

THE MUNICIPAL ADAPTATION AND RESILIENCY SERVICE (MARS)

WEBINAR 6

VULNERABLE POPULATIONS





MARS TRAINING SERIES OVERVIEW







9 webinars

- Webinar 1: Introduction to Municipal Climate Adaptation and Climate Projections for Great Lakes Region
- Webinar 2: Portal tour
- Webinar 3: Financial and Legal Implications of Climate Change for Municipalities
- Webinar 4: Transportation Infrastructure
- Webinar 5: Building Infrastructure and Land Use Planning

Webinar recordings stored on MARS Community of Practice (CoP) Portal: https://www.ccadaptation.ca/en/mars

SECTOR SPECIFIC WEBINARS (5-8) **OVERVIEW**







- Webinar 6 Vulnerable Populations, Today
 Guest Speaker: Karina Richters, City of Windsor
- Webinar 7 Urban Natural Systems, March 20th
 Guest Speaker: TBD

Webinar 8 – Water / waste water / storm water, March 27th
 Guest Speaker: John Nemeth, Region of Peel

Webinar 9- (Not sector specific), Communication and Collaboration, April 10th
 Guest Speaker: Dr. David Pearson, Laurentian University

WEBINAR 7 OVERVIEW







- 1. MARS Training Series Overview
- 2. Vulnerable populations: Health and social impacts of climate change
- 3. Recent municipal efforts to adapt vulnerable populations to climate change
- 4. Heat Alert and Response System, City of Windsor

Karina Richters, Environmental Coordinator, City of Windsor

5. Resources







2 VULNERABLE POPULATIONS: HEALTH & SOCIAL IMPACTS OF CLIMATE CHANGE

CLIMATE CHANGE & SOCIAL INEQUITIES







Climate change, extreme weather events and associated impacts disproportionately affect:

- Individuals and groups lacking social support, education, or economic resources
- Residents of substandard housing, those who are homeless or under-housed



MORE EXTREME HEAT EVENTS







Associated increase in severity and frequency of:

- Heat-related illness (i.e.: heat stroke), dehydration
- Degraded air quality leading to illness, premature morality from cardiovascular and respiratory causes, increased risk of cancer
- Vector borne infectious diseases



- Infants
- Seniors
- Chronically ill
- Those with existing cardiovascular and respiratory illness
- Those working outdoors for extended periods of time
- Individuals without access to adequate shelter or cooling mechanisms
- Those living in areas with poor air quality



W.H.O. DISEASE CLASSIFICATION







T67 – Effects of heat and light

T67.0 – Heatstroke and sunstroke

T67.1 – Heat syncope

T67.2 – Heat cramp

T67.3 – Heat exhaustion, anhydrotic

T67.4 – Heat exhaustion due to salt depletion

T67.5 – Heat exhaustion, unspecified

T67.6 – Heat fatigue, transient

T67.7 – Heat edema

T67.8 – Other ...

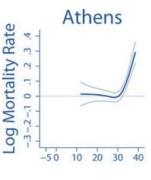
Indirect effects like MI not classified here

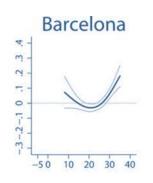
DAILY MAX TEMP V MORTALITY (LOG)

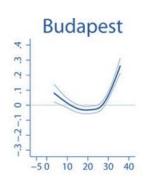


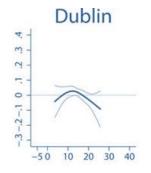


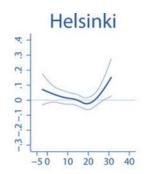




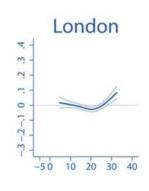


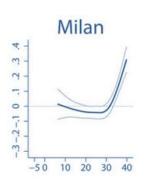


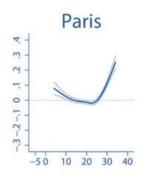


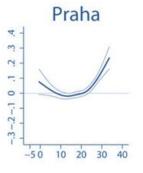


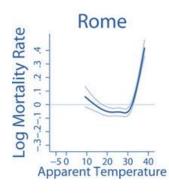




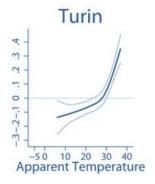


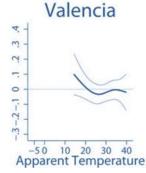


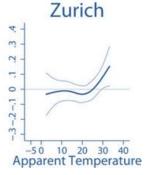












MORE RAINFALL/ FLOODING EVENTS







Associated increase in severity and frequency of:

- Lake bacterial contamination, increase in waterborne disease
- Residential /commercial building structures contaminated by floodwater/ sewage
- Mould development in built structures, leading to respiratory illness

- Infants
- Seniors
- Residents of low-lying areas or flood plains
- Chronically ill or those with impaired immune systems, compromised health status
- Individuals with existing allergies, cardiovascular disease or respiratory illnesses
- Individuals and groups lacking social support, education, or economic resources
- Residents of substandard housing, those who are homeless or under-housed

CHANGING SEASONAL CLIMATE







Associated increase in severity and frequency of:

- Disease carrying insects with longer survival periods in milder winters
- Vector borne disease transmission
- Introduction of new local infectious diseases



- Seniors
- Chronically ill or those with impaired immune systems, compromised health status
- Communities dependent on natural resources



SECONDARY IMPACTS







Associated increase in severity and frequency of:

- Electricity failure, leading to food borne illness, hypothermia and other forms of thermal discomfort
- Knock on effects of displacement and crowding in emergency shelters
- Food or water shortages
- Physical injury, drowning, electrocution, death
- Health impacts from infrastructure damage and interruptions to health services
- Indirect psychological health effects, including mental health and stress related illness

- Individuals and groups lacking social support, education, or economic resources
- Residents of substandard housing, those who are homeless or under-housed
- Residents of areas subject to environmental degradation (i.e.: Brownfield)
- Chronically ill
- Seniors
- Infants







3 RECENT MUNICIPAL EFFORTS TO ADAPT VULNERABLE POPULATIONS TO CLIMATE CHANGE







HEAT ISLAND REDUCTION

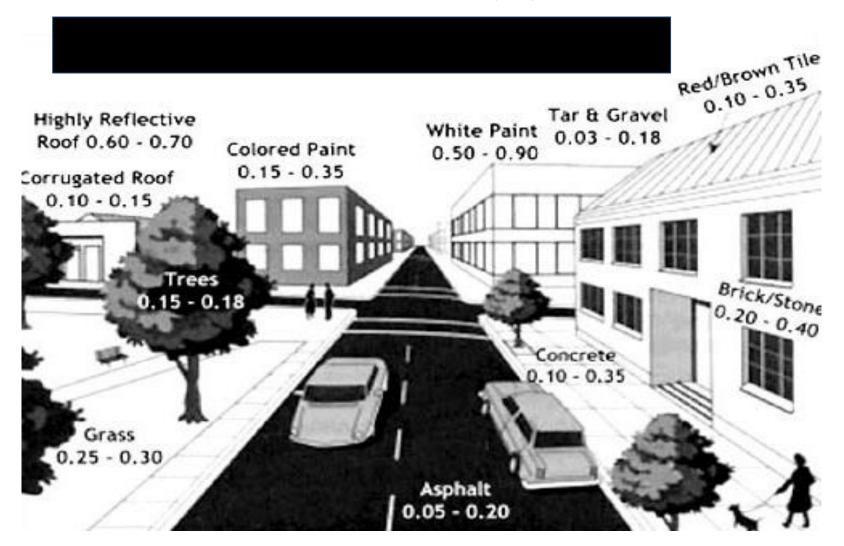
URBAN ENVIRONMENT ALBEDOS







Albedo = coefficient of reflection (0-1)



NATIONAL OVERVIEW OF MUNICIPAL EFFORTS TO REDUCE UHI

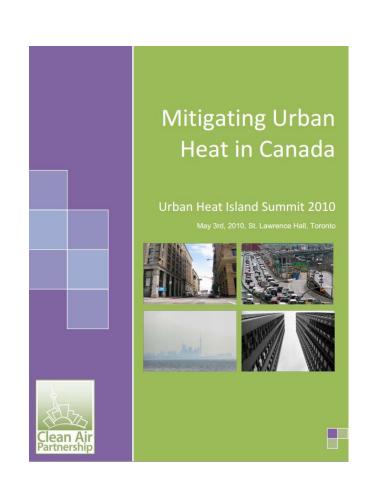






Scope and Community Selection

- national scope
- large urban population
- already experience July mean daily temp. >25C
- likely to see increase in number of days >30C
- 36 reviewed and/or interviewed
- planning, environment/works and parks/rec staff









HEAT ISLAND AND VULNERABLE POPULATION IDENTIFICATION

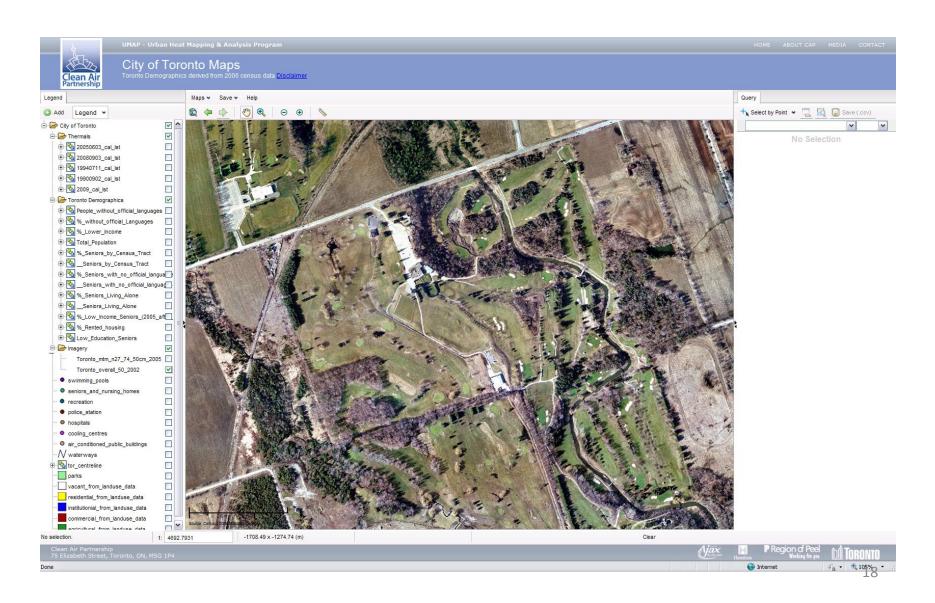
MARKHAM RD/STEELES AVE

- 2002







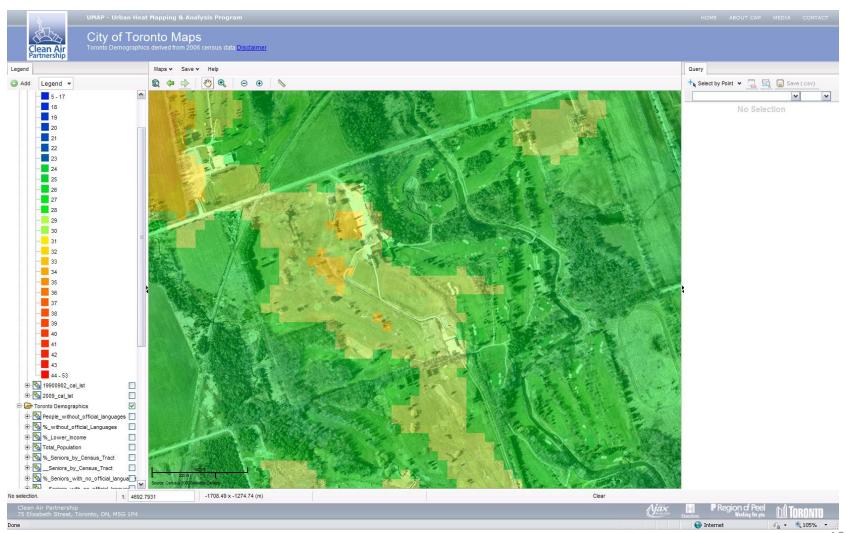


MARKHAM RD/STEELES AVE - 2002







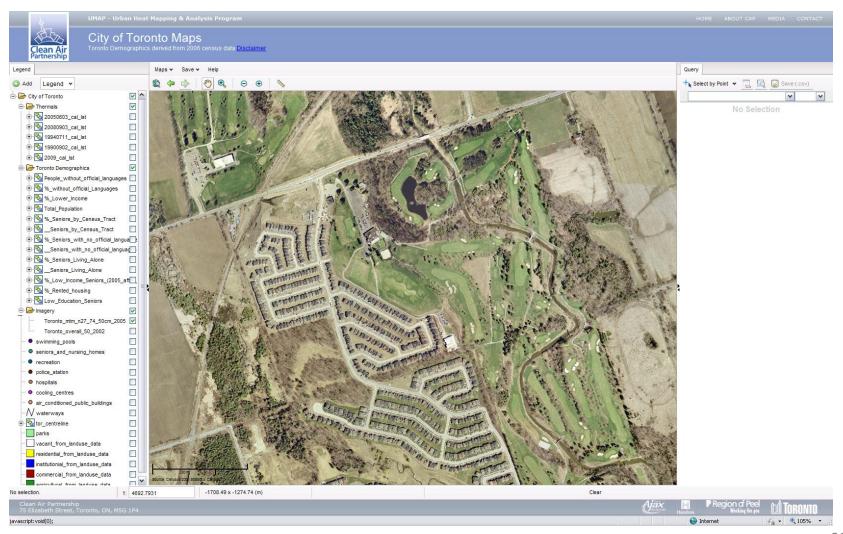


MARKHAM RD/STEELES AVE - 2005







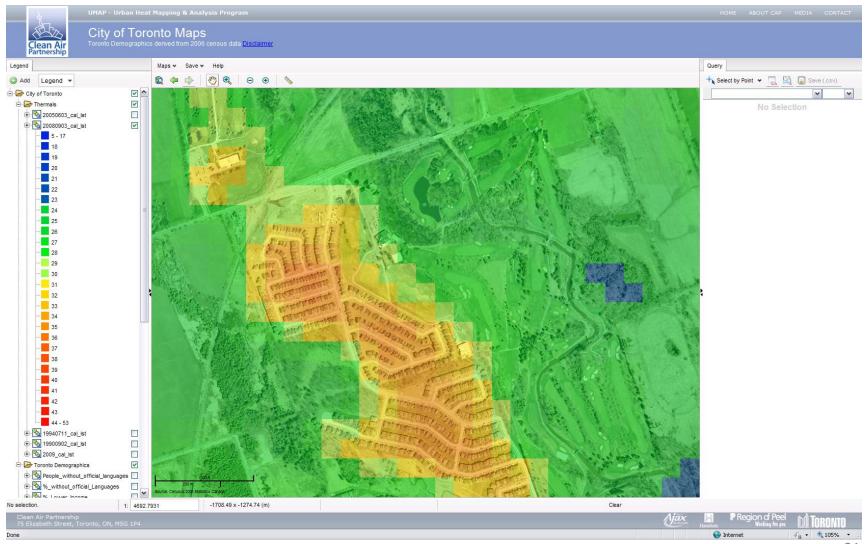


MARKHAM RD/STEELES AVE - 2005







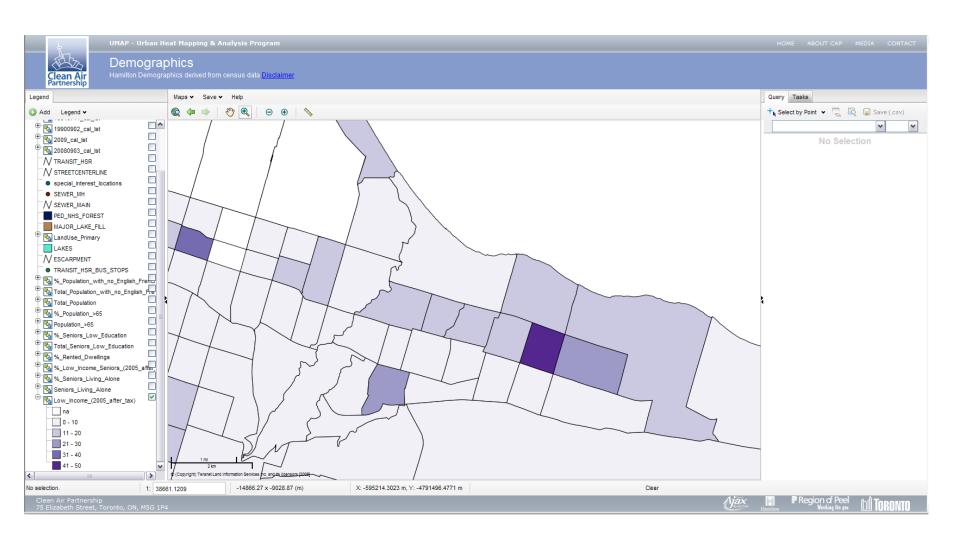


% LOW INCOME (2005 NET)







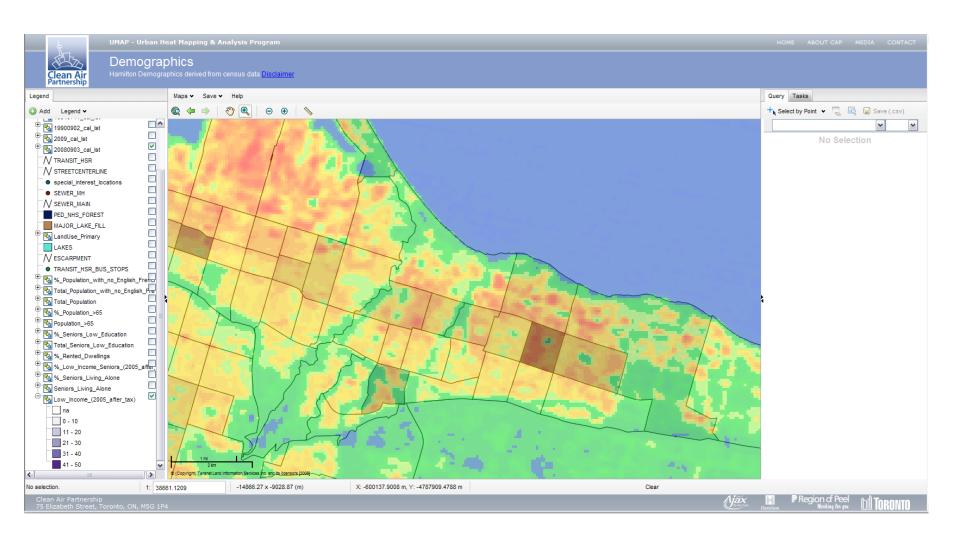


% LOW INCOME W/ THERMAL







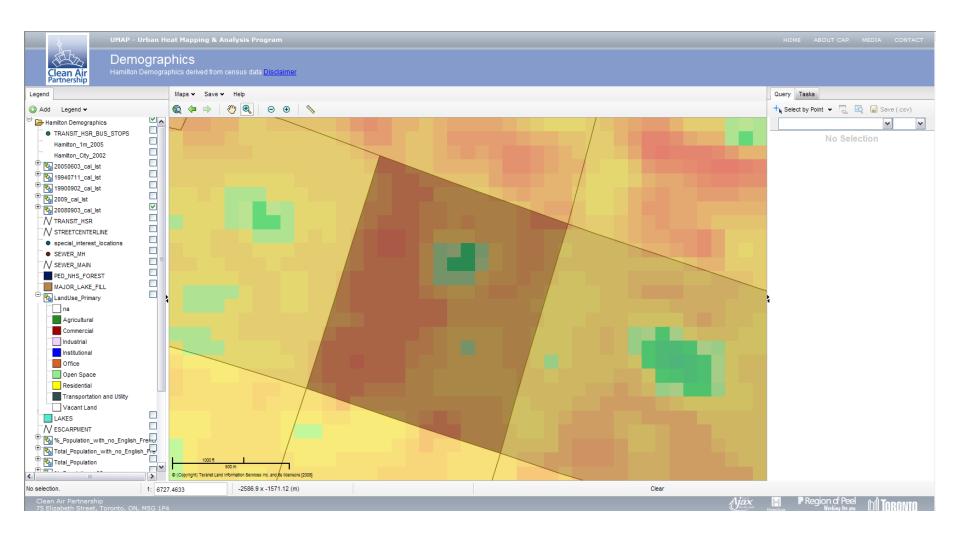


% LOW INCOME W/ THERMAL







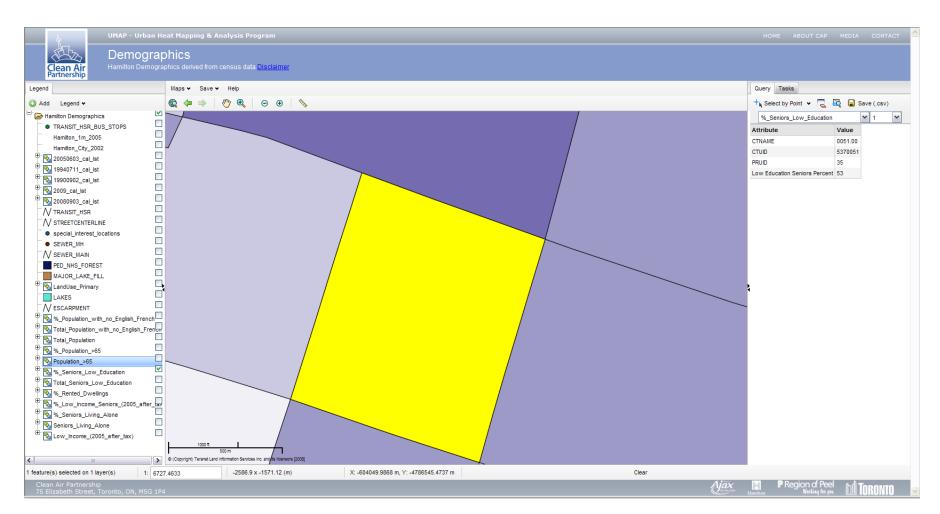


% LOW EDUCATION SENIORS = 53









SENIORS = 635







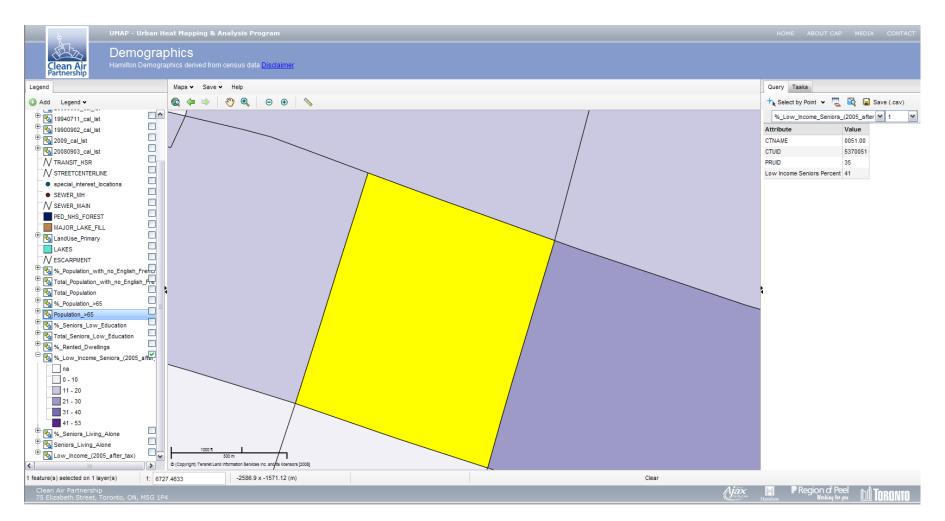


% LOW INCOME SENIORS = 41







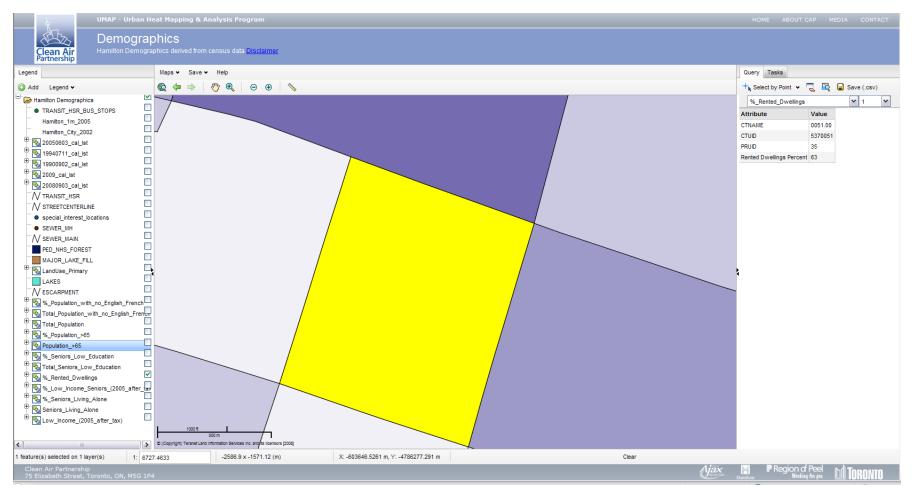


% RENTED DWELLINGS = 63







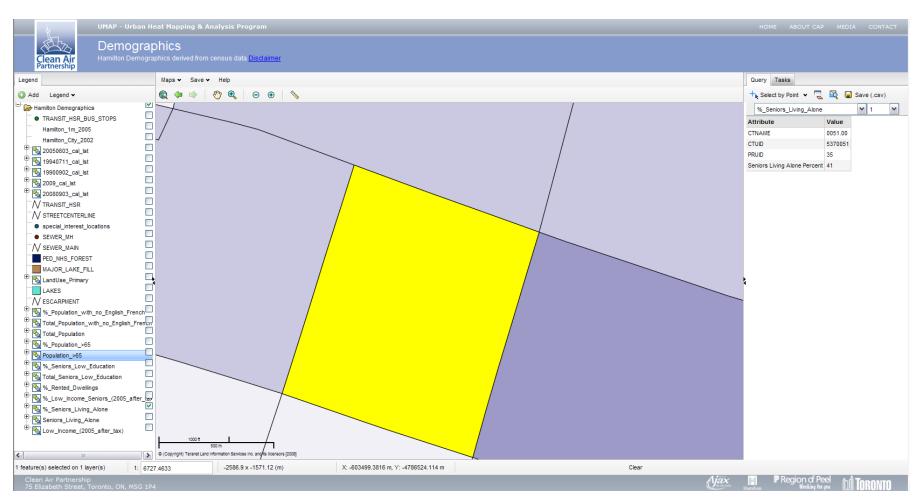


% SENIORS LIVING ALONE = 41









CONSTRAINTS







- Data holdings varied
- •Time
- Technology
- Budget













SYNRDROMIC SURVEILLANCE FOR HEAT RELATED ILLNESS

SYNDROMIC SURVEILLANCE FOR HEAT







Objective:

 Reduce morbidity and mortality due to extreme heat in four eastern Ontario health units

Context:

- EHEs expected to be more common and intense
- Large geography (24,000km²) limits response
- Low population density limits response (27/km² Toronto's is about 4000/km²)
- Institutional capacity to handle these events is a concern

OBJECTIVE ACHIEVED IN 4 WAYS







 Monitor populations for heat-related illness (HRI)

(Syndromic surveillance of ER visits)

- 2. Monitor environmental heat
- 3. Map occurrence of HRIs
- 4. Develop intervention strategies to integrate with the heat sensors and health data streams







SYNDROMIC SURVEILLANCE OF ER VISITS







- Builds on existing syndromic surveillance technologies (eg SARS)
- Real-time monitoring of visits to Emergency Departments
- Chief complaint of triage records used
 - Chief complaint = sunburn, sun stroke, heat stroke, exhaustion
- Over 70 hospitals monitored across Ontario in 18 Health Units
- Average feed is 7,000 Emergency Department visits per day with 600 admissions
- Analysis centre in Kingston, Ontario

MONITOR ENVIRONMENTAL HEAT







- Collect important parameters of heat
 - Dry bulb temperature
 - Globe temperature
 - Relative humidity
 - Wind speed
 - Wet bulb temperature
- Combined to create an outdoor WBGT
- 13 sensors in place

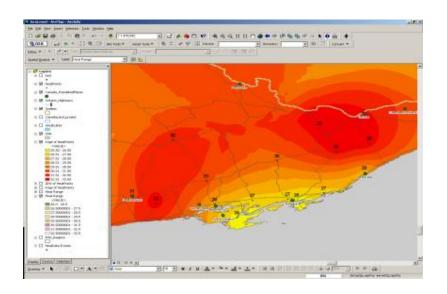


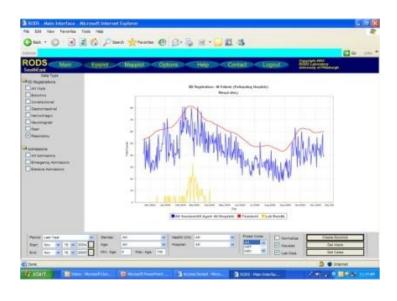
MAP OCCURRENCE OF HRIS

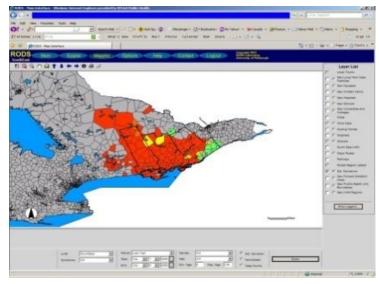












CHALLENGES







Long term financing currently HC are funding it as a pilot

•Community capacity identifying is one thing, acting is another – will take longer to implement

•Symptom limitations
does not account for co-morbidity eg: MI etc







SOME ADDITIONAL ADAPTATION EXAMPLES IN PUBLIC HEALTH

ONTARIO HEAT HEALTH PROJECT TEAM









VECTOR/WATER-BORNE DISEASE PROGRAMS







- Enhanced Surveillance
- Enhanced Research and Development
- •Enhanced Public and health Professional Awareness
- Integrated and Adaptive Policy Development

Source: OMNR



VECTOR/WATER-BORNE DISEASE PROGRAMS











Vector-Borne Disease Prevention Plan 2013

March 2013

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MOULD AND BACTERIA AWARENESS







Increased basement flooding means increased exposure to dampness leading to mould and bacterial growth;

- respiratory distress
- eye and nasal irritations
- laryngitis
- •flu-like symptoms
- asthma and allergy aggravation



COMMUNITY RESILIENCE AS ADAPTATION

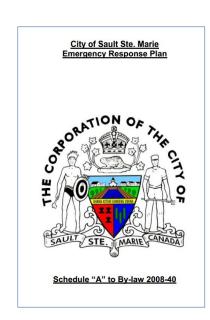


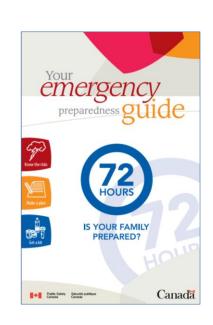




Needs to occur at 3 levels

- 1. Municipal/public level
- 2. Neighbourhood/community level
- 3. Individual level











4 HEAT ALERT AND RESPONSE SYSTEM, CITY OF WINDSOR

Karina Richters, Environmental Coordinator, City of Windsor

5- RESOURCES







- Climate Change Adaptation and Health Equity
 http://www.cleanairpartnership.org/files/Climate_Change_Adaptation_and_Health_Equity_Backgrounder.pdf
- Developing Evidence-based health policy in a changing climate http://src-online.ca/index.php/src/article/view/134/276
- Exploring Health and Social Impacts of Climate Change in Toronto
 http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-62786.pdf
- Climate Change Adaptation: Linkages with Social Policy
 http://www.horizons.gc.ca/sites/default/files/Publication-alt-format/2010-0036-eng.pdf
- Impacts of Climate Change on Public Health
 http://glisaclimate.org/media/HRWC%20Public%20Health.pdf
- Syndromic Surveillance System for Health-related Illnesses
 http://www.cleanairpartnership.org/files/4%20Case%20Study.pdf
- Adaptation to Climate Change in the Ontario Public Health Sector
 http://pubmedcentralcanada.ca/pmcc/articles/PMC3418204/

NEXT TRAINING WEBINAR







Webinar 7

Urban Natural SystemsMarch 20th 2014

For more information, please visit: https://www.ccadaptation.ca/en/mars