have tended to focus on documenting the changes to local climates and ecosystems, rather than on how communities can adapt to these changes. In partnership with Environment Canada, Health Canada, Centre Hospitalier Universitaire de Laval (CHUL) and others, ITK has been involved in research projects to document these changes, but also to begin development of adaptive strategies and needed indicators. For example, much more research and consultation with public communities needs to be completed to continue efforts to address this problem.

Ms. Moss-Davies then provided an overview of ITK's general climate change activities. In particular, this organization is developing a pan-Northern Inuit specific strategy, and is cooperating with others on completing needed research. With respect to the pan-Northern strategy, ITK is currently cooperating with Aboriginal partners (e.g., Dene Nation) to establish a

community-based climate change monitoring network.

The ITK believes that a coordinating mechanism for climate change issues in the North is urgently needed, particularly for the Inuit to have meaningful input into current discussions. Currently, no coordinating mechanism exists. There are numerous research projects that are not being coordinated with the threat of duplication of research efforts and a poor use of research funds. There has also not been an identification of research gaps and research priorities. Ms. Moss-Davies indicated that ITK will provide a facilitative forum and will begin by coordinating activities in Inuit regions. It currently has secured funds from NEI for an upcoming roundtable on Inuit and climate change. Further funds are being sought to make this initiative permanent and to develop a management committee to oversee such projects. In this regard, a funding proposal has been sent to Indian and Northern Affairs Canada (INAC).

The need for an Inuit specific response to the Kyoto Protocol was highlighted during recent national consultations in June 2002 on the Federal Discussion Paper. In the view of Ms. Moss-Davies, these consultations were flawed. They were very exclusive; there was not enough Inuit representation at the consultations. It was also indicated that these were not real consultations given that the federal government simply outlined the four options presented in the Discussion Paper. At the Ottawa consultations, Scott Nickels of ITK recommended Inuit specific consultations on the Kyoto Protocol in Fall, 2002. ITK recommends ambitious greenhouse gas reductions targets for addressing climate change.

An Education and Communications component of the ITK activities was also discussed by Ms. Moss-Davies. She brought to the attention of the participants the ITK newsletter and their recently updated website which contains information on environmental contaminants, cancer and information on various pieces of legislation relevant to Inuit communities.

ITK is currently engaged in research activities with a number of partners such as CHUL, INAC, McGill University and others. Through the McGill partnership, ITK is hoping to launch a centre for

research, education, and capacity building for environmental change and health in the circumpolar north.

Questions

During the discussion, one participant indicated dissatisfaction with the National Climate Change Process stakeholder consultations which occurred in 14 cities across Canada in June, 2002. He participated in the Whitehorse discussions and was dismayed with the predominance of lobbying from the gas and oil people from Calgary. They generally dominated the sessions and there was very little input from others, including Aboriginal groups. In his view, the consultations were very unproductive.

Another participant noted that at the Yellowknife stakeholder consultations, there were very few Aboriginal groups in attendance. He was shocked with the strictly economic focus that Alberta gave to the presentation. A number of ENGOs in Yellowknife were very critical of the

presentations. It was also the view of one participant that the summaries of the consultations posted on the National Climate Change Process (NCCP) website do not accurately reflect the obvious dissension at the meeting.

One participant noted that this issue is difficult for the Inuvialuit because they want to put a pipeline down the Mackenzie Valley which could be in conflict with the intent of the Kyoto Protocol.

Another participant asked if any of the members of the group raised human health issues at the national stakeholder consultations on the Discussion Paper, held in June 2002. It was indicated that few people had time to do the preparations and the proper consultations with local communities before participating in the stakeholder consultations. ITK plans on preparing in this fashion for the set of upcoming consultations and it is very likely that local communities will raise health issues. One participant noted that for this round, the focus of the discussions was on the economic questions surrounding implementation of the Kyoto Protocol. It was noted that some provinces have asked for analysis of the costs of inaction (e.g., health and environment costs). Health Canada has begun this type of analysis through expert panels organized by the University of Ottawa and Laval. The University of Ottawa Report will be released in the Fall of 2002.

FACILITATED DISCUSSION

How can participants collaboratively present the climate change and health issues of the Canadian North to the National Climate Change Process and the international initiatives and organizations, such as the Inuit Circumpolar Conference, the Arctic Climate Impact Assessment (ACIA) and the Arctic Council?

- \$ Some of the national, local and regional initiatives and studies in which ITK is involved have been raised to the international level quite quickly.
- \$ The ICC is lobbying to get indigenous knowledge collected so that it can be integrated into the ACIA. Community capacity is needed to conduct these observations.
- \$ At the national level, the ICC draws on the work of ITK, and it has observer status at the Arctic Council.
- \$ The Arctic Council includes 8 circumpolar nations and indigenous associations, such as the Arctic Athabaskan Council (AAC).
- \$ The Arctic Council tried to have official recognition of the Arctic region as an important indicator of climate change at the World Summit on Sustainable Development (WSSD) in Johannesburg, but this was not well-received. The Arctic Council may make a side presentation at WSSD, and it may use the ACIA project to highlight climate change as an important issue for the Arctic. Members of Arctic Council have indicated that health issues need to be raised strongly in any presentation.

- \$ The Arctic Council has no hard legislative activities that drive the agenda. Ministerial meetings occur every two years. Mary Simon is Canada's Ambassador to the Arctic, and this file is led by the Department of Foreign Affairs and International Trade.
- \$ The AC includes a number of working groups. Initiatives of interest related to climate change include emergency preparedness. INAC represents Canada on the Working Group on Indigenous Aid and Sustainable Development.
- \$ The Sustainable Development Working Group is involved in a number of activities in the health area. Canada sponsored an initiative (1998) - "Future of Children and Youth in the Arctic", which is building the knowledge and capacity of Arctic communities to impart sustainable development knowledge to future generations. This includes the development of data on the health of children in this region. In addition, there is a project on infectious diseases that was led by the United States and Canada.
- \$ The AAC is getting involved with the University of the Arctic on climate change issues. It relies on resources from the federal government for this work.
- \$ ITK, Dene nation and other Aboriginal and First Nations groups receive \$150K per year respectively for their contaminants activities. Core funding is needed to address climate change and health issues.
- \$ Currently, the Minister of Health is engaged on these issues via the activities of ICC. Health Canada is seeking resources for a health conference at the upcoming ICC General Assembly in August, 2002. The proposed focus of the conference is contaminants and environmental change.

What mechanisms exist to engage and educate the public health networks in the North on the issue of climate change and health?

- \$ Northern reporters (CBC) are important for increasing community awareness.
- \$ Community health centres have an important role to play in handing out useful information to the public. Community health representatives - where they exist - are very active in health promotion and communications initiatives (e.g., mental health).
- \$ INAC and NRCan have their Aboriginal Northern Climate Change Program, but this is only focussed on greenhouse gas emissions reductions and very little on impacts and adaptation.
- \$ The Northwest Territories are complex in that there are several aboriginal groups and 8 official languages. As such, there are several networks in the health sector, depending on the issue being addressed.
- \$ NWT Department of Health publishes a newsletter on public health issues a few times a

year to increase awareness and encourage discussion and debate on important issues.

- \$ Often, forums for community health networks and representatives involve a range of partners, such as Indian and Northern Affairs Canada (INAC).
- \$ In the Yukon, the Department of Health and Social Services does have a representative on the NCP human health committee for that region. Efforts are being made to spark interest in the issue of climate change and health among the public health community in the Yukon. The media are a very good tool for sparking this interest.
- \$ Smaller communities outside Whitehorse are served by health stations and communicate with the community nursing branch.
- \$ Northern Contaminants Program (NCP) partners frequently desire the participation of health sector representatives for their events and initiatives. Therefore, the NCP is sometimes a forum for discussing broader issues that touch on human health.
- \$ INAC and Dene Nation are co-chairs of the NCP contaminants committee. This committee will address whatever issues are brought to its attention, including those related to climate change and health.
- \$ Regional contaminants coordinators under the NCP give support to the territorial governments, and educate and train the communities based on what is developed by the committee.
- \$ In Nunavik, there is a committee on health and nutrition which began before the NCP and will continue after. It includes directors of hospitals, as well as representatives from aboriginal groups, the territorial government and others, and is trying to provide one window for environmental health issues. This committee is trying to address broader issues and has already started dealing with climate change and health concerns. It is funded by the NCP. If the NCP is not renewed, the committee will still be needed.

Do new mechanisms need to be created to engage and educate public health networks in the North on the issue of climate change and health?

- \$ The NCP does not build capacity in the North for doing scientific research. People could act as adjunct professors to go to northern universities to work on climate change issues.
- \$ Renewal of the NCP is needed, and this message needs to be taken back to F/P/T health and environment ministers. The environmental contaminants committee could quite easily be an environmental health committee - expand its mandate and deal with broader issues that concern people.
- \$ Independent evaluation of the NCP is quite positive.

- \$ Climate change was brought up as an emerging issue in discussions about NCP renewal, but it does not appear that this will be one of the main themes in efforts to extend the program. The main focus will continue to be contaminants. John Stone, of Environment Canada, is a key contact, as he is responsible for the NCP. The NCP is at the Treasury Board preparation stage. The summary report from this workshop should be made available to the NCP.
- \$ The health sector must often compete for the time and attention of people in northern communities because of the large number of issues that exist. One strategy would be to deal with both climate change and northern contaminants.
- \$ Educating people through meetings is very expensive. It is better to adopt the train-the-trainer model, whereby representatives that are trained on climate change and health issues are sent back to their regions to bring about a change in behaviours.
- \$ Any CCHO information toolkit developed needs to be reviewed by health partners in the North to make sure it is useful for local communities. One point to remember is that this region still has an oral history tradition.
- \$ It is important to avoid workshop fatigue. It is more cost-effective to do tours of communities to provide education and seek the latest knowledge/observations.
- \$ It is also important to develop appropriate curricula on climate change issues for schools. As well, the knowledge development activities must be driven by the needs and concerns of local communities rather than by an agenda developed in the south.
- \$ Projects and results should be evaluated and we need to move away from risk assessment and to risk/benefit assessments.
- \$ Health needs to have a larger focus in the next NCCP national stakeholder consultations and public consultations on plans to ratify the Kyoto Protocol.

NEXT STEPS AND CLOSING REMARKS

Michael Sharpe, Acting/Manager

Mr. Sharpe closed the workshop by restating that this was the first climate change workshop to involve public health practitioners from all three territories. Partnerships developed today will continue to grow in the future as we work towards protecting the health of northern populations. The objectives of the workshop were met over the one and a half days of discussion. Participants have learned new information about the state of climate change knowledge and possible impacts. As well, they have learned about community-based studies that have been conducted on climate change in the North. Models and next steps have been discussed on how to move forward with addressing climate change and health issues. And participants have provided Health Canada with

guidance on how the Department can support the Northern partners through information sharing and outreach. Health Canada will provide an information toolkit to participants for their use in decision-making and education of their public health network. Health Canada will also collaborate with the Territorial Ministries of Health in the completion of a climate change and health impact assessment for their region, that will feed into the national assessment due in 2005.

The next step is to continue to work together and disseminate the information from the workshop and other climate change and health activities to public health partners across the North and throughout the world.