

BOLSTERING COMMUNITY RESILIENCE THROUGH HEALTH-FOCUSED CLIMATE ADAPTATION: MOVING FROM TALK TO ACTION IN WESTERN CANADIAN COMMUNITIES

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EXECUTIVE SUMMARY

The impact of anthropogenic climate change is recognized within scholarship as a global health emergency. Extreme weather events result in increased mortality rates and mental health consequences; drought and sea level rise escalate risk for water- and vector-borne disease transmission; and, rising air pollution levels exacerbate respiratory illnesses. In response, communities across Canada have initiated the process of climate adaptation planning.

Uniquely situated at the intersection between public health and climate adaptation, the urban planning field has an important role to play in propelling forward a health-focused climate adaptation agenda. This process involves developing strategies to protect residents from disease transmission, trauma/ injury, the exacerbation of chronic illness, and impacts to mental health, among others. Unfortunately, adaptation action targeted at safeguarding community health has been slow to commence, often lacks coordination between different levels of government, and struggles to overcome jurisdictional challenges. These gaps leave communities vulnerable to health threats.

This research seeks to shed light on the progress of western Canadian cities in implementing health-focused climate adaptation. A case study methodology was employed, featuring key actor interviews with experts in public health, planning, local governance, and other related fields, triangulated with a review of strategic planning documents. Case study communities include Edmonton, Calgary, Vancouver, Surrey and Prince George.

Results of this research indicate that although progress has been made within case study communities to develop policy/ plans, implementation of these plans appears to lag in practice. While political will, access to expertise at the local level, and community support has resulted in the development of adaptation plans that consider and prioritize health, various barriers exist that work to constrain further progress. This includes jurisdictional boundaries, gaps in institutions, a lack of resources, and reactionary decision-making. As a result, key actors describe their cities as “unprepared” to face climate-related health risks.

Efforts must be bolstered to ensure better-prepared and resilient communities. To do so, public perception of climate change must be reframed to a public health issue. This will translate into better support for health-focused adaptation policy, increased public engagement, and improved resource allocation. Second, gaps in institutions must be addressed, such as vagueness and a lack of specificity in health-focused adaptation planning. Adaptation plans should be amended to include specific steps for implementation, and monitoring of progress and efficacy. Finally, there is an evident need to move towards better coordination between multiple levels of government. This can be achieved through better delineation of roles, and improved congruence, collaboration and alignment between each level of government.

As health-focused adaptation action stalls in the planning phase, residents are left vulnerable. Although case study communities have made progress in planning for health-related climate impacts, the urgency of the issue necessitates increased prioritization and bolstered efforts. With the threat of increasing mortality rates looming, time is not a luxury that communities can afford.