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McGill Researchers: Aboriginal Canadians need better health support in face of climate change

“Climate change has been identified as potentially the biggest health threat of the 21st century,” says a study by researchers from McGill, Trent, and the University of Alberta which examines the vulnerability of Aboriginal health systems in the face of climatic change. “Intervention is needed to prevent, prepare for, and manage climate change effects on Aboriginal health but is constrained by a limited understanding of vulnerability and its determinants.”

Overall, Canada, like other developed nations, is well situated to respond to the health impacts of climate change, but economic and health inequities have implications for vulnerable populations which are often overlooked.

“The majority of Canadian research concerning vulnerability of Aboriginal peoples to climate change has concerned Inuit communities in the North. This study looks at Inuit, First Nations, and Métis to give us the big picture of Aboriginal health system vulnerability at the national level,” explains McGill Geography Professor James Ford, who, along with McGill Professor Lea Berrang Ford and colleagues Malcolm King (University of Alberta) and Chris Furgal (Trent University), authored the study.

“In this research we were trying to determine the underlying drivers of vulnerability to climate change,” says Ford. “We expect greater vulnerability for aboriginal peoples due to the inequity of health care they receive. By looking at how current health problems are managed, we can gain insights into how aboriginal health systems will be able to respond as the climate continues to change.”

“Determinants identified include: poverty, technological capacity constraints, socio-political values and inequality, institutional capacity challenges, and information deficit. The magnitude and nature of these determinants will be distributed unevenly within and between Aboriginal populations necessitating place-based and regional level studies to examine how these broad factors will affect vulnerability at lower levels,” says the paper, currently in press in the journal *Global Environmental Change*. “The study also supports the need for collaboration across all sectors and levels of government, open and meaningful dialogue between policy makers, scientists, health professionals, and Aboriginal communities, and capacity building at a local level, to plan for climate change”

“Efforts to reduce the vulnerability of Aboriginal Canadians to climate change and intervene to prevent, reduce, and manage climate-sensitive health outcomes, will fail unless the broader determinants of socio-economic and health inequality are addressed,” concludes the study.

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Dr James D. Ford is an assistant professor in geography at McGill University. He is widely renowned for his work with Aboriginal communities on climate change vulnerability assessment and adaptation planning, and received a Young Innovator Award from the Canadian government for his innovative community based research. A Nobel Prize winner as a contributing author to the IPCC fourth assessment report, he currently has projects working with Aboriginal communities in the Canadian Arctic to find ways of reducing climate change vulnerability. You can learn more about Dr Ford's research at www.jamesford.ca.

Dr. Lea Berrang Ford is an Assistant Professor (Health Geography) in the Department of Geography at McGill University. Dr. Berrang Ford is both a geographer and an epidemiologist, specializing in spatial health analysis of infectious disease and environmental change. Prior to joining McGill, Lea worked with the Public Health Agency of Canada in Saint Hyacinthe (QC) as an environmental epidemiologist and medical geographer, specializing in spatial health analysis, vector-borne zoonotic disease mapping, and environmental health research.

For more information, please contact:

James Ford, Assistant Professor, Dept of Geography, McGill University, Montréal, Québec
Work: 514-398-4960 | Home: 514-903-8570 | james.ford@mcgill.ca