

2024 CLIMATE AND HEALTH POLICY PRIORITIES FOR **CANADA**

This document summarises key priority areas of focus for Canada, supported by evidence from indicators in the 2024 Report of the Lancet Countdown.

URGENT INVESTMENT IN RESILIENT HEALTH SYSTEMS AND ADAPTATION

Develop a public mechanism to track progress towards the National Adaptation Strategy's 2030 target of ensuring that every health system in Canada progresses towards climate resilience by conducting a vulnerability and adaptation assessment. Technical support and funding should be added as needed in order to achieve 100% completion by the target date. The establishment of a sustainable healthcare secretariat in each province and territory would help achieve this goal. Alongside this, dedicate increased federal funding to further develop and monitor community-based adaptation efforts to equitably address the health challenges of worsening extreme weather events.

The health impacts of extreme weather events exacerbated by climate change disproportionately affect vulnerable people who are least able to adapt. Comparing Canadian weather data from 1968-2005 to 2014-2023, the total number of heatwave days experienced annually by children under the age of one and adults over 65 increased by 23% and 110% respectively (Indicator 1.1.1). High temperatures can contribute to poor health outcomes, particularly in high-risk populations. During the 2021 summer heat dome in British Columbia, over 600 preventable heat-related deaths were documented. A majority of these cases were systematically disadvantaged Canadians.¹

More frequent and intense weather events drive higher patient volume, which increases strain on health system infrastructure, supply chain, and capacity, limiting physician and healthcare workers' ability to treat patients.^{2,3} The risk extreme weather events pose to the functioning of our current health systems is not being measured or tracked.

The blueprint for progress toward climate-resilient health systems and communities has been set in the 2023 National Adaptation Strategy (NAS), however, published progress on these targets remains limited.⁴ Despite growing risks (Indicators 1.2.1, 1.2.2), only an estimated \$6.5 billion has been invested into adaptation by the federal government over the past 8 years.⁵ Current funding is piecemeal and insufficient. Increased infrastructure and personnel are needed to meet current and future adaptation needs.⁴

Given the disproportionate impacts of climate-related hazards on vulnerable populations, a failure to address these targets in the dedicated time frame amounts to neglect of equity-based policy action in Canada.⁶ Focus should be placed on Indigenous Knowledges and resilience, intergovernmental cooperation, and equity-driven investment and intervention targeting the most structurally vulnerable people and communities.



HEALTH PRACTITIONERS AS ADVOCATES FOR CLIMATE ACTION

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Fund and support the acceleration of curriculum change efforts currently underway in Canadian Health Faculties and continuing health care education. Ensure that health sector professionals effectively communicate evidence-based information on the intersections of climate change and health at hospital, community, and policy levels, and actively oppose misinformation about fossil fuels.

Health Canada and national actors provide funding to support efforts for medical curriculum change in Canada. In 2022, the Association of Faculties of Medicine of Canada (AFMC) released a globally recognized declaration on planetary health, calling for the immediate implementation of planetary health education and research at academic health institutions.⁸ Currently, health experts are under-briefed, and opportunities to promote and maximize planetary health through public policy are missed.⁹

Health professionals are responsible for understanding and communicating evidence-based information on the health harms of fossil fuels, yet healthcare education on the intersections of health, climate change, pollution, and biodiversity loss remains inadequate. Further, Canada continues to entrench its fossil fuel dependency, with only 1.3% of its total energy supply coming from renewable sources in 2022. (indicator 3.1.1)

Subsequent to the passage of Bill C-59, which contained key pieces of anti-greenwashing policy, multiple fossil fuel industry-aligned actors scrubbed their websites of all information.¹⁰ Much of the information supplied by the fossil fuel industry currently does not meet this standard and can go unchallenged when health professionals are not informed on the topic.

Health Canada and other governmental, academic, and non-governmental funders should financially support the Royal College of Physicians and Surgeons of Canada, AFMC, and other Canadian organizations that develop and guide health professional curricula, in their efforts to increase evidence-based educational materials for health professionals to become key informants on the health harms of fossil fuels at hospital, community, and policy levels.

HEALTHIER DIETS, HEALTHIER PEOPLE, HEALTHIER PLANET

3 Use health systems' purchasing power to drive a shift towards sustainable, plant-rich diets that can help cultivate food security and local sustainable food economies in Canada.

In 2021, Canadian consumption of red meat and dairy totalled 69% of the country's total consumptionbased emissions (Indicator 3.3.1) That year, 14,000 deaths were associated with excessive consumption of red meat and dairy accounting for 22% of all diet-related deaths that year. (Indicator 3.3.2)

A study done by a Quebec hospital found that red meat accounted for ¼ of its emissions, but formed only 3% of its menu.¹¹ Canadian research further shows the protective properties of plant and pulse-rich diets for hospital inpatients.¹² Canadian hospitals spend upwards of 4 billion annually on food services. By shifting dietary practices to feature more local, and plant-rich meals in alignment with Canada's Food Guide, hospitals can lead by example and create markets that support local, low-carbon, sustainable diets.¹³

By using health system purchasing power to partner with existing organizations such as Nourish, hospitals should move toward providing foods that are plant-rich, local, healthier, and culturally appropriate. In doing this, Canadian hospitals can promote healthier diets while reducing their greenhouse gas footprint by 25% by 2030 through menu shifts toward locally sourced, plant-rich foods that are more advantageous for people, local economies, and the planet.¹⁴



Accelerating Action

Urgent action is needed to tackle the growing threats of climate change facing all Canadians. By strengthening healthcare system resilience, improving communication about the health impacts of climate change, and leveraging health system purchasing power to support local food economies, Canada can better prepare for the escalating challenges of the climate crisis.

Contributors

The concept for this brief was developed by the Lancet Countdown, Canadian Medical Association, Canadian Nurses Association, and Canadian Public Health Association.

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For more of the latest data at a country-level on health and climate change, you can find our accompanying data sheets by scanning the QR code or visiting lancetcountdown.org

Romanello M, Walawender M, Hsu SC et al. The 2024 report of the Lancet Countdown on health and climate change: Facing record-breaking threats from delayed action. Lancet 2024; published online October 2024. <u>https://doi.org/10.1016/S0140-6736(24)01822-1</u>