

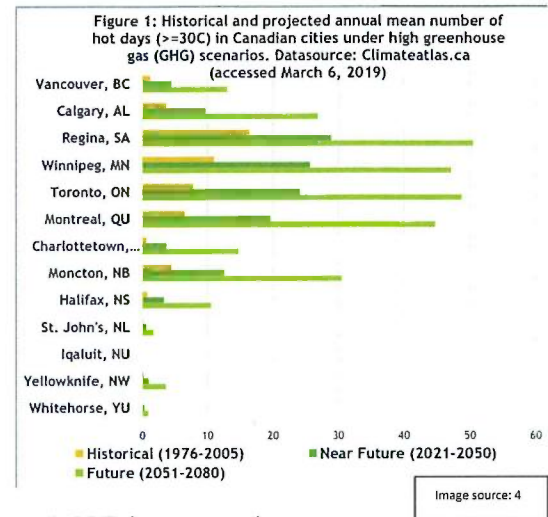
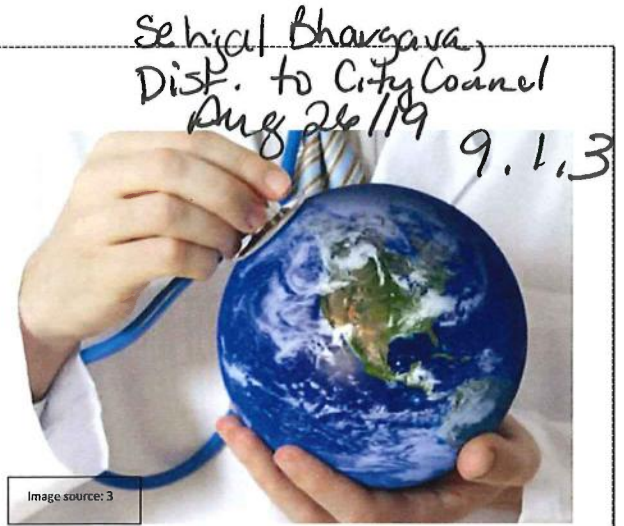
A Health Perspective on Climate Change Impacts in Saskatoon

As University of Saskatchewan medical students, we strongly support the City of Saskatoon's climate change action plan and its dual focus on both mitigation and adaptation. The City of Saskatoon needs the city council to support this action to allow for its effects to be preventive, rather than reactive, to climate change.

World Health Organization considers climate change as the #1 current threat to human health (4): climate change is a public health issue. The policies needed to fight this change will reduce healthcare costs, and immediately benefit the health of our community while improving equity amongst it. Global warming is expected to reach a 1.5°C increase between 2030 and 2052 (1). Human activities have already been responsible for a 1.0°C increase above pre-industrial levels (1). Coinciding with these trends are an expected increase of negative impacts and risks to food security, human security, and water supply. **Our current behaviour will take us to a place where adaptation is nearly impossible, and it is predicted that we have only 11 years before this point is reached (1).**

Vulnerable populations, including the elderly, the young, the socially disadvantaged, those with chronic illnesses and people living in vulnerable populations are expected to be affected the most by climate change. Within Saskatoon, low income residents have an estimated 34-35% increase in healthcare costs compared to middle- and high-income residents. At a provincial and national level, social determinants of health, including poverty and accessibility, are strong predictors of health and are very costly on the healthcare system. These issues will become multiplicative with the risks posed by climate change leading to additional funds required for primary care and additional challenges towards disease prevention.

Our future in the prairies is warmer, wetter, and wilder. We must invest more in our community NOW to enhance wellness and safety, before current emission trajectories become reality, and take us to a place where it is potentially impossible to make up for our inaction at this critical time.



References:

- 1) Change, I. P. (2018, August). *Global Warming of 1.5°C*. Retrieved from Headline Statement from the Summary for Policymakers: https://www.ipcc.ch/site/assets/uploads/sites/2/2018/07/sr15_headline_statements.pdf
- 2) *Climate change and public health*. (2018, February 22). Retrieved from Government of Canada: <https://www.canada.ca/en/public-health/services/health-promotion/environmental-public-health-climate-change/climate-change-public-health-factsheets.html>
- 3) *Collen Pillar Holdings*. (2019, August). Retrieved from <http://www.collenspiller.co.za/> (Top Image)
- 4) Environment, C. A. (2018, August). *Call to Action on Climate Change and Health*. Retrieved from <https://cape.ca/wp-content/uploads/2019/07/Call-to-Action-Full-logos-updated-EN-June-25-2019.pdf>
- 5) Lemstra M, Neudorf C. Health disparity in Saskatoon: analysis to intervention. Saskatoon: Saskatoon Health Region; 2008.