

Gallery of Actions - Example 1:

Title/Name: Journée de l'Arbre de la santé (Celebrated every 3rd week of September simultaneously with Canada Tree Day; development and activities over the year)

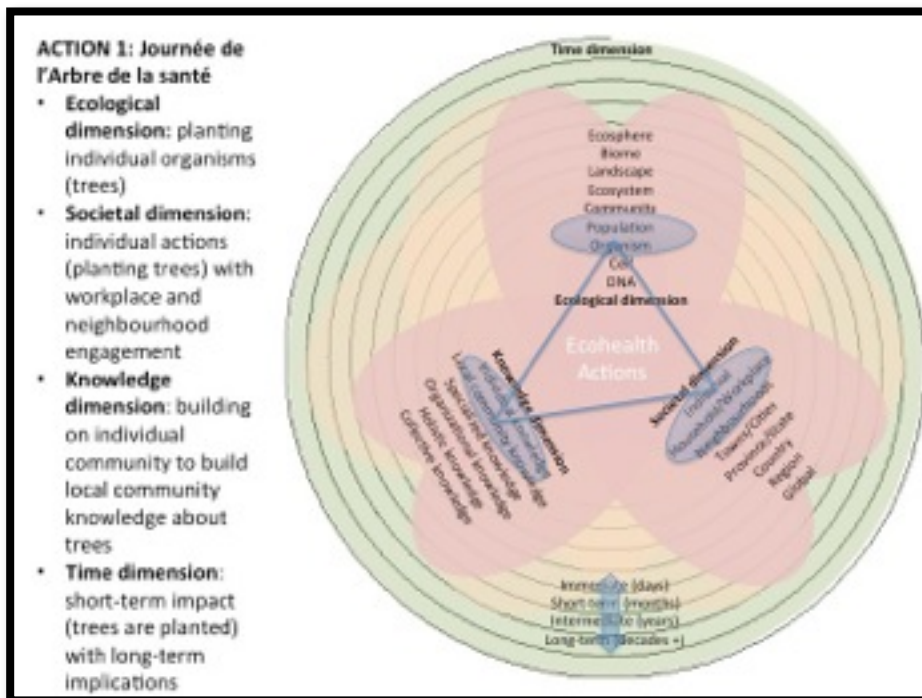
Description/objectives :

Plantations around health facilities through the Health and Social Services Centres (CSSSs) network of Quebec. Started 2007 in Laval CSSS. In Sept 2014, 18 CSSSS will participate. This day is dedicated to knowledge transfer from environmental health to clinicians, to develop the concept of Green Hospitals, to underline all actions taken during the year, to restrain the ecological footprints of Health institutions.

Where does your action take place? At [Health and Social Services Centres](#) throughout Quebec.

Who is/should be engaged? All [Health and Social Services Centres](#) (CSSSs) of Quebec are invited. Supported by Le [Regroupement national des conseils régionaux de l'environnement du Québec](#) (RNCREQ), [Institut national de santé publique du Québec](#) (INSPQ) [Médecins](#)

[Francophones du Canada](#), [La Société de verdissement du Montréal métropolitain](#) (SOVERDI), [Tree Canada - Arbres Canada](#)



What are the opportunities for collaboration/coalition/scaling up of the activity?

The Tree is a symbol and an opportunity for:

Improvement of the milieu.

Active participation of the medical staff.

Scientific conferences.

Promotion of sustainable energies, recycling and disposal.

Contacts/resources for further information and follow up.

- [Journée de l'arbre de la santé au CSSS Pierre-Boucher](#) (youtube)
- [La Journée de l'Arbre de la santé 2013](#)
- [Mon Climat, Mon santé:](#)
- [La Journée de l'Arbre de la santé : une prescription verte de cardiologie environnementale](#)

Gallery of Actions - Example 2:

Title/Name:

Research Program on Agriculture for Nutrition and Health <http://www.a4nh.cgiar.org>

Description/objectives:

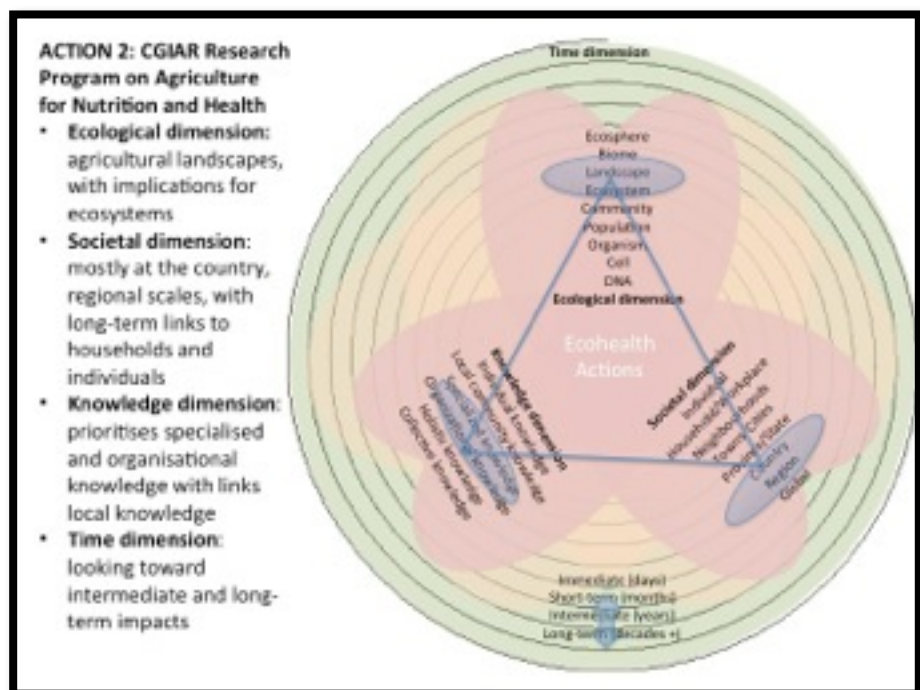
The CGIAR Research Program on Agriculture for Nutrition and Health, or A4NH, helps realize the potential of agricultural development to deliver gender-equitable health and nutritional benefits to the poor. It was created to help ensure that agricultural practices, interventions, and policies will maximize health and nutrition benefits, while reducing health risks. Its core business is innovation for developing countries: development and testing of technology, institutional and market approaches that can reduce poverty, improve nutrition and health, and safeguard environmental resources. Research becomes action through building partnerships that can out-scale and up-scale innovation. The program works at international, regional, national and local scales and leverages agricultural research for policy influence, evidence generation, and capacity building. It has an explicit Ecohealth / One Health approach that recognizes the interdependence of human, animal and ecosystem health. It works with a sister program, the CGIAR Research Program on Climate Change, Agriculture and Food Safety (<http://ccaafs.cgiar.org>) at the interface of agriculture, health and climate change.

Who is/should be engaged?

Partners include researchers, policy makers, development implementers, and value chain actors.

What are the opportunities for collaboration/coalition/scaling up of the activity?

Research has a key role to play in assessing, understanding and fostering positive change.



Contacts for further information and follow up: <http://www.a4nh.cgiar.org>

Gallery of Actions - Example 3:

Title/Name:

Plague prevention and control in endemic areas of the Andean Region (Bolivia, Ecuador and Peru): An eco-systemic approach for strengthening early detection systems

Description/objectives:

Plague, in its three clinical forms, persists at a global level in 25 endemic countries of Africa, South East Asia, Eastern Europe and the Americas. Plague outbreaks represent a public health threat, which require an emergency response. In addition, pneumonic plague is one of the few diseases of compulsory notification under the International Health Regulations (IHR, 2005).

Plague being a vector-borne zoonotic disease, its occurrence is highly entangled with its vectors' and reservoirs' ecology, which in turn is being influenced by the effects of climatic, ecological and social changes. It is presumed that such modifications are contributing to the resurgence of the disease in endemic countries.

This pilot project focuses on the Andean Region since it is one of the sub-regions in the Americas where plague is still endemic with resurgence of cases. Plague outbreaks have been registered in Ecuador in 1998, 2004, and 2008, including 16 pneumonic case-fatalities; in Peru from 2009 to 2014, with 4 fatalities by pneumonic and septicemic plague and in Bolivia from 2011 to 2014, adding 3 bubonic plague deaths. In addition, the population of the Andean Region is the most at risk to ecological and climatic changes derived from the "El Niño" phenomenon, which have been associated with the reemergence of plague in the past (e.g. in 1992 and 1998).

The tools that will be developed through this pilot project will contribute to the strengthening of national and local health authorities in the involved countries, ultimately leading to the achievement of the goals stated in the 49th PAHO/WHO Directive Council resolution CD49/R19 (see [http://www2.paho.org/hq/dmdocuments/2009/CD49.R19%20\(Eng.\)pdf](http://www2.paho.org/hq/dmdocuments/2009/CD49.R19%20(Eng.)pdf)), referring to the elimination of plague as a public health threat through attaining "zero cases of mortality" in humans and "avoiding domiciliary outbreaks".

These tools could subsequently be expanded to other plague endemic countries around the world and may contribute to the early detection of other vector-borne diseases concurrent in the Andean Region, such as dengue, malaria and Chikungunya, as well as water-borne diseases such as cholera and acute diarrheal diseases.

The project aims at providing a systemic approach to a complex public health problem such as plague through a combination of skills which will translate into true trans-disciplinary work.

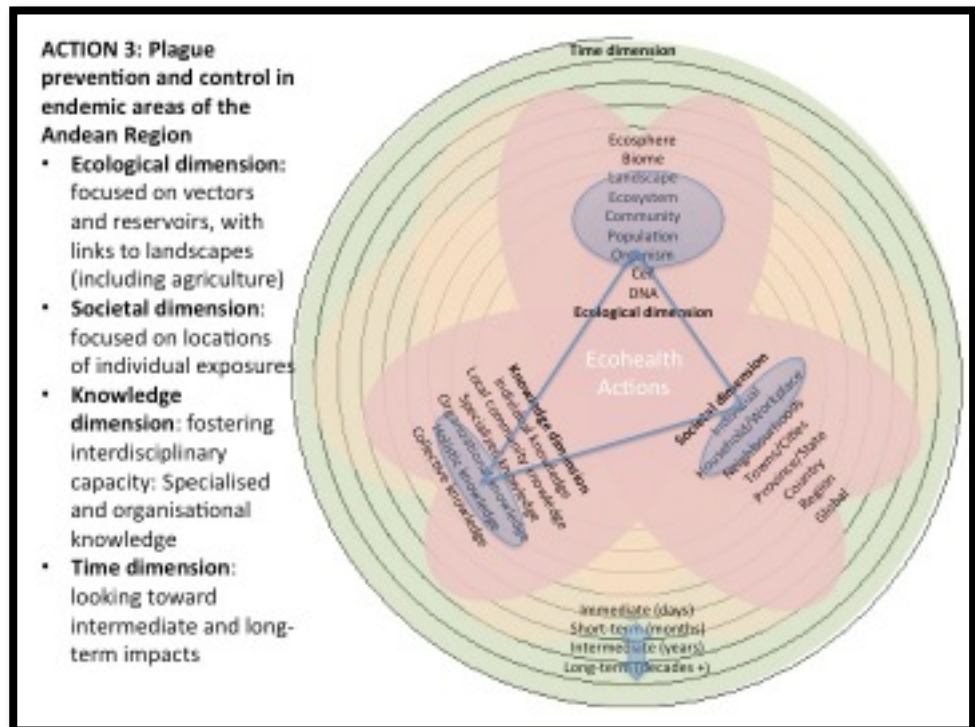
Overall objective

To strengthen the Andean health authorities for plague surveillance and control in endemic areas through the development and validation of innovative and replicable tools.

Key goals (KG)

- **KG1:** Reinforce nationally-integrated Plague plan development for surveillance, case management and infection control within the framework of IHR 2005 in Bolivia, Ecuador and Peru.
- **KG2:** Strengthen laboratory networks for early diagnostic and strain characterization.
- **KG3:** Foster interdisciplinary capacity building at institutional and individual levels for plague prevention through an eco-systemic characterization of plague's vectors, as well as its social and environmental determinants.
- **KG4:** Develop tools for mapping plague's disease-spread risk-related variables.

Plague, as well as other diseases associated with climatic and ecological changes present in the Andean Region, is highly entangled with ecosystems' variations. Their modification either through man-made agricultural productions (such as intensive sugar cane, rice, corn, quinoa or asparagus productions) or through ecological change in their dynamics through the El Niño phenomenon are contributing to their reemergence. Furthermore, demographic changes such as workers' migrations towards these man-made intensive agricultural productions are modifying local habits (such as maintaining "guinea pigs" – common in the Andean diet – within households - facilitating the interface between wild/synanthropic rodents and humans), hence affecting plague reservoirs' and vectors' behaviours. Finally, the presence in the Northern Peruvian Pacific coast of



an international port/harbour, dominated by economic incentives (export of sugar, corn, asparagus and other commodities), opens the door for the globalisation of certain public health threats. Early detection through novel technologies and geospatial techniques is thus essential for prevention, alert and response. These tools will be replicated into other plague endemic countries and will serve for further expand research into other climate-associated diseases.

Where does your action take place? Andean Region, South America

Who is/should be engaged?

It encompasses systemic trans-disciplinary research spanning from social sciences to highly specialized health technologies and geographical mapping.

What are the opportunities for collaboration/coalition/scaling up of the activity?

- 1) Laboratory: Institut Pasteur de Paris and Madagascar and CDC Fort Collins (WHO Collaborating Centers)
- 2) National Institutes of Health of Bolivia (INLASA), Ecuador (INSP) and Peru (INS)
- 3) Ministries of Health of Bolivia, Ecuador and Peru.
- 4) Rodent control: Expertise from the Ministry of Health of Argentina
- 5) Geospatial mapping: CENEPRED-Peru
- 6) ECOSAD, CoPEH-LAC

Contact for follow up.

Ana Riviere-Cinnamond <riviarea@paho.org>

Gallery of Actions - Example 4

Title/Name: Fostering Youth Mental Health and Resilience to Climate Change: An Overview of the *Inuit Mental Health & Adaptation to Climate Change* and *IlikKuset-Ilingannet!/Culture-Connect!*

Description/objectives: Inuit populations have been identified as particularly susceptible to the impacts of climate change on health and well-being, including mental health, due to the rapid changes in climate and environment in the Circumpolar Region, continued reliance on the land for sustenance and well-being, already-present health disparities, and difficulty accessing health-sustaining resources. Regional research conducted through the *Inuit Mental Health Adaptation to Climate Change* projects in Nunatsiavut, Labrador (2012-2013), indicated that Inuit were experiencing mental health impacts from a rapidly changing climate and the resulting impacts to environment, animals, and plants. Participants reported: intense emotional reactions associated with loss of activities, identity, and sense of place (grief, anxiety, stress, distress); real and potential increases in consumption of drugs and alcohol; potential increases in suicide ideation; and potential aggravation of acute anxiety disorders and major depression. These findings contribute to the emerging research on climate change and mental health, and provide a baseline of potential pathways through which climate change may continue to impact on mental health. This research also indicated that youth and middle-aged adults are particularly susceptible to the mental health impacts of climate change programming that enhances and expands resilience through youth mentorship and relationship building was not only desired, but also thought to assist in mitigating and responding to the mental health impacts of climate change, while promoting sustainable cultures and increasing knowledge transmission among generations.

Responding to these needs, and building on these research findings, the *IlikKuset-Ilingannet!/Culture-Connect!* program was designed and piloted in Rigolet, Makkovik, and Postville, Nunatsiavut from October 2013 to March 2014 to explore if cultural mentorship programs linking youth and adults together have the potential to enhance and expand mental health, build adaptive capacities and youth resilience, and increase knowledge transfer among generations to promote sustainability in health and culture. This program united youth with adult mentors in each community to learn cultural skills—hunting, trapping, food preparation, snowshoe-making, music, carving, art, and sewing—in order to assist both youth and adults in connecting together in a positive and health-promoting environment dedicated to knowledge transmission and cultural skills development and preservation. The *IlikKuset-Ilingannet!* project explored

Both the IMHACC and the *IlikKuset-Ilingannet!* projects were framed within an EcoHealth approach, emphasizing community engagement and leadership at all stages of the research, interdisciplinarity in thinking and approaches, a dedication of knowledge-to-action, a focus on research for social justice and action, a commitment to approaching sustainability issues from multiple perspectives, and an integration of multiple knowledge frameworks, epistemological, and ontological frameworks. These initiatives have enjoyed great support and success for a) expanding into new dimensions of climate change research in the North through adding a mental health lens; b) creating a community-designed and community-led mentorship program focused on providing cultural skills training to foster resilience and adaptive capacities to rapid climate change.

To view a video of the *IlikKuset-Ilingannet!* program, please visit: <https://www.youtube.com/watch?v=EAulcH3uXnc&list=UUyKlzPIGvz8r9rbh9HGEuOQ>

"I think this is a program that should definitely continue, because it's one where it's showing the value of cultural activities. And it's not always just learning, it's participating and feeling involved in something cultural. It's important. It's a mental health outlet. It's somewhere to go when maybe someone doesn't have somewhere to go. It's a place where you feel valued and you are respected and we're glad you're there and you're glad to be there and it should be something that continues." IlikKuset-Ilingannet! Participant.

Where does/should your action take place? Programs in Nunatsiavut, Labrador.

Who is/should be engaged?

<p>The following people were involved in in the project IMHACC program:</p>	<p>The following people were involved in in the project IlikKuset-Ilingannet! program:</p>
<ul style="list-style-type: none"> • 5 Local Research Coordinators, 1 in each community (Nain, Hopedale, Postville, Makkovik, and Rigolet) • 5 community mayors • 120 interview participants • 25 video interview participants for a documentary film • 17 digital storytelling workshop participants • 1 Researcher/Evaluator for the Nunatsiavut Department of Health and Social Development, Goose Bay, Labrador • 1 professor/principal investigator from McGill and Cape Breton University • 1 Master's student from McGill University • 3 undergraduate research assistants 	<ul style="list-style-type: none"> • 15 Inuit youth from Nunatsiavut, Labrador, ages 15 to 25 years old (5 youth in Rigolet, 5 youth in Makkovik, and 5 youth in Postville) • 15 adult mentors from Nunatsiavut, Labrador, ages 35 years and older (5 mentors in Rigolet, 5 in Makkovik, 5 in Postville) • 3 Local Inuit Research Coordinators, one in each community • 3 community mayors • 1 Researcher/Evaluator for the Nunatsiavut Department of Health and Social Development, Goose Bay, Labrador • 1 Inuit film maker from Iqaluit, Nunavut, who worked with youth to create a film about the IlikKuset-Ilingannet! program • 1 professor/principal investigator from McGill and Cape Breton University • 1 Master's student from McGill University

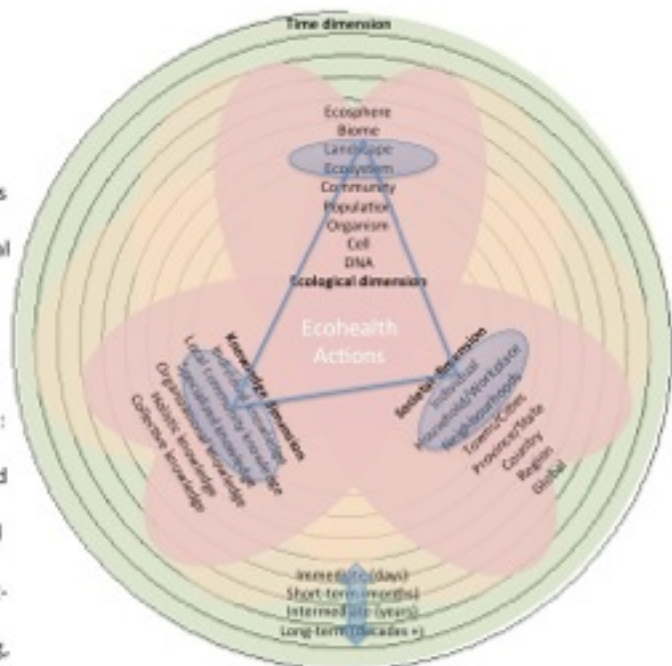
What are the opportunities for collaboration/coalition/scaling up of the activity?

We are currently looking for ways to scale up and expand two parts of this work:

1. Continue to examine the connections between climate change and mental health in other Indigenous regions across the Canadian North, as well as throughout the Circumpolar World
2. Continue to support the IlikKuset-Ilingannet!

ACTION 4: Inuit Mental Health & Adaptation to Climate Change and IlikKuset-Ilingannet!/ Culture-Connect!

- **Ecological dimension:** circumpolar landscapes and ecosystems (compared to individual species)
- **Societal dimension:** focused on individual, through to community dynamics
- **Knowledge dimension:** primary focus on fostering individual and local community knowledge, specialised knowledge secondary
- **Time dimension:** short-term benefits of immediate skill-sharing, with long-term view



program in Rigolet, Makkovik, and Postville, and work with other interested Indigenous communities to support this program in other locations.

We are also making connections with other Indigenous organizations and communities who are focusing on fostering youth resilience to social and environmental change and sustainability issues.

Contacts for follow up:

Ashlee Cunsolo Willox, Canada Research Chair in Determinants of Healthy Communities & Assistant Professor of Community Health, Departments of Nursing and Indigenous Studies, Cape Breton University, ashlee_cunsolowilcox@cbu.ca; 902-563-1949; www.ashleecunsolowilcox.ca

Inez Shiwak, Project Coordinator, 'My Word': Storytelling & Digital Media Lab, Rigolet Inuit Community Government, Rigolet, Nunatsiavut, Labrador, inezs@rigolet.ca; 709-947-3313

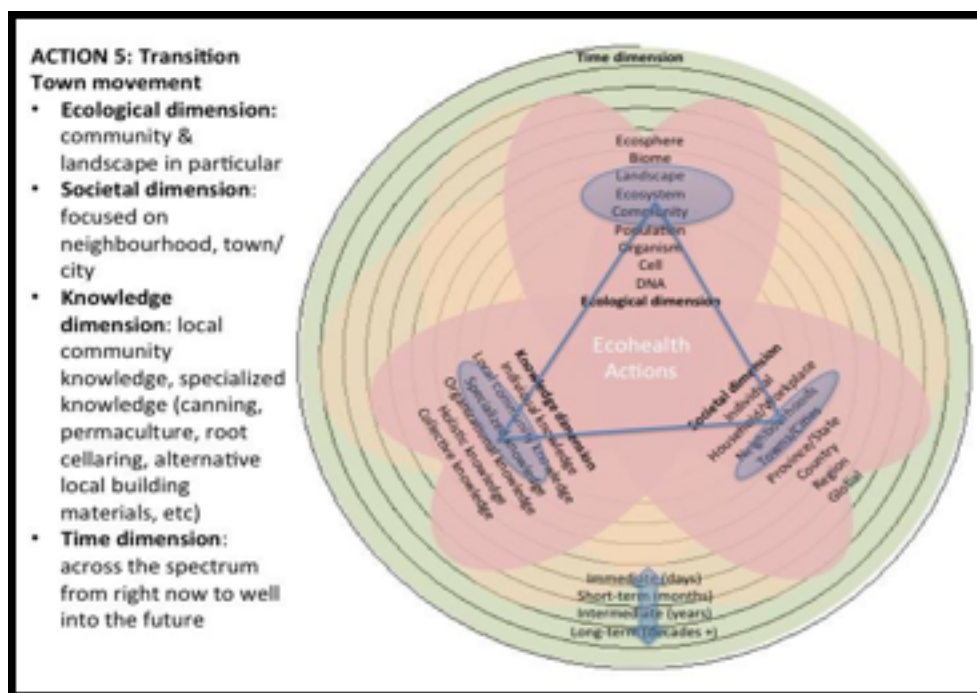
Gallery of Actions - Example 5:

Title/Name: Transition Town movement (www.TransitionNetwork.org)

Description/objectives :

A global social movement dedicated to building community resilience in the face of climate change, peak oil, resource depletion, rising social inequalities, and economic instability. The emphasis is, in particular, on transitioning away from dependence on fossil fuels, while maintaining a commitment to social equity, relocalisation, building community, and working together for a better future. It shares affinities with the degrowth movement, local food movement, energy conservation, active transportation, sharing economy, homesteading & urban agriculture movements, to name just a few. The transition town has many resonances with ecohealth approaches, including explicit engagement with:

- *transdisciplinary approaches* –linked to a tapestry of movements for local food, sustainability, green energy, active transportation, community renewal, urban agriculture, permaculture, disaster preparedness, DIY, relocalization, urban homesteading, sharing;
- *participation*: this is a grassroots, citizen-led social movement;
- *sustainability* –focuses on re-imagining a post-carbon future ‘beyond’ sustainability
- *equity diversity*, social inclusion –harnessing diversity is a cornerstone of resilience practice
- *knowledge to action* – emphasis on visible, local, practical manifestations of what is possible



Where does your action take place? Local level. There are 88+ Transition initiatives in Canada, and over a thousand around the world.

Who is/should be engaged? The movement is primarily citizen-led, but bridges to local government, private sector, NGO community

What are the opportunities for collaboration/coalition/scaling up of the activity?

Collaboration is already characteristic of the Transition movement - locally, amongst like-minded groups,

but also across Transition initiatives (frequently organized into regional, national, and international hubs)

Contacts/resources for further information and follow up.

<ul style="list-style-type: none">• Transition overview and Primer (50pgs): http://www.transitionnetwork.org/resources/transition-primer• http://communityrenewal.ca/about-transition-movement• “Why transition” video (US): http://www.youtube.com/watch?v=sDdv_zDgMg&feature=player_embedded	<ul style="list-style-type: none">• Training for Transition excerpt (Minneapolis) http://www.youtube.com/watch?v=Uld9-LYRgqY• Transition Towns: an interview with Rob Hopkins (52min) http://www.youtube.com/watch?v=rQF09NG00V8• SSHRC-funded Study of the emergence of the movement in Canada www.TransitionEmergingStudy.ca
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Gallery of Actions - Example 6

Title/Name: University (and institutional) divestment from fossil fuels

Description/objectives: Campaigns to disinvest from the fossil fuel industry are growing, with a number of institutions are making specific commitments to divest from investment in fossil fuels (<http://gofossilfree.org/>). For example, the Central Committee of the World Council of Churches, urged on by Archbishop Desmond Tutu, has agreed to phase out its fossil fuel investments and is urging its 300 member churches, which represent some 590 million people in 150 countries, to do the same. In Canada, faculty and students in a number of universities have organized successful campaigns that resulted in referenda in favour of divestment. Even the President of the World Bank has raised the issue in a speech at the 2014 World Economic Forum summit in Davos, Switzerland: <http://www.rtcc.org/2014/01/27/world-bank-chief-backs-fossil-fuel-divestment-drive/>.

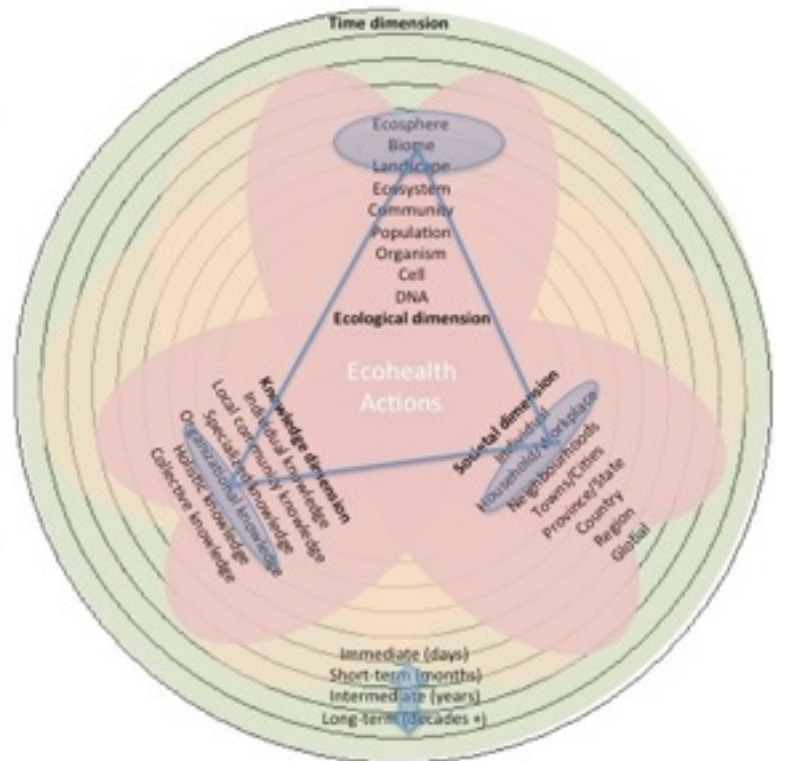
Where does/should your action take place?

Decisions to divest can be made from within universities and educational institutions as workplaces, and also within individual households, making decisions about priorities for their financial investments.

Who is/should be engaged: Individual faculty can join forces to encourage their institutions to make these decisions. Faculty Associations and unions may make collective decisions about investment/divestment strategies.

ACTION 6: University Divestment from Fossil Fuels

- **Ecological dimension:** A mitigation strategy focused on the biome and ecosphere
- **Societal dimension:** Driven from the workplace, University divestment from fossil fuels (esp. university pension funds) also has implications for households
- **Knowledge dimension:** Choices to divest are especially Organizational
- **Time dimension:** Main effects will be immediate and long-term, but can start immediately.



What are the opportunities for collaboration/ coalition/scaling up of the activity:

The decision of a single organisation to divest from fossil campaigns provides a basis for others to follow suit, and to join a growing global movement.

Contacts for further information and follow up. <http://gofossilfree.org/>

- <http://www.rtcc.org/2014/01/27/world-bank-chief-backs-fossil-fuel-divestment-drive/>
- Ansar, A; Caldecott, B and Tilbury, J (2013) *Stranded assets and the fossil fuel divestment campaign: what does divestment mean for the valuation of fossil fuel assets?* Oxford: Smith School of Enterprise and the Environment, University of Oxford
- Campanale, M & Leggett, J (2012) *Unburnable Carbon: Are the world's financial markets carrying a carbon bubble?* London: Carbon Tracker Initiative (<http://www.carbontracker.org/carbonbubble>)