Northern First Nations Caucus Overview of Sub-regional Engagement Sessions

Health and Resource Development Impacts and Overview

Fall 2015 Full Report

First Nations Health Authority
Health through wellness

northern health

Acknowledgements:

We gratefully acknowledge all of the support we received from Northern Health's Population Health and Aboriginal Health Teams and FNHA's Northern Regional Team for their support in organizing the meetings, facilitating the sessions, taking and compiling the session notes and supporting the development of this document. Most importantly, we want to acknowledge the participants of this session who took the time to share their wisdom and insights with us on this important topic.

Overview

Northern First Nations communities continue to share common challenges and opportunities in many areas of health, including in relation to existing and proposed resource extraction and development. Communities also share common goals in overcoming those challenges and identifying and capitalizing on opportunities. The First Nations Health Authority (FNHA) and our northern partner Northern Health (NH) are working together with northern First Nations to address challenges, enhance services and improve health and well-being for communities and individuals.

Community engagement takes place with First Nations at regional levels throughout the North. Regional engagement occurs in different methods and is interconnected through formal relationships between First Nations, FHNA and NH. As mandated by northern BC First Nations, FNHA continues to deliver community engagement in 2015/2016, as part of improved communication and collaboration between communities, FNHA, and its partners in health. Through Community Engagement Coordinators (CECs) and Regional Caucuses, the FNHA provides supportive environments where communities can be updated and have an opportunity to provide input and feedback to improve First Nations health in the North.

In Fall 2015, three sub-regional community engagement sessions were held, as follows:

- Northcentral: Prince George, BC, on September 30th and October 1st, 2015
- Northwest: Prince Rupert, BC on October 6th and 7th, 2015
- Northeast: Fort St. John, BC, October 14th and 15th, 2015

Dr. Sandra Allison, Chief Medical Health Officer; Barb Oke, Lead, Health and Resource Development; Theresa Healy, Regional Lead, Healthy Community Development – Aboriginal Communities; and, Victoria Carter, Lead for Engagement and Integration, Aboriginal Health from Northern Health hosted engagement sessions exploring health and community impacts in relation to resource extraction and development.

See Appendix 4 for information on communities represented at the Fall Sub-Regional Caucus Meetings. In follow up to these community engagement sessions, information has been thoroughly reviewed and analyzed. The information from these sub-regional caucus sessions was also presented at the Chiefs' session on October 27-29th, 2015 and Fall 2017 sub-regional caucuses. These types of engagement sessions assist all of us in identifying possible short-term and long-term solutions and can be useful when considering where investments in certain areas may be required, and where there are high needs and service gaps. Enhancing communication, taking advantage of opportunities, and developing best and wise practices that reach more communities are some of the ways to improve services and community capacity.

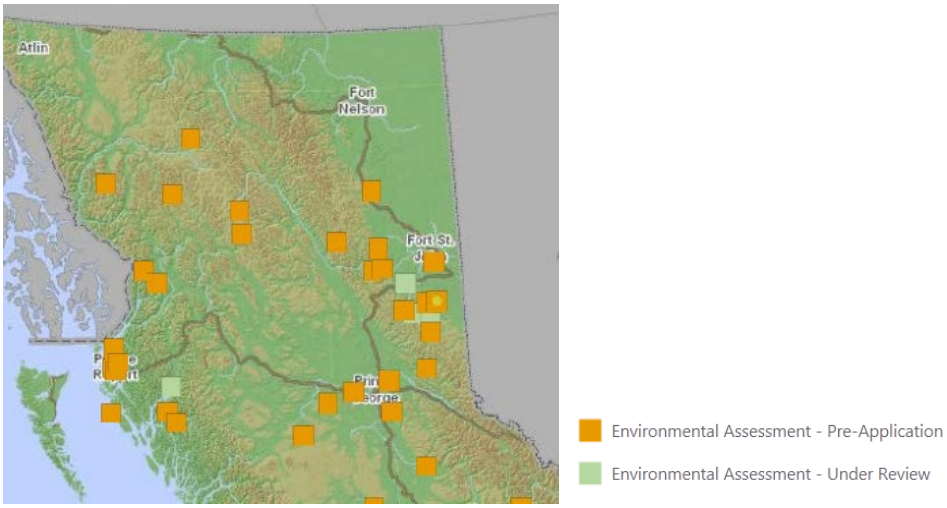
Coming back to communities with the information they share and providing plans to address them is an essential part of the sessions and accountability. As community engagement is part of our ongoing work with communities, additional community engagement sessions to collect information and direction on priority areas will occur at various levels. The following reflect some of the key

points provided through sub-regional community engagement sessions in relation to specific questions asked in the **Health and Resource Development** session.

First Nations Communities and Individuals Health & Resource Development

Background

There are many active resource development and extraction projects currently operational within northern BC. There are also numerous major resource development projects proposed as indicated by the number of Environmental Assessments active, in review, or pre-application (Figure 1, available online at www.eao.gov.bc.ca accessed: November 2015).



Prior to the caucus sessions, FNHA and NH worked together to develop a presentation intended to provide information to the sub-regional caucuses on the joint organizational work being done on the topic of health and resource development, as well as the expanding work of the Office of Health and Resource Development within Northern Health. As one of the quotes from the sub-regional sessions suggests: **"...our strength lies in our partnerships and our communities"** – we are pursuing this work with this sentiment. A copy of this presentation can be found in Appendix 1.

The Office of Health and Resource Development at NH, along with FNHA and Aboriginal Health in NH are working with the University of Northern BC on a project called Health Impacts of Resource Extraction and Development (HIRED) to identify what 'evidence' is available in peer-reviewed academic literature in relation to resource extraction and development impacts on individual and community health. This evidence base flowing from the HIRED initiative is intended to be co-informed by what communities are identifying as impacts and opportunities in relation to individual and community health in their own communities as demonstrated in Figure 2.

Figure 2. Supporting Northern BC communities with evidence and toolkits.

Thus, one of the key objectives of the sub-regional presentations was to seek feedback from communities on what tools, information, support, or otherwise, both FNHA and NH may be able to provide to northern communities as they respond to impacts, challenges, and opportunities in relation to individual and community health. This report provides a summary of the feedback that was received to five 'big' questions that were posed to the sub-regional caucus participants around the topic of health and resource development. The transcribed data from each of the sessions is located in Appendix 2, which in reviewing, demonstrates where common issues were raised in all three sessions, and at what frequency.

WHAT ARE THE IMPACTS?

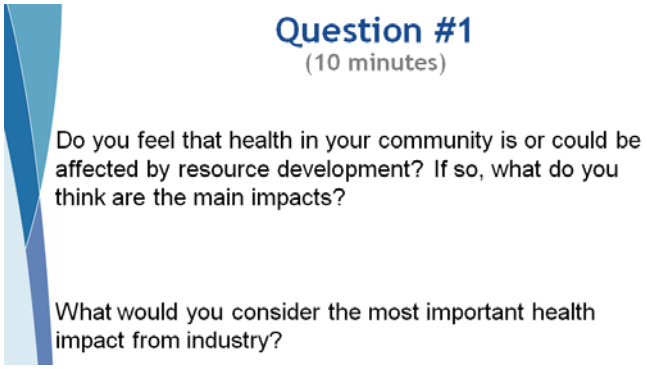
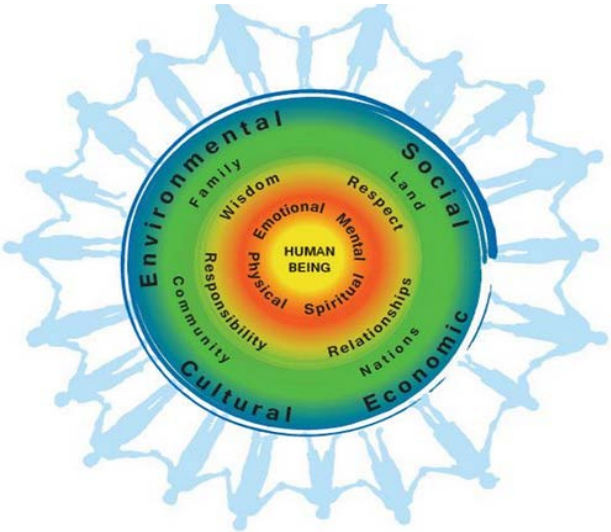


Figure 3. The first question asked as part of the engagement session.

The response to the first part of Question 1, across all three engagement sessions, was a resounding yes: health in their community could be affected by resource development. While participants were prompted to consider both positive and negative effects, the discussions on the negative impacts generally outweighed the positives.

The feedback that was received on the main impacts is presented in relation to the outer circle of the First Nations Perspective on Wellness, which includes the components: environmental, social, cultural and economic. Many of the concerns identified by community representatives could fit within more than one of the four components, or overlap; however, for simplicity they are presented into a single category below.



First Nations Perspective on Wellness (FNHA 2017)

Table 1 provides a summary of the key themes that emerged under each outer circle. The number of times certain topics were captured in the notes is noted in the brackets. While we recognize that this number is dependent on how the conversation was captured and categorized, we felt it would provide an indication of the topics that were repeatedly brought forward during the sessions.

Table 1: Industry impacts to health identified by participants

	CULTURAL	ENVIRONMENTAL
Positive impacts	• Investment in community culture and traditions (1)	(none)
Negative impacts	• Racism (1) • Impact to traditional activities (3) • Competition with cultural values (3) • Displacement from traditional lands (1)	• Impacts to ecosystems, natural environment (land, air, water) and traditional foods (11) • Fear of contamination (1)
	SOCIAL	ECONOMIC
Positive Impacts	• Education, training and skills development (4) • Less unemployment (1) • Improved confidence and self-esteem (2) • Self-sufficiency (1) • Change in demographics (i.e. Influx of urban-away from home population) (1) • Economics as a determinant of health for healthier communities (1)	• Employment (2) • Infrastructure funding (4) • Financial stability (1) • Increased wealth, prosperity and standard of living (3) • Revenue sharing (1)
Negative Impacts	• Increased crime, violence and abuse (4) • Increased drug and alcohol use (8) • Increased sexual exploitation and higher rates of pregnancies(2) • Increased communicable diseases (4) • Increased mental health conditions (2) • Change in demographics (8) • Increased demand on health care system (7) • Increased demand on community services (5) • Impacts to community cohesion (4) • Increased homelessness and strain on housing (7) • Limited First Nations influence and involvement (1) • Decrease in food security (1)	• Increased poverty (1) • Increased cost of living (1) • More money leading to undesirable results (e.g. drug and alcohol, risky behaviour, violence, lower school completion) (4) • Financial mismanagement (4) • Impacts to traditional economies (1) • Barriers to employment (4) • Inequities in who benefits (2) • Rags to riches, boom/bust and lack of financial stability (2)

The subsequent sections further expand on these key themes identified in Table 1.

Cultural impacts

While it was recognized in one engagement session that industry has the ability to invest positively in community traditions and culture, the impacts on culture were largely identified as negative. Some of the key themes and comments identified in response to Question 1 include (but are not limited to):

- **Racism** can be experienced as a result of industrial development.
- **Traditional activities can be negatively impacted**. For instance, it was noted that increased populations and access can mean increased recreational use and vehicles on traditional territories. This can impact the community's ability to carry out traditional hunting and fishing practices and affect harvest rates. Similarly, it may mean more encounters with non-local hunters and quad riders who may behave recklessly. It was also noted that industry can impact traditional foods and medicines (e.g. game harvests, berries, willow bark) both through contamination of these resources as well as changes in abundance and access. These concerns are categorized largely under "environment" in table 1, but could just as easily have been categorized under "cultural", a reflection of how closely First Nation culture is tied to the natural environment.
- A number of examples were provided where industrial activities can **compete with cultural values**. For instance, it was noted that industrial development can lead to conflict between community members wanting to protect environmental and cultural values and those pushing for employment and development. It was also noted that revenue sharing and impact agreements can create competition within the community and families as some family units hold certain trap lines and specific hereditary lands. The participants also identified concern with new populations moving into the community that hold different levels of respect and understanding of the land than those who have lived there for generations.
- Industrial development can mean that **lands are taken away** from community members for traditional uses.

Environmental Impacts

The environmental concerns that were identified included **contamination** of air, water, soil and country foods, impacts to **migration routes** and **habitats** and access to and quality of **traditional foods** and **medicines**. The concerns were fairly consistent across groups and sessions and were noted multiple times in the session notes. In one session it was noted that **the fear of contamination** can be as significant as the contamination itself. No positive environmental impacts were identified by the session participants.

Social Impacts

A number of positive social impacts were recognized by group participants as follows:

- The positive social impact that was recognized most frequently was the **education, training and skill development opportunities** that industry can bring.
- The economic opportunities being offered by industry was also linked to **increased confidence, self-esteem and motivation to work.**

- Increased **self-sufficiency** and a reduction of dependency on band councils was also identified as a social positive that can arise from greater economic opportunities.
- The link between greater **wealth and prosperity as a determinant of health** for healthier communities was also made at one session.
- While a change in demographics was largely linked to negative outcomes, it was recognized that industrial development can lead to an **influx of the urban away from home population** back to home communities.

Despite these positives, the social impact discussions were primarily focused on the wide array of negative impacts that can arise, as follows:

- **Demographic changes** that can arise from resource development activities was brought up several times during discussions. Much of this discussion was focused on the influx of temporary workers into a community which was then linked to negatively impacting many of the other social fabrics. Changes in demographics also came up related to the ability for resource development activities to lower populations in communities, as working families leave communities to find resource related employment or participate in fly-in/fly-out shift schedules often leaving Elders to care for children.
- Industrial development leading to negative changes in **community cohesion** was also a reoccurring theme. It was noted that workforces moving into a community are likely to have different values, beliefs and respect for the land and the community, leading to an "us" versus "them" mentality. The competition and friction that resource development activities can create among existing community members was also brought up several times. Examples were given of how industry may only engage with certain members of the community (those in agreement with the project) or may not hear and answer everyone's concerns, leading to community division between those that are for or may benefit from the projects and those that are against or may be impacted.
- Increases of **drugs and alcohol** was noted as a concern at all sessions and seemed to resonate with many participants. An increase in drugs and alcohol was linked to influxes of populations, leading to increased opportunities for drug dealers in the community as well as the "party culture" that can be associated with industry. It was also linked to influx of money to the community which, with a lack of financial planning and life skills, results in increased substance use and abuse.
- Increases in **crime, violence and abuse** was identified in general terms and in specific contexts. For instance, at one session, it was noted that industrial development can lead to an increase in physical and sexual abuse of women and children while in another session, industrial development was linked to increased family violence due to camp rotation and its impacts to family structures. It was also noted that resource development activities can increase abuse of First Nation people due to unequal employment and the influx of drugs and alcohol.
- **Sexual exploitation** of indigenous youth was also a concern that was raised and linked to higher rates of sexual transmitted infections (STIs) and **higher rates of pregnancies**. At one

engagement session it was noted that that teen sex workers are known to work at local hotels (with demand driven by workforces).

- The **increase in communicable diseases**, especially STIs, was identified and linked to the change in demographics (more transient workers), risky behaviour, sexual exploitation as well as increased substance abuse was brought forward as a concern.
- **Mental health and stress** was noted in association with the conflict that industry can create in the community and the boom/bust nature of the work. An increase in suicide attempts was brought forward.
- Impacts to **housing and homelessness** was another topic that resonated with many individuals. Resource development related increases in housing costs and demand on rental accommodations places strain on housing, results in housing shortage, renovictions[1], and increased homelessness in communities that are not equipped to deal with this demand.
- **Decreased food security** for both store bought (due to costs/access) and traditional foods (due to land impacts) was recognized.
- The **lack of influence** and ability to be involved in decision making was also captured in the notes
- Changes to the socio-economic aspects of the community was also linked to an **increased demand on community services.** Increasing strains on community services like policing, transportation and other local programs and services was identified. At one session, it was noted that the capacity to understand and be part of the conversation around the impacts of resource development can be a challenge in itself.
- Lastly, a reoccurring theme that was brought up at all engagement sessions was the limited capacity and **increased demand on the health care system**. Increased populations as well as increased impacts to health outcomes means that more demand is being placed on health care services. This can flood the health care system making it difficult for locals to access care. Further to this, it was noted that cutbacks to funding and the loss of health care staff (as the health care system is unable to compete with industry wages) can exacerbate this problem. It was argued that increased development needs to be balanced by increases in health care services, including doctors, counsellors, mental health practitioners and family supports.

Economic Impacts

Many of the positive impacts from resource development centered around the economic opportunities that can be linked to resource development, as follows:

- Resource development was linked to **increased employment opportunities** and to greater community and family **financial stability.**
- **Infrastructure funding** was another economic benefit that was resonated across sessions.
- The opportunity for **revenue sharing** was noted.

[1] Renoviction: the eviction of tenants resulting from planned large-scale renovations and reportedly being used by some landlords as a way to evict tenants for the opportunity to increase rent.

- Overall, it was recognized that resource development can lead to **greater wealth, prosperity and standard of living.**

Despite these positives, even on the economic front, potential negative impacts were brought forward:

- In general, it was noted that industrial growth can create or increase **poverty** and was linked to increases in **cost of living.**
- It was recognized that impacts to wildlife can result in negatively economic impacts to some members that rely on more **traditional economies**, like trapping, hunting and guide outfitting
- **Financial miss-management** was brought forward by participants who noted that increased incomes can negatively impact community members when it is not complemented by financial management supports and life skills.
- Aligning with the last point, it was noted that with a lack of life skills, large wage increased can unintentionally **lead to negative social consequences**, such as increased drug and alcohol use, risky behaviour, depression, violence and lower school completion.
- The **boom-bust nature** of resource development was also linked to negatively impacting financial stability. This was especially recognized in the Northeast engagement session (likely the result of the slowdown being experienced in that area in the oil and gas sector) where it was noted that companies that had been supporting social programs during the up-times, were now pulling their funding during the slow-down, resulting in additional pressures on the communities. Examples were also given of "rags to riches" stories where community members would go from self-made millionaires to being on social assistance within a year.
- A number of **barriers to employment** were also recognized, including the fact that increased industrial activity does not always translate to significant number of new jobs for residents (instead workforces are brought in from outside of the community). Often, there is not enough time for community members to be ready (to gain employment training and life skills) to take advantage of the benefits that may be offered by industry. It was also noted that there is not enough local community input on training needs and long-term employment opportunities for community members. It was felt that at times, community members are "set up to fail".
- Overall, there was a sense that the benefits were not equally distributed. Unequal employment opportunities were recognized as a concern as was the belief that the real benefits were being reaped by the companies while the impacts were being felt by the communities. In the North-central engagement session, the following statement was considered the biggest impact on community health:

  Industrial growth creates poverty:

  - *Stakeholders reap all the rewards but those that reside in the community must live with the effects of industry within their membership and their environment.*

ARE YOU PREPARED?

The second question was focused on how prepared communities were to discuss and management the impacts there were identified above and expand on the challenges, strengths and opportunities in this area.

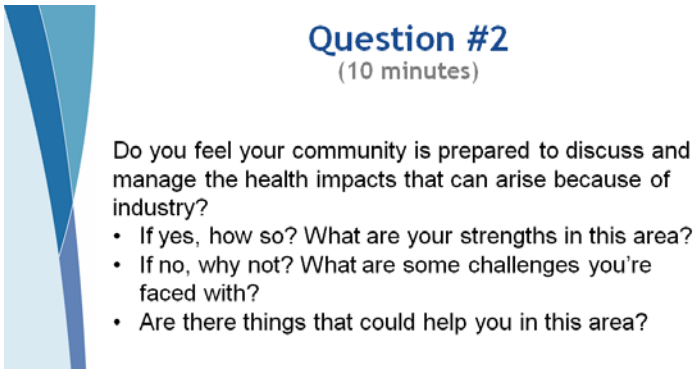


Figure 4. The second question asked as part of the engagement session.

The response to the first part of the question which asked whether communities were prepared to discuss and manage the impacts that can arise from industry, varied slightly between the engagement sessions. The Northeast felt that they are **not prepared** and that the support and resources were not in place to manage health impacts. Similarly, the North-central engagement session noted that they did not feel equipped to deal with the health impacts that arise from industrial activities. In the Northwest, some communities felt more prepared (for instance, through the implementation of regulations and laws to address proposals by industry and active community engagement processes) while other communities felt less prepared and "in a state of constant reaction". At the plenary session for the Northwest, it was concluded that communities generally felt that they were **prepared to have discussions** on impacts (armed with strengths), but **not prepared to manage** these impacts (recognizing where increased supports were required).

Community Strengths

The communities, especially those in the Northwest, identified numerous strengths that already exist at the community level that helped them better discuss and manage health impacts:

- **Existing partnerships** emerged as a strong strength among communities. This included existing government to government partnerships, collective working agreements with neighbouring Nations and First Nations organizations (including programs around health, education, culture, family services, language), leadership tables, partnership with post-secondary institutes and teaching facilities (e.g. colleges and teaching hospitals) as well as partnerships and networks within the community. When asked "what is working" at the final plenary discussion at the North-central engagement session, communities working together

and forming partnerships was noted; working on building relationships with industry based on mutual respect was seen as a priority.

- **Strong community engagement processes** also emerged as a dominant strength, especially among Northwest communities, noting that the emerging industry issues have made this a priority for many communities. Several Northwest communities, showcased examples of how they have been effectively working to communicate and engage with their community members, including away from home populations.
- **Early and structured engagement** with industry was also a strength that came forward, especially in the Northwest. A number of Nations provided examples of how their community has been working to proactively negotiate terms with industry, advancing communities priorities, ensuring industry understands and is addressing community-specific needs and is keeping industry accountable. Having specialized teams with appropriate expertise and community representation to engage with industry was a strength identified by some communities.
- Existing **Community health plans** was also identified as a strength.
- Another strength that was brought forward was the **health services and supports** that already existed in communities (e.g. programs at health centres, outreach counselling services, committees to address specific issues, alcohol and narcotics support meetings).
- **Traditional knowledge** and a **strong cultural identity** was also a strength that was identified.

Challenges

Despite these strengths, numerous challenges were identified, especially by those communities that did not feel prepared to discuss and manage the health impacts that may arise. The challenges that were identified are as follows:

- There is a need for **more data and studies** to help get health into conversations and show how "big industry" is linked to health, especially for the away from home population. It was noted that there were not enough studies on the health impacts to people and the natural environment. It was also felt that communities needed to do their own impact assessments, socio-economic impact studies and traditional land use impact studies.
- A lack of or **limited resources** was a reoccurring theme both in general and specific to **health services**. Shortages of doctors, nurses, counsellors and health professionals was brought forward, including the challenges of keeping health staff when trying to compete with higher paying industry wages. It was recognized that families were struggling to access services and that local hospitals did not have the ability to meet the service delivery needs.
- Existing **food insecurities** was also noted at one session, noting that grocery stores in the area are not able to meet demands.
- Barriers to **effective communication** was also recognized as a challenge. It was noted that engaging with community members, especially the away from home population is challenging and there may not be the resources to do so effectively. It was also noted that Chief and Council, in some communities, are not doing enough to report back to community members and that for some communities there is a lack of cross-departmental planning and communication (communication feels disorganized and reactive).

- A large challenge that was identified, especially among the Northeast group was that health is being **left out of the conversation** and is not being **considered holistically**. Agreements and conversations between industry and First Nations seem to centre on economic and educational opportunities as opposed to health. It was noted that if people are not healthy, they are not able to take advantage of these opportunities. It was felt that health needs to be a part of the decision making process and considered a priority (which it is currently not). It was also noted that when health is being brought into a conversation, it seems to focus largely around environmental impacts to health and the holistic and cumulative impacts are not considered.
- Communities not coming in as **equal partners** was noted as a concern.
- Another challenge that was noted was that governments are not putting in the **appropriate regulatory provisions** on industry and that industry is not always following the rules
- Another challenge that was brought forward was that despite industry having had a long history in the region (referring largely to the Northeast), **things are getting worse** and the negatives still outweigh the successes.
- The current **relationship** between First Nations and Industry was listed as a challenge. The **relationship** between First Nations and Industry was described as substandard. It was noted that for this challenge to be overcome, industry and the government need to change their views of First Nations.
- The **inability to predict major disasters and emergencies** (e.g. mine accidents) was recognized as a challenge.
- **Industry timelines** do not align with community timelines which can be challenging.
- Unresolved issued between **hereditary leadership versus elected Chief and council** was noted as challenging.
- Another challenge that was recognized was that communities can be affected by **other Nation's decisions** and supports.
- Another challenge that was noted was that industry is still **hiring their own** people after they "try" to hire community members.
- Lastly, it was noted that at the grassroots level, there is an **internal conflict** among members who want to preserve the land but are no longer able to subsistence hunt to support their families. As a result, they are forced to work for the same industries that are impacting their land.

Opportunities for help:

Participants of the engagement sessions identified many opportunities for addressing the challenges that were brought forward:

- The importance of getting **health recognized as a priority in the decision making** process was heard loud and clear. It was recognized that industry can bring a lot of money into a community but often this is earmarked for economic and training opportunities. How can this money be used to support healthier communities so that community members are healthy enough to take advantage of the opportunities that industry brings? Knowing that industry communicates with leadership and not with health representatives, we need to "open the ears" of our leaders to recognize health as a priority and make the conversation with industry about

health. If leadership is not able to take that role, is there an opportunity for Elders and health leaders to bring this message forward? How can health representatives, Elders and knowledge users be involved in the conversation with industry throughout the process? It was argued that there needs to be a loud voice from our health leads to bring these concerns forward and strengthen the relationship between decision makers and health. We need to work on lifting the substandard so that everything we heard as part of the engagement sessions gets incorporated into decisions and communicated to industry. This was noted as a priority at one of the plenary sessions.

- The importance of **investing in baseline social capital** in communities was also recognized. It was noted that for people to take advantages of the opportunities offered by industry, they need to be in a positive place. Improving basic life skills, access to affordable housing, training and educational preparedness (including culturally relevant training centres), economic development planning and human resources and expertise at the community level would help address issues. It was noted that funding, resources, employment opportunities, life skill programs and mental health and addict and social worker services would support communities to address impacts.
- The need for **data and information** to support understanding of health impacts was recognized. FNHA can support communities by providing information to communities. There may also be opportunities to partner with universities to study the effects of industry on local communities. The need to be able to track outcomes was also brought forward.
- It was noted that there is a need for industry to be **invested in the community**, bring with them more health care practitioners (to meet the needs of the additional people in the community) and for the First Nations-Industry relationship to move beyond tokenism.
- The need for **cross-cultural training** was brought forward, suggesting that this should be a pre-requisite for industry coming into territories or extracting resources.
- Ensuring that **environmental assessment plans** and **restoration plans** are in place to minimize impacts to the environment and ensure site-cleanup following production was seen as important.
- The formation of **equal partnerships** and **community ownership over decisions** was brought forward. It was suggested that community forums be established to ensure that communities have a say over the monitoring and regulating of industry activities and to have the ability to stop problems and halt production if necessary. It was also suggested that First Nations own frameworks that would ensure industry adhere to First Nations laws and standards.
- Ensuring **strong agreements** (e.g. memorandum of understanding) for revenue sharing, employment opportunities and training are in place well before the project begins was seen as important.

TALKING TO INDUSTRY AND SHARING WISDOM AND BEST PRACTICES

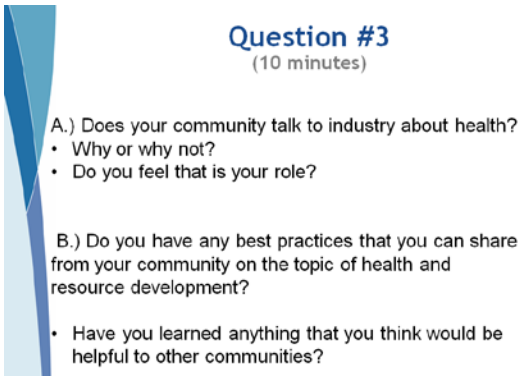


Figure 5. The third question asked as part of the engagement session.

Talking to Industry

The first part of Question 3 asked participants whether their community talked to industry about health. Answers for this question seemed to vary. In the Northwest, several community representatives provided examples of different ways in which their Nation is communicating with industry around social impacts. Some examples that were provided include the development of community-driven plans, social-cultural working groups, specific socio-economic teams that bring priorities forward in the Environmental Impact process, the development of community impact studies, formal processes to negotiate terms with industry, discussions on cumulative impacts, directing industry to right departments within the Nation's government organization and live streaming meetings to allow for interaction with members.

Many of the examples provided seemed to focus on general or socio-economic discussions, however, at the plenary discussion for this group, it was noted that **health does come up** in these conversations. The outstanding question that remained was "**how do we expand**" the conversations that focus on health. In the North-central engagement session, it was also noted that some communities were having discussions with industry regarding social impacts on their community but many community representatives indicated that **health was not on the radar** in these conversations, is always an afterthought and needs to push its way into the discussions. Similarly, in the Northeast, it was said that while health was included in some conversations, Health Directors and **health leads are not a part of these conversations**, are not informed and generally do not know when industry if coming through.

There was a general agreement that health should be at the table and that it **was the role of the delegates** to talk with industry and leadership to bring health-related concerns and interests forward. It was noted that health workers needed to work more closely with council and become part of the conversation since they were the ones working on the ground. In the Northeast, there was also conversation around whether it would be the health directors' role to speak directly with industry or whether it would be more appropriate to strengthen the health messages coming from Chief and Council. It was noted that while health should be at the table, Health Directors wouldn't have the time to have conversations directly with industry and may not have approval from the community to do so. It was noted that preferably, Health Directors would work more closely with their Chief and Council and arm them with information to bring forward at their meetings with industry.

Challenges

When answering the question of why communities may not be talking to industry about health, a number of challenges emerged, as follows.

- It was noted that **title and rights**, **culture and traditions** are not included in conversations.
- There is still a **lack of communication** to the communities.
- Nobody is taking on the **financial responsibility** of the environmental impacts.
- **Questions** specific to project are still **not being answered.**
- **Government approvals** always comes first.
- Social impacts are not considered to be **direct impacts** but they are the impacts being felt by the community.
- The constant **changes in leadership** does not allow for consistency.
- **Negotiation costs** can be an issue.
- Lack of **infrastructure and employment.**
- The issue around who speaks for the community: **hereditary versus elected leadership.**
- Information sessions are not the same as **authentic consultation.**
- **Human resources** (trained personnel) to meet these demands is lacking.
- There is a lack of **knowledge** and technical **expertise** to ask the right questions or know what to look for in negotiating with industry.
- The **cumulative impacts** is one of the largest challenges.
- Limited **tracking of health outcomes** and indicators to support positions.
- Membership **opposition** to industrial development due to **industry track record** of spills, spill response and clean-up of spills.
- **Connecting with First Nation Health Authority** has not been a priority for industry.
- Local First Nations health leads are **over loaded** with work and meetings.

Opportunities and Wise and Best Practices

The challenges also prompted discussions around opportunities and best practices, which are summarized below:

- Being **aware, knowledgeable** and **educated** about the industry and the impacts. This included early involvement in the issue and the discussions, getting the communities educated about impacts and developing expertise at the community level. Having a lands department, specialized teams and expertise was seen as a wise and best practice.
- It was recognized that many challenges could be overcome with **additional social investments into communities**. Increasing capital resources, as well as the number of mental health and addictions services, social workers, treatment centres, narcotics/alcohol anonymous meetings and more drug and alcohol free and family-focuses activities was noted as important supports. Likewise, funding to support training needs and culturally relevant life skills training, by funders such as Tri-Corp was seen as a best practice that could be used.
- The importance of **industry investments** into social capital also resonated as a best practice across all three engagement sessions. It was noted that industry can provide funding to supply things like "Good Food Boxes" to community households, support community HIV/AIDs programs, develop "legacy funds" to meet the future needs of communities, provide technical and legal support for economic development, provide capital funding for childcare, Elder care, detox and recreational facilities, inject regular funding into local hospitals, bands and municipalities, provide incentives and monetary packages to bring health care professionals into communities and fund cultural camps, health promotion work and community programs to improve life skills and cultural and traditional healing practices. It was recognized that companies working collaboratively with communities to address issues can become champions.
- Recognizing that **money alone is not the answer** was also an important point that was made. It was noted that too much money injected into a community without financial planning tools can be spent too fast and unwisely. A best practice is for money to come hand-in hand with financial planning tools and for this money to be given gradually. People need to be prepared to receive large amounts of money and health needs to also be on the agenda.
- **Sharing information** and **learning from mistakes** was another best practice that was identified. It was recognized that communities can learn a lot from each other.
- Similarly, the **strength of collaboration** was recognized. There should be collaborative approaches and partnership building between health service providers, industry, the community and other organizations to meet the needs of the local populations. There should also be increased coordination between communities and recognition that one Nation's decision may impact another Nation.
- **Assessing the health and social impacts** of past economic development projects, **monitoring impacts** and conducting **social economic studies** was also noted as a best practice
- **Strong communication with community members** was also a best practice that resonated across all engagement sessions and was recognized as "something that is working". Live-streaming meetings, holding community open houses, and sending update emails to

community members were noted as some best practices that were being used by communities. Examples of strategic long-term planning sessions that were held with community members prior to speaking with industry, ongoing consultation with the community and the development of a Communications System and Strategy to enable connection with the away from home population, community members and industry were also given.

- The importance of **understanding the needs of the community and planning and establishing robust agreements** was also noted. Cross-cultural plans, environmental assessment plans and Accountability Agreements were noted as important tools.
- Another best practice is to recognize the **strength of Elders** and allowing them the opportunity to speak while recognizing that there is a history of broken trust that may make these conversations difficult. This was seen as a priority in one of the plenary sessions.
- Focus on **sustainability** was also recognized as a best practice.
- Work towards **fair and equitable compensation** while ensuring to protect the environment and resources in order to create opportunities to rebuild our community was seen as a priority at one of the sessions
- The message to industry and government should be that **health is a priority** and improving the **communication between the health teams and the economic development teams** was seen as a priority.

SHARING INFORMATION

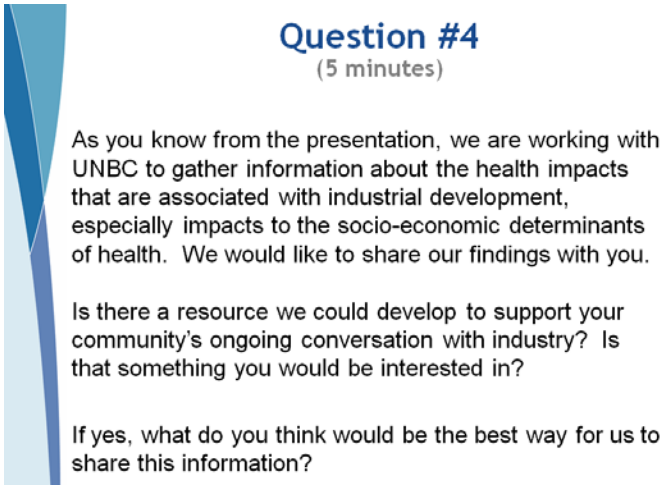


Figure 6. The fourth question asked as part of the engagement session.

The fourth question asked if there was a resource that could be developed by FNHA and/or NH to support community's ongoing conversation with industry. Overall, this idea was supported at all three engagement sessions and different ideas were put forward on topics, the characteristics that

such a tool should have and ways in which the information could be distributed. The ideas are summarized in the table below.

IDEAS ON TOPICS AND TOOLS
• Data on health impacts • Best practices from this session • Impacts on social determinants of health • Information on royalties and clean up bonds • Assessment Guides • Toolkits • Pre and post development assessments and expectations • Examples of lessons-learned • Best (and worst) practices from other provinces • Summary of legislative guidelines for environmental protection • Empowerment resources to build capacity among membership to influence policy • Information on Indigenous revenue sharing (internationally) • Review current legislation to look back on previous contracts • Communication strategy that supports the connection of Away from Home populations with their community, leaders and industry • Training for locals in comprehensive community development to develop "liaison workers" between industry and the communities.
CHARACTERISTICS OF TOOLS
• Support and encourage collaboration • Unbiased • Developed specific to each community because each community is unique • Up to date • User friendly • Good for general consumption • Should develop community resources • Quick to catch attention • Easy, quick
METHODS FOR DISTRIBUTION THAT WERE IDENTIFIED
• A website • Shared through a community contact • Open database or portal • Questionnaires/survey to allow feedback from community • Sharing through organizations already engaging with communities • Video campaign • Industry funded information sharing feasts in each community (with transportation services) • A gathering to bring people together • Community meeting to help launch information (Chiefs meetings/gatherings) • Brochures delivered to each household • Not a large document • Quick fact sheet/cheat sheet/briefing note • Using well-respected leadership to champion discussion with Chief and council • Inviting highly respected, high profile Chiefs to support local leadership, community participation and attendance • Encourage community members to show up to meetings through all means possible • Have health-industry committees in community • FNHA communication approach • Social media • Webinars

- Face to face information sharing
- Training of facilitators from community for focus groups

SHARING INFORMATION

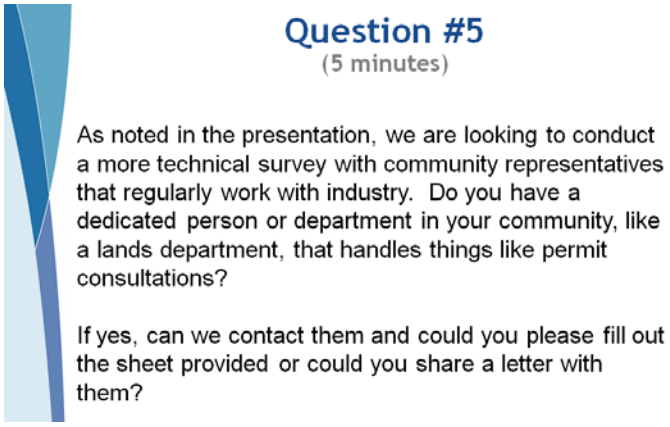


Figure 7. The 5th question asked as part of the engagement session.

The last question asked whether there were dedicated people or departments within their communities that regularly communicated with industry that FNHA and NH could invite to participate in a more technical survey. In total, 43 contacts were forwarded at the sessions. The Health and Resource Development Survey was distributed to these 43 contacts as well as the FNHAs sub-regional caucus distribution list and members of the North Central Local Government Association. The results of this survey are included in Appendix 3. Three sets of data are presented: one which contains all of the results, one which filters out any responses from those not representing a Northern Health community and one which filters out any responses of individuals that do not represent a First Nation Band Council. A summary and discussions of the findings of this survey are also presented under a different cover which will be shared on the Northern Health's Health and Resource Development website[2].

GENERAL OBSERVATIONS

While all three engagement sessions were fairly short (approximately 2 hours), the well-thought out feedback that was provided by participants was overwhelmingly rich and insightful. The information that was provided identified numerous best practices and things that were already working but also many areas where there are vast opportunities for improvement. Overall, it was remarkable how similar the narrative was across northern BC. While the depth of experience was apparent in the

[2] https://northernhealth.ca/YourHealth/PublicHealth/OfficeofHealthandResourceDevelopment.aspx

Northeast, the common themes that emerged at all three engagement sessions highlighted very similar challenges, best practices and opportunities.

While some would argue that there is no evidence to support the information that was provided at these sessions, we recognize that stories are evidence. Given the similarity of the stories that were heard, we feel that the information provided at these engagement sessions is supporting evidence of the challenges, opportunities and best practices that exist in this area and we want to thank the participants for sharing this information with us to inform our work moving forward and hopefully the work of others in this area.

NEXT STEPS

In addition to the development of this report, which will be shared via the FNHA Northern Engagement Communication Pathway and Northern Health website so that it can be used to inform our work but also the work of others, there are several more steps currently underway.

The following work is currently moving forward at Northern Health:

- The Office of Health and Resource Development continues to participate in the Environmental Assessment process and select permitting processes on behalf of Northern Health to inform decision making. To inform this process, we bring forward health-based evidence and leading practices and will be including the information captured in this report as appropriate;
- Northern Health continues to work collaboratively with the University of Northern British Columbia, the First Nations Health Authority and other research agencies, like the Public Health Service Agency (PHSA) on research related to health and resource development. This currently includes the following research initiatives:
    - A literature scan related to Health Impacts of Resource Extraction and Development (HIRED) carried out by UNBC
    - A nearly completed evidence summary, funded by PHSA and titled "The Social Determinants of Health Impacts of Resource Development; a Summary of Impacts and Promising Practices for Assessment and Monitoring";
    - An Health Research Institute Seed Grant between PHSA, UNBC and Northern Health, looking at socio-economic indicators;
    - A national Canadian Institute for Health Research grant titled Environments, Community and Health Observatory (ECHO) to strengthen intersectoral capacity to understand and respond to health impacts of resource development. Both FNHA and NH are engaged in this large multi-year project
    - Participation in a Knowledge and Research Exchange (KARE) group on Health and Resource Development in Northern BC together with UNBC and FNHA.

The results of these studies will be shared with communities and other partners once available and used to inform practice in the work being carried out by the Office of Health and Resource Development.

The FNHA is currently exploring and scoping out an expanded mandate in environmental health, with the following areas of focus:

- Environmental epidemiology (e.g. research projects related to environmental exposure and contaminants);
- Involvement in environmental assessment processes (particularly socio-economic impact assessments and health impact assessments);
- Requests from communities (e.g. independent environmental assessments, cumulative effects monitoring, cultural and spiritual supports); and
- Coordinated environmental emergency response.
- Additionally, FNHA is looking at regional aspects that could be leveraged as part of our regional health and wellness priorities that have been set by the 54 Northern First Nations.

APPENDIX 1: PRESENTATION TO THE SUB-REGIONAL CAUCUSES

Health and Resource Development

Northern Sub-Regional Caucus Meetings
Prince George, Fort St. John and Prince Rupert

Fall 2015

northern health
the northern way of caring

Why are we here?

Process Mapping and Cultural Resource Development in Dease Lake (Northwest (East) AHIC)

....our strength lies in our partnerships and our communities

Introductions

First Nations Health Authority
Health through wellness

northern health
the northern way of caring

.... A team from FNHA and NH worked together to bring this to you today

For today…

- Short background on some NH work
  - Including exciting new project with UNBC and FNHA
- Break-out session for you to provide your thoughts and input
- Coming back together to share what we learned

Why Health and Resource Development ?

Projects in EA process

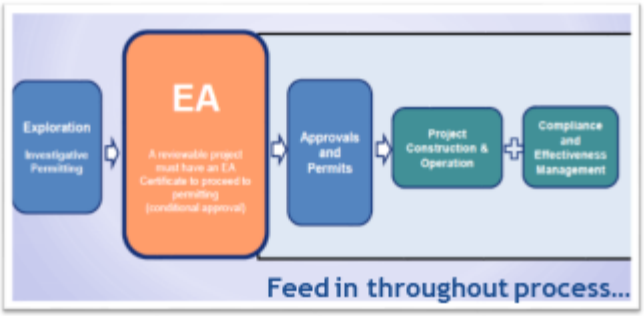
Environmental Assessment - Pre-Application
Environmental Assessment - Under Review

Northern Health Communities

Community Guide
10,000 + persons
1,000 - 10,000 persons
Predominantly First Nations Community

Office of Health and Resource Development

What we do...



- Respond to incidents, questions, concerns
- Review technical reports - provide critique and evidence, ask questions
- Support industry, communities and decision makers

Bigger Picture...

- Guidance documents, standardized messaging, supporting research and gathering evidence
- Support regional assessments (airshed assessments, human health risk assessments)

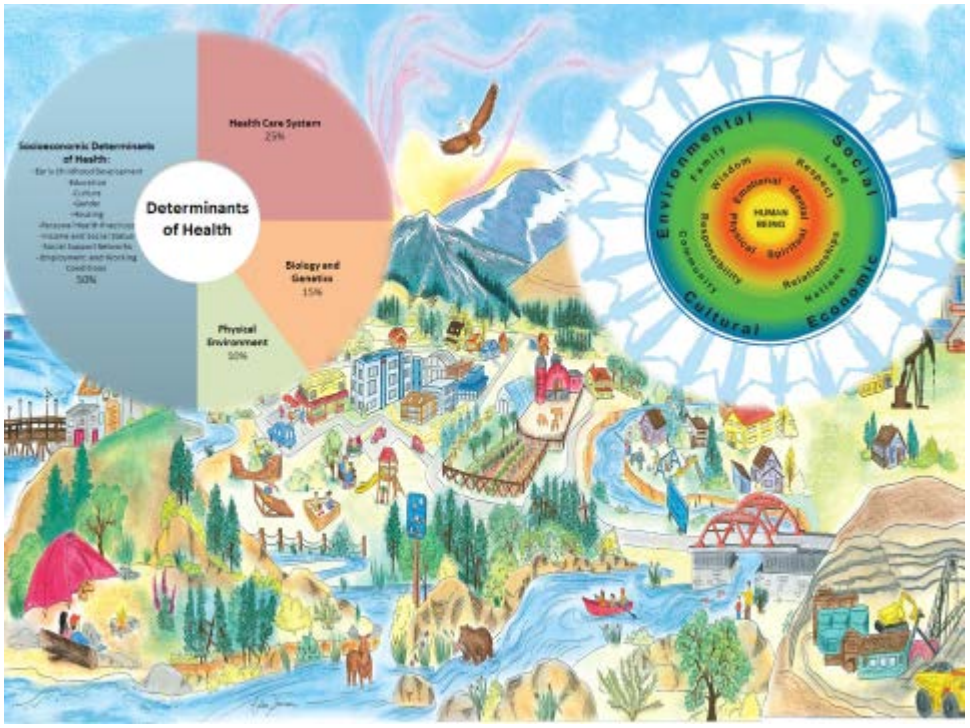
Our Goal...

….in collaboration and partnerships, ensure that our northern communities and residents can benefit from the positives associated with resource development while negative health impacts are minimized.

Our definition of health...

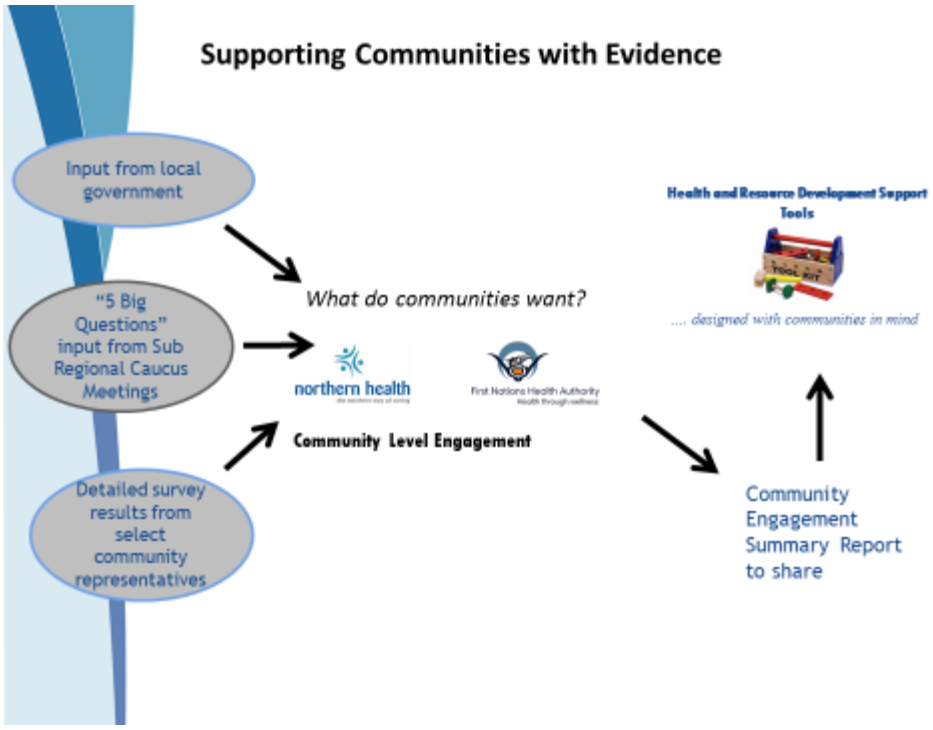
World Health Organization

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"



Standard Working Group Comments and Recommendations for Provincial Environmental Assessments in Northern British Columbia
Health Considerations of Resource Development Projects for Proponents and Municipalities
Health and Medical Services Plan Best Management Guide For Industrial Camps
Summary Report on Community Toolkits Addressing Socio-Economic and Health Impacts from Natural Resource Development Relevant to Northern BC
https://northernhealth.ca/YourHealth/PublicHealth/OfficeofHealthandResourceDevelopment.aspx

Supporting Communities with Evidence
What does the evidence say?
UNBC
HIRED
YGT
What do communities want?
northern health
First Nations Health Authority
Community Level Engagement
Health and Resource Development Support Tools
TOOL KIT
.... designed with First Nation and local communities in mind


Supporting Communities with Evidence
Input from local government
"5 Big Questions" input from Sub Regional Caucus Meetings
Detailed survey results from select community representatives
What do communities want?
northern health
First Nations Health Authority
Health through wellness
Community Level Engagement
Health and Research Development Support Tools
.... designed with communities in mind
Community Engagement Summary Report to share

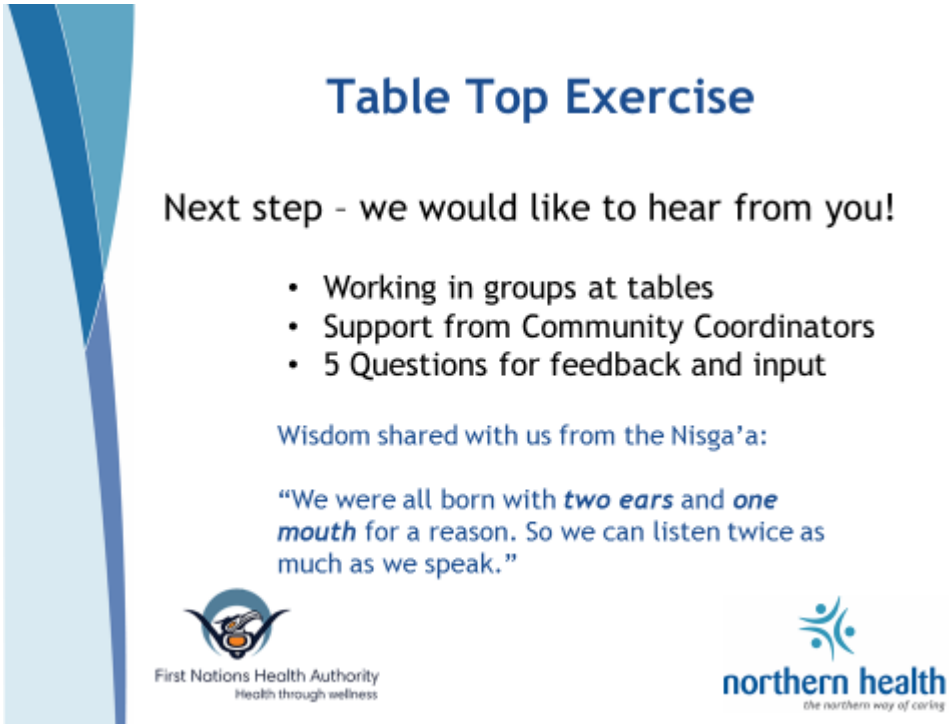


Table Top Exercise
Next step – we would like to hear from you!
• Working in groups at tables
• Support from Community Coordinators
• 5 Questions for feedback and input
Wisdom shared with us from the Nisga'a:
"We were all born with two ears and one mouth for a reason. So we can listen twice as much as we speak."
First Nations Health Authority
Health through wellness
northern health
the northern way of caring

The story of the car not in the ditch

On the partnership of First Nations Health Authority, Northern Communities and Northern Health.

northern health
the northern way of caring

The story of the car not in the ditch

"As Warner Adams has said, we all know that any attempts to impose solutions from outside onto a community have very little chance of success. The truth of the matter is, that unless the community is in the driving seat, with their hands on the steering wheel, and their feet over the gas and brake, that vehicle is going nowhere and will end up abandoned in the ditch."

Professional drivers, no one was hurt courtesy American Rally

Question #1
(10 minutes)

Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts?

What would you consider the most important health impact from industry?

Question #2
(10 minutes)

Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?

- If yes, how so? What are your strengths in this area?
- If no, why not? What are some challenges you're faced with?
- Are there things that could help you in this area?

Question #3
(10 minutes)

A.) Does your community talk to industry about health?
- Why or why not?
- Do you feel that is your role?

B.) Do you have any best practices that you can share from your community on the topic of health and resource development?

- Have you learned anything that you think would be helpful to other communities?

Question #4
(5 minutes)

As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you.

Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in?

If yes, what do you think would be the best way for us to share this information?

Question #5
(5 minutes)

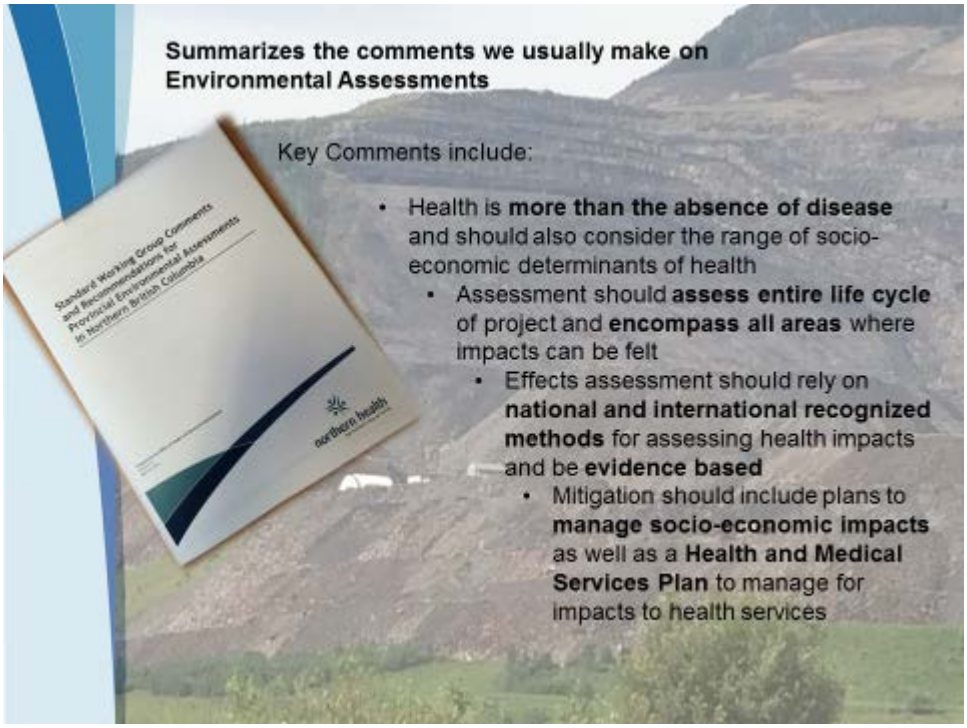
As noted in the presentation, we are looking to conduct a more technical survey with community representatives that regularly work with industry. Do you have a dedicated person or department in your community, like a lands department, that handles things like permit consultations?

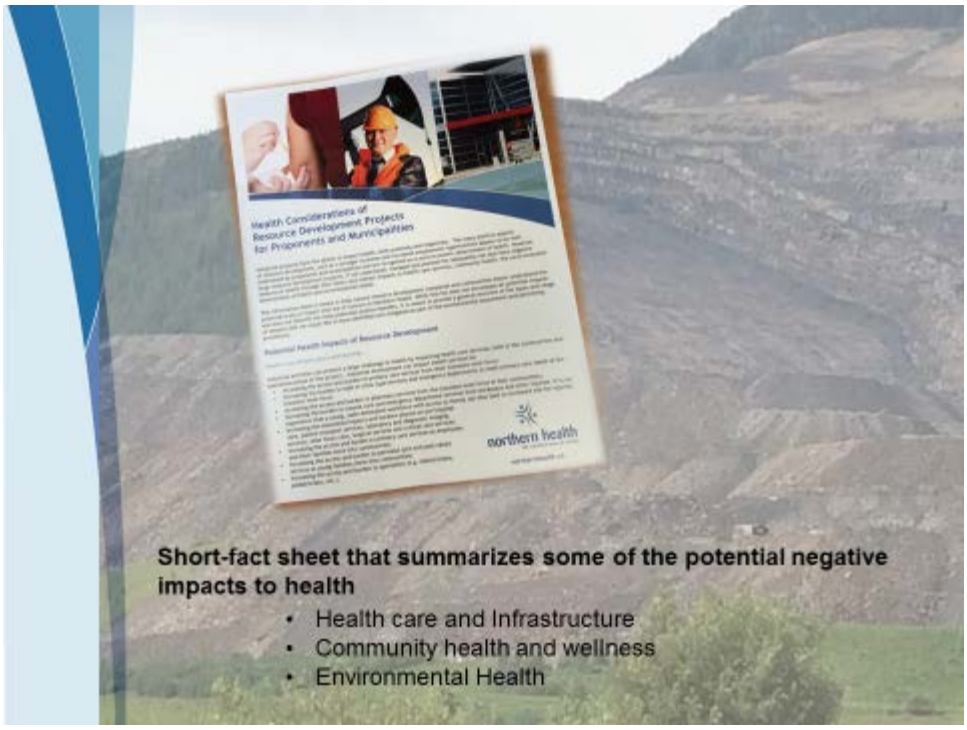
If yes, can we contact them and could you please fill out the sheet provided or could you share a letter with them?

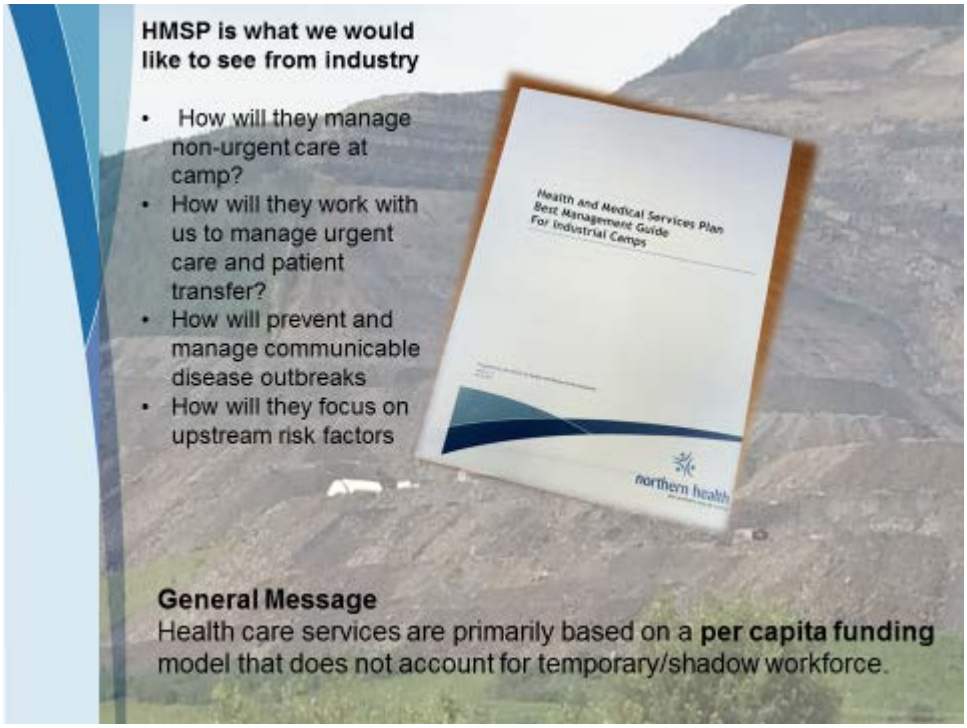
Coming back together
(30 minutes)

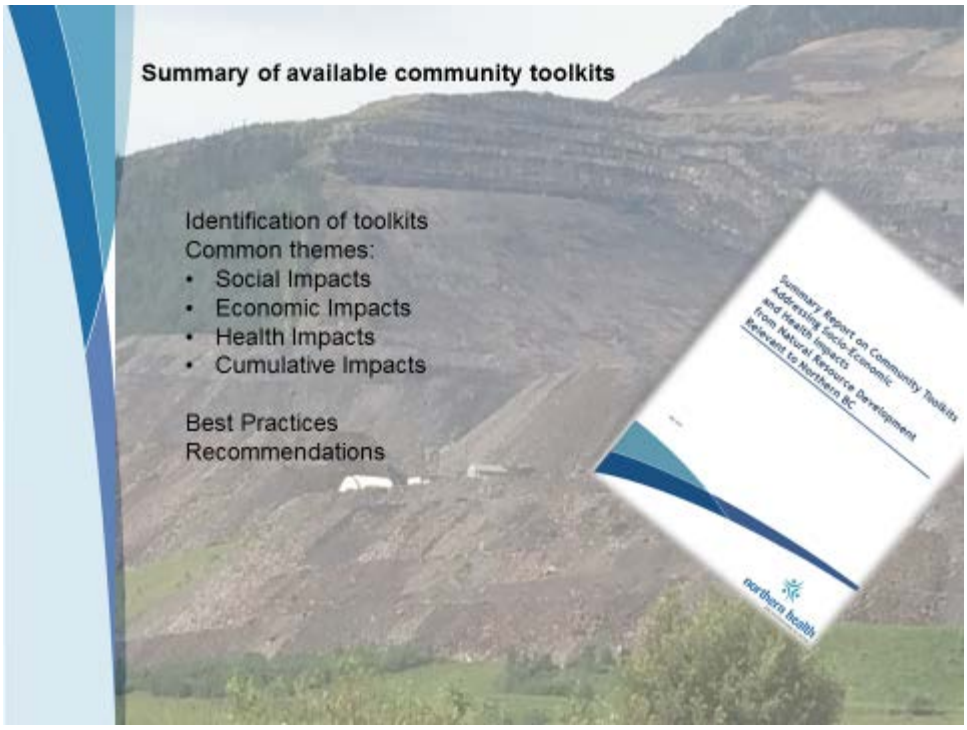
A chance to share what we learned.

Thank you for this fantastic opportunity!
One more question for you…
What is "thank you" in your language?
Gunalchéesh
(Tlingit)
Snay Kahl Ya
(Wet'suwet'en)
T'oyaxsut 'nüün
(Gitxaala, Gitga'at)
Snachailya
(Carrier)
Mussi-cho
(Kaska Dena)
Meduh
(Tahltan)
Musi
(Nak'azdli Dakalh Yekooche)
T'ooyaksiy'nisim
(Nisga'a)
Slahja
(Nadleh Whut'en)
Dun'kwu
(Haida)
T'oyaxsim nisim
(Gitxsan)


Summarizes the comments we usually make on Environmental Assessments
Key Comments include:
Health is more than the absence of disease and should also consider the range of socio-economic determinants of health
Assessment should assess entire life cycle of project and encompass all areas where impacts can be felt
Effects assessment should rely on national and international recognized methods for assessing health impacts and be evidence based
Mitigation should include plans to manage socio-economic impacts as well as a Health and Medical Services Plan to manage for impacts to health services


Health Considerations of Resource Development Projects for Proponents and Municipalities
northern health
Short-fact sheet that summarizes some of the potential negative impacts to health
• Health care and Infrastructure
• Community health and wellness
• Environmental Health


HMSP is what we would like to see from industry
• How will they manage non-urgent care at camp?
• How will they work with us to manage urgent care and patient transfer?
• How will prevent and manage communicable disease outbreaks
• How will they focus on upstream risk factors
Health and Medical Services Plan Best Management Guide For Industrial Camps
northern health
General Message
Health care services are primarily based on a per capita funding model that does not account for temporary/shadow workforce.


Summary of available community toolkits
Identification of toolkits
Common themes:
• Social Impacts
• Economic Impacts
• Health Impacts
• Cumulative Impacts
Best Practices
Recommendations
Summary Report on Community Toolkits Addressing Socio-Economic and Health Impacts from Natural Resource Development Relevant to Northern BC
northern health

APPENDIX 2: TRANSCRIBED DATA COLLECTED AT THE SUB-REGIONAL CAUCUS SESSIONS

APPENDIX 2A: NORTH CENTRAL INDUSTRY ENGAGEMENT SESSION NOTES

October 16, 2015

At the North Central Sub-regional Engagement Session, Dr. Sandra Alison, Barbara Oke and Theresa Healy of Northern Heath presented a session on **Health and Resource Development**, after which there were breakout sessions for community members to respond to four questions.

1. Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts?
   What would you consider the most important health impact from industry?

2. Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?
   a) If yes, how so? What are your strengths in this area?
   b) If no, why not? What are some challenges you're faced with?
   c) Are there things that could help you in this area?

3. A.) Does your community talk to industry about health?
   a) Why or why not?
   b) Do you feel that is your role?

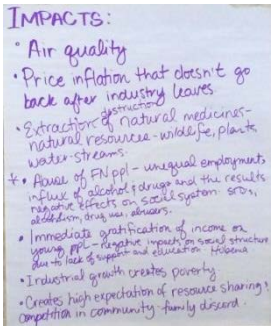
   B.) Do you have any best practices that you can share from your community on the topic of health and resource development?
   a) Have you learned anything that you think would be helpful to other communities?

4. As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you.
   a) Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in?
   b) If yes, what do you think would be the best way for us to share this information?
5. What is working? What would you consider a priority?

Herein are the results.

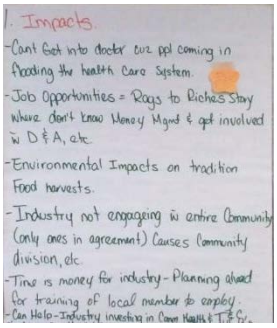
1. ***Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts? What would you consider the most important health impact from industry?***

Communities in the North Central sub-region provided feedback that would be in agreement with the question asking them if they felt that health in their community is or could be impacted by resource development. Below are the impacts they shared that they have experienced and observed. Three groups were formed and the underlined statement was considered the biggest impact on community.

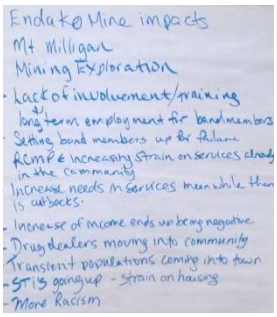


Impacts:

- Air quality concerns due to contaminants in the air
- Cost of living increases when industry is introduced in a region which does not decrease when industry shuts down production
- Destruction of natural resources that cannot be replenished – ie. Wildlife migration and demise due to lack of habitat, water (streams, lakes), plants (natural medicines), berries and other vegetation
- Increase in abuse of First Nations people (negative effects on social system) due to:
    - Unequal employment
    - Influx of drugs and alcohol
    - Negative effects related to increased drug and alcohol use
    - Increase in Sexually Transmitted Infections
    - Increase of women and children enduring or experiencing abuse (physical, sexual)

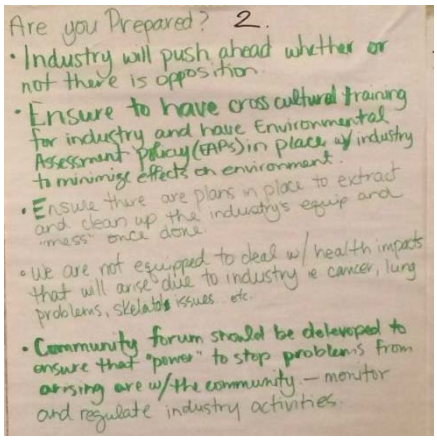


- Immediate gratification of large income on young people resulting in negative impacts on social structure due to lack of support services (dealing with alcoholism, drug use, depression) and a lack of young people continuing with continued education (Example: Hobema, AB)
- **<u>Industrial growth creates poverty:</u>**
    - **<u>Stakeholders reap all the rewards but those that reside in the community must live with the effects of industry within their membership and their environment</u>**
- Creates high expectation of resource sharing and competition in community (family conflict) due to community families holding trap-lines and specific hereditary lands
- The additional people coming into community to work for the Industry can flood the Health Care System and make it more difficult for the locals to access the already overflowed health care system. When industry is setting up in remote areas, agreements should be made to ensure that with the influx of people more health care providers are brought in as well.



- The rags to riches story – some members going from living in poverty to having high paying jobs. If they do not have money management knowledge and skills then it is easy for them to encounter other issues (eg: increase in use of drugs and alcohol, etc.)
- Environmental impacts on Traditional Food
- Industry only engages with community members that are in agreement with their initiative and this creates community division and does not allow for the true concerns to be heard and questioned and answered
- Time equals money for industry – This is an issue for community when time is not taken to plan ahead for members to become trained for potential employment opportunities
- Although if industry is willing, it can be a good relationship and help the community – If the industry invests in community health and traditions and culture
- Endako Mine impacts to surrounding communities
- Mt Milligan impacts
- Mining and exploration happening in the territories
- Lack of influence involvement/training and long term employment for band members
- Setting band members up for failure due to the lack of proper training
- RCMP increasing the strain on the services that are already in the community
- Increased needs in services meanwhile there is a cutback in funding
- Increase of income ends up being negative when there is lacking the life skills as well as it increases addictions
- Drug dealers moving into communities
- Transient populations coming into town
- STI's going up
- Strain on housing
- More racism

2. Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?



- Industry will proceed regardless of whether there is community opposition or not
- Community infrastructure is long term and doesn't happen overnight

a) If yes, how so? What are your strengths in this area?

- Best Practice: Ensure to have cross cultural training for industry and have an Environmental Assessment Plan in place with industry to minimize effects on environment

- Best Practice: Ensure there are plans in place to guarantee that industry does complete the environmental restoration including site clean-up and equipment removal once production is complete.
- Potential Strength: Partnerships with other nations and First Nation organizations
- Positive Strength: We have traditional knowledge; industries need to recognize this knowledge

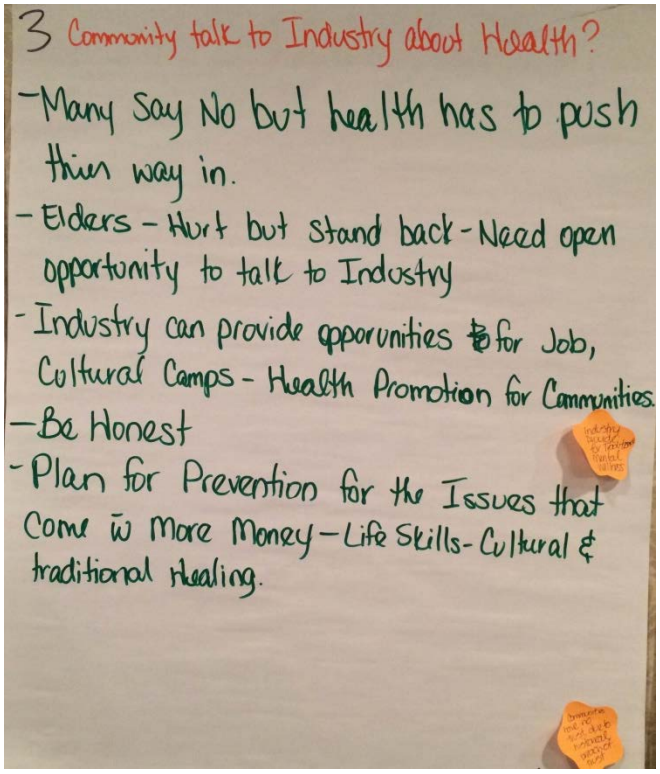
b) If no, why not? What are some challenges you're faced with?

- Community does not feel equipped to deal with health impacts that will arise due to industry activity in our communities – ie. Cancer, lung ailments, skeletal issues, etc.
- Industry timelines NOT community timelines
- Hiring their own people after they "try" with the community members
- They (industry) has a lot of money to focus on specific areas to employ experts
- No big picture of the health impacts
- Lack of resources
- Lot of focus goes to environment but not holistic health

c) *Are there things that could help you in this area?*

- Community forum should be established to ensure that the "Power" to stop problems from arising (including halting production if necessary) are with the community as well as monitoring and regulating industry activities
- Ensure strong MOUs and agreements are developed and in place well before the projects begin. Furthermore, Ensure Health is involved from the beginning and every step of the way throughout to completion
- Economic Development Departments
- Industry to bring in more doctors, nurses, etc. to meet the increased need with the additional people coming into communities
- Ensure elders and knowledge holders are involved right from the beginning
- Revenue Sharing, Employment Opportunities and Training
- Pre-requisites before coming into territories or extracting resources
- First Nations OWN framework that will go by OUR LAWS and Standards (SCEMP)
- Supportive resources need to be invested into community
- People need to be in a positive place
- Basic life skills that would benefit our people
- Identify issues that need to be addressed, with community

3.



A.) Does your community talk to industry about health?

- One of the communities (Cheslatta Carrier Nation) shared that they had discussions with industry regarding the social impacts on their community with the introduction of industry activity in their community
- Many community reps in one group said no, health isn't even on the radar
- One community stated yes, but Health needs to push their way into discussions

I. Why or why not? (below are points provided by one group after asking "Does your community talk to industry about health." Most points are about the impacts)

- Title and rights are not included
- Lacking in communication to communities
- We need to be a part of all the plans
- Nobody is taking on the financial responsibility of the environmental impacts
- We want them to be prepared to answer questions specific to the project and NOT just every few months
- Government approvals is always first
- Land management plans
- HEALTH is ALWAYS an afterthought
- Social impacts are NOT direct impacts from the mine meanwhile there is impacts
- Culture and traditions are not included

II. Do you feel that is your role?

- ***(no specific comments answered to this question)***

B.) Do you have any best practices that you can share from your community on the topic of health and resource development?

- *Best Practice:* Have a cross-cultural plan with industry to reduce environmental impacts (knowledgeable industries will, hopefully, be more inclined to reduce their environmental footprint in community)

- *Best Practice:* Ensure to have an Environmental Assessment Plan in place prior to moving forward with industry activity within the community
- Ensure to have a strategic long-term planning session with community members prior to speaking with industry
- One community who has had discussions with industry ensured they spoke with their community membership to determine next steps when working with industry

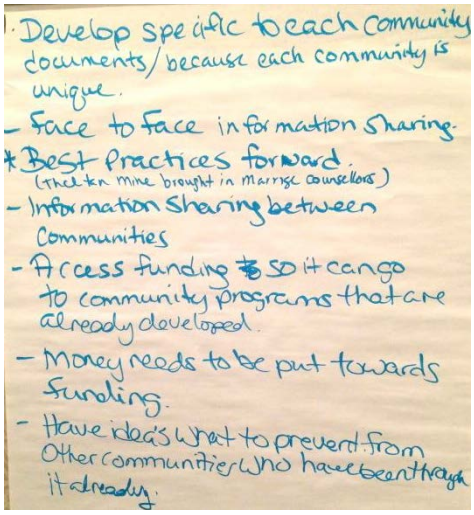
I. ***Have you learned anything that you think would be helpful to other communities?***

- Conduct a social economic study
- Elders are hurt at what is happening on lands but they stand back – It's important to find open opportunities to speak to industry. But still a struggle as there is many years of broken trust and dishonesty from industries that stands in the way of moving forward
- Industry can provide opportunities for cultural camps, and Community Health Promotion activities. And plan for prevention work for the issues that come with going from living in poverty to having a steady high paying job (Life Skills, Cultural & Traditional Healing Practices)
- Environmental impacts: Get our people educated

4. As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you.

a) Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in?

- Information on: Royalty/ies on resource extraction – in the past and what that looks like
- Information on: Guaranteed clean-up deposit required prior to development – what would it take to implement this?
- Assessment guides
- Toolkits
- PRE & POST development assessments and expectations
- Examples of learned experiences based on "best" or "bad" practices in other provinces
- Summarize legislative guides for environmental protection
- Empowerment resources to build capacity in community membership to influence policy
- Research Indigenous revenue sharing internationally
- Review current legislation to look back on previous contracts
- Create resources



- Support and encourage collaboration
- Develop specific to each community documents because each community is unique

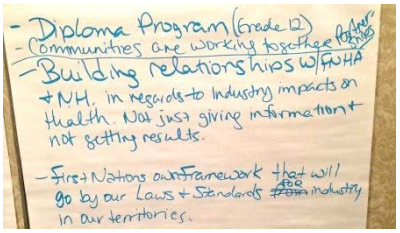
b) If yes, what do you think would be the best way for us to share this information?

- Social Media
- Training of facilitators from community for focus groups
- Encourage community members to show up to meetings through all means possible
- Webinars
- Face to face information sharing

5. *Question asked to groups at North Central Sub Regional Caucus*

a. What is working?

- Senior management team in conjunction with membership. Community members are consulted and have an opportunity to provide input into working with industry and how to manage their relationship
- In the past, one community hired a negotiator and had that person mentor the political and community leaders
- Land and resource department
- Diploma program (grade 12)
- Communities are working together and forming partnerships



b. What would you consider a priority?

- Work towards fair and equitable compensation while ensuring to protect our environment and resources in order to create opportunities to rebuild our community.
- Encourage elders and knowledge holders involvement because they already know their stuff
- Improve communication between our health teams and economic development teams
- Work on building relationships with industry so there is mutual respect.

APPENDIX 2B: NORTHWEST INDUSTRY ENGAGEMENT SESSION NOTES

October 15, 2015

At the Northwest Sub-regional Engagement Session, Victoria Carter of Northern Heath presented a session on **Health and Resource Development**, after which there were breakout sessions for community members to respond to four questions.

1. Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts?
   What would you consider the most important health impact from industry?

2. Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?
   a. If yes, how so? What are your strengths in this area?
   b. If no, why not? What are some challenges you're faced with?
   c. Are there things that could help you in this area?

3. A.) Does your community talk to industry about health?
   a. Why or why not?
   b. Do you feel that is your role?

   B.) Do you have any best practices that you can share from your community on the topic of health and resource development?
   a. Have you learned anything that you think would be helpful to other communities?

4. As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you.
   a. Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in?
   b. If yes, what do you think would be the best way for us to share this information?

Herein are the results.

1. *Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts? What would you consider the most important health impact from industry?*

The overall feeling in the Northwest for part one of this question, was a resounding yes. Health in the area could be negatively impacted by resource development, but the negative impacts outweigh the positive.

Negative Impacts:

- ***Social Impact (camp rotation, family structures, violence)
- Excessive drug and alcohol abuse
- Contaminants of water, fish, plants
- Housing shortages
- Impact on medical services in health centres
- Drop in populations
- Retaining health community workers (cannot compete with camp wages)
- *** bust and booms of employment
- Financial abuse
- Wildlife (negative impact on economic development for some members ie: local hunters, hunting outfitters, trappers)
- Party culture associated with big industry,
- Sexual exploitation of indigenous youth, teen sex workers working in local hotels, with the potential for STI's (higher rates), and high rates of pregnancies
- Transportation in and out of Price Rupert is limited, Greyhound announced that they will be discontinuing services, and the trains don't run in the winter and priority on the rails goes to industry
- Local hotels are either fully booked, too expensive or infested with bed bugs
- Food security. Both store-bought and traditional. Flora banks are at risk from LNG development
- Money mismanagement, having community members go from poverty to full time work
- Local folks getting evicted so homes can be renovated and increase in rent costs
- Prince Rupert isn't equipped to deal with the rise in homelessness & housing is already limited on reserve
- Air quality
- New populations (camp workers) are not invested in caring for the community, often engage in risky behavior and put added stress on primary care, first responder and policing resources
- While there is increased work, this does not translate in to significant number of new jobs for residents as most of their work force is transported in by their company
- Natural resources: with an increased population using recreational vehicles/boats, community's traditional practices of hunting and fishing are reduced – avoiding dangerous encounters with immigrated quaders/hunters who behave recklessly

- Increased use on infrastructure – transportation, hospitals, hotels – that typically don't have the capacity to handle these numbers plus the existing population's
- Housing costs increase significantly on our already low-income populations
- Places a greater burden on all local programs and services
- Fear of Spills on the Land/Water and destroying the environment
- Lack of Housing and/or increase in Housing Rental Rates
- Influx of temporary Foreign Workers
- Increase in Crime in the communities
- Increase in Suicide Attempts
- The need to restore the lands
- Fish Farms damage on ocean life
- Increase in hospital ER usage
- Increase in RCMP responses to incidents in the communities

Positive impacts to health

- Lower unemployment rates
- Training & education opportunities
- Education bursaries
- Skills development
- Financial contributions
- IBA's/ revenue sharing **self-sufficiency
- Community infrastructures
- Confidence/self-esteem/ motivation to work
- Between the three nations Tahltan/Tlingit/Kaska is 25% of BC land so more development in the area
- Pays for community engagement sessions
- Negotiated education and training – usually in trades, but nothing in terms of employment advancement such as management
- Infrastructure they build, but this is typically for larger external populations in China or across Canada and not specifically targeted to locals
- Reduction of dependency on the Band Communities
- Increase in Self Esteem due to having an income
- Economic benefits for the Band Communities
- Access to Infrastructure Funding from the Industry
- Community and Family Financial Stability
- Source of Income for the families
- Stimulate local economy
- Influx of 'Urban Away From Home' population to their home community
- Improvement in Standard of Living for the families
- Increase in personal money available to the families

2. *Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?*
    d) If yes, how so? What are your strengths in this area?
    e) If no, why not? What are some challenges you're faced with?
    f) *Are there things that could help you in this area?*

Communities in the Northwest are generally prepared to have discussions armed with strengths but recognising areas where increased supports are required

Preparedness

- Haisla has community representation through their Chief and Council's active community engagement process which includes on and off reserve regarding industry; however, this community has had a relationship with big industry longer than other First Nations from its position beside a port
- NLG has quarterly meetings between its four villages for planning coordination and updating
- Northwest Internation Family and Community Services Society (MCFD delegated agency) sees its role as increasing its communication with community to meet the challenges of this new situation
- Kitsumkalum feels less prepared and in a state of constant reaction to added pressure from industry
- All communities experience losing health staff to higher paying industry jobs
- NLG feels more prepared through the implementation of regulations and laws to address proposals by industry coming into the territory
- We've developed working groups through gov't to gov't partnership agreements & leadership tables
- Training equipment Operators trained by some communities
- Health Centers have programs in place in the communities
- Sohose that need it
- Some communities are partnered with NWCC to bring education level up of
- Strong Cultural Identity and support system
- Wilp Si Satxw provides Outreach Counselling Services to Gitsegukla and Gitanyow
- Have AA and NA meetings in the communities

Strengths

- Developed a "Tahltan Nation Health Plan"
- Collective working agreements with neighboring nations to address & build programs around the health, education, culture, family services, language etc.
- Existing Gov't to gov't partnerships
- Haida Gwaii has weekly updates/engagement with community members on and AFH
- Gitga'at does community engagement with on/AFH but not health focused
- Our network of leadership, community and staff

- Kitselas: Socio-Economic Team (Education/Community Services Director, Health Director, and Employment Officer) negotiates terms with industry coming onto the territory to advance Kitselas' priorities and address their needs proactively
- Partnerships which are seen as broadening our vision to address these immediate impacts – requires more planning than ever before
- Some communities do not have effective cross-departmental planning and communications – feels disorganized and reactive
- There seems to be more organization increasing from families self-direction to meet community needs
- Committees established to address issues in some communities
- These issues of demands of industry has stimulated First Nations to create strong community engagement to establish all our priorities
- Haisla approached industry first and very early on with their own team of community representation, infrastructure and environmental experts and to engage in constant monitoring
- Kitsumkalum keeps industry accountable with regular check ins on project status and to ensure they are addressing Kitsumkalum's concerns
- There could be an opportunity to partner with universities to study effects of industry on local communities
- Kitsumkalum Health has partnered with Terrace's teaching hospital to increase its health services capacity
- NLG requires industry to consult with them by establishing a thorough introduction to who the Nisga'a people are so that they are consulted with a full appreciation for their uniqueness. This helps industry to be more invested in community

Challenges

- A challenge is that we can't predict major disasters or emergencies etc. mine accidents
- There are not enough environmental studies on health impacts to people & wildlife water etc. we need more studies done
- Communities need to do impact assessment, socioeconomic impact study, traditional land use impact study
- Not enough information available to show community how big industry is linked to health, especially for AFH
- Organizing the AFH population, something like the coastal Tsimshian council
- Nations do not have the money to do this work in community & no money to engage with AFH pop
- Chief and Council aren't doing enough to report back to community
- Affected by other Nations decisions/supports
- Brings up issues with hereditary leadership vs Chief and council
- Need for local Culturally Relevant Training Centres in each of the First Nations communities
- Need Housing

- Need to have Rental Rates reduced for those that are not employable
- Need to upgrade Youth and Young Adults to meet training and educational requirements
- Shortage of Doctors here to provide Medical Services
- Food Supply in the area is stressed due to not having enough Grocery Stores to meet the demand
- The local hospital does not have the ability to meet the need with regard to service delivery

3. *A.) Does your community talk to industry about health?*
   a) Why or why not?
   b) Do you feel that is your role?
   B.) Do you have any best practices that you can share from your community on the topic of health and resource development?
   II. *Have you learned anything that you think would be helpful to other communities?*

Talking to Industry

- The Tahltans developed a working group through the central gov't "social cultural working group" that has sub-working groups with the focus of health, infrastructure, education, employment & training, language and culture. Plans that are community driven.
- Council of the Haida Nation live streams their meetings which includes live interaction with members online
- Metlakatla Stewardship Society and Gitga'at Stewardship offices take care of land issues for these Nations. They have done their own impact studies for community.
- Kitselas talks to industry through its Socio-Economic team about the social impacts of their activities and how to protect Kitselas priorities in the Environmental Impact process
- Kitsumkalum discusses cumulative impacts; however, they are noticing that reports from industry on the data they provide industry is not what they reported
- Haisla has always taken the initiative to negotiate their terms with industry and has formal processes in place to do so
- NLG directs industry to speak to the right departments within its government organization
- Definitely is our role to talk with industry & leadership

Challenges

- The constant changes in leadership does not allow for consistency
- Negotiation costs could be an issue there should be a collaboration approach to health services FNHA, NH, Industry and community
- Lack of infrastructure and employment
- Our community does not have the human resources (trained personnel) to meet these demands
- Lack of knowledge and technical expertise to ask the right questions or know what to look for in negotiating with industry

- The largest challenge is the cumulative impacts that result from industry coming onto our territories
- There is currently no tracking of cancers caused by industry, and we have no defensible position without proof

Resolving Challenges

- Capital resources
- Information sharing to increase knowledge and look for more effective ways to meet industry
- Sustainability (employment, education, high environmental protection requirements)
- Studies on past economic development (health and social impacts)

Best Practices

- The development of a Communications System and Strategy to enable connections between the 'Away from Home' population and the Band/Community and Industry
- Industry Open House in each community
- Send Out emails to update the communities
- To have the Industry provide 'Good Food' Boxes to each household in the communities
- To have the Industry develop and implement a 'Legacy Fund' to meet the future needs of the communities
- To have the Industry provide funding to the communities to build capital structures to house the Day Care programs which will be implemented in each community
- To have Industry Inject funding into the local hospital so that they can have up to date Health and Medical Equipment in the hospital
- To have Industry support the local hospitals by providing Incentive – monetary packages, to bring Doctors and Nurses to work in the area with the provision that it is for a number of years
- To have Industry support the communities with Capital Funding to build in each community and Elders Lodge and Care Facility
- To have Tri-Corp inject funding into the communities to meet the training needs of their population
- To have Tri-Corp inject funding into a locally designed Culturally Relevant Life Skills training program that meets the needs of the community population
- To have Industry support the economic development needs of the community through the provision of the Technical and Legal support to ensure the local plans are implemented through a Co-Op of all Gitxsan Communities – so that all the communities can financially benefit from the Co-Operative Ventures implemented
- To have Industry inject financially to the local hospitals, Bands and Municipalities on an annual basis
- To increase the number of Mental Health and Addictions services to all the communities

- To have partnership building between the organizations to implement long term plans that forecast and will meet the needs of the local population
- To have Industry provide Capital funding to a First Nations organization (FNHA) to build a Detox Facility in the Hazelton area
- To support having trained Social Workers in each First Nations community
- To ensure consistency in provision of the Narcotics Anonymous and Alcoholics Anonymous meetings in the area
- To implement more Alcohol and Drug free events and Family focused activities
- To Develop a made in the Gitxsan & Wet'suwet'en Nation Accountability Agreement which holds Industry to their responsibilities regarding the impacts on the territories with the Land and Watershed

4. *As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you.*
    a) *Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in?*
    b) *If yes, what do you think would be the best way for us to share this information?*

A.

- Resource development use to support community conversation with industry
- Yes (use the best practices) from sessions and include technical data re: health impacts from chemicals (air quality, animal impact, plant impacts)
- We would welcome studies on the impacts on the social determinants of health from industrial activity in our communities with assurances of no biases to the study as many 'studies' we see are biased to the advantage of industry
- One company has met with the local Skeena Ice Arena committee and have agreed to inject funds into the building of a new facility over a ten-year period
- Gitxsan Health Society has received funding from Industry for their programming and equipment

B.

- A website sharing up to date information
- Establishing a community contact to share user friendly material to community
- Sending out questionnaires /surveys to community as a way they can offer feedback
- Utilizing orgs (like FNHA, CECs) to share information to the communities they work with
- Database of resource open to FNS
- Portal
- Community Resource Development to support 'On-going' Conversation with Industry:
- The development of a communication strategy that supports the connection of the 'Away from Home' FN population with their community and leadership; and, with the Industry

- To have Industry fund the Information Sharing Feasts and Transport Services implemented to host the feasts in each of the FN communities – A feast in the Wet'suwet'en community, a feast in a Gitxsan East community and a feast in a Gitxsan West community
- To ensure all relevant information regarding the pros and cons on the impact of industry to the First Nations and neighboring communities are shared with each household in each of the communities – Brochures delivered to each household
- Have locals trained in Comprehensive Community Development to be the Liaison Workers between Industry and the communities

Issues / Conflicts to be resolved

- Each Band/Community has their own priorities which industry is not a part of
- Membership opposition to Industry coming onto their land/territories due to Industry track record with spills, response to spills and clean-up of spills
- Industry recognizes governmental and political organizations and has not made connecting with the local First Nations Health Authorities a priority
- The local First Nations Health Leads are over loaded with work and meetings concerning health

Is there an Existing Lands Department?

- Gitxsan Government Commission provides Lands Services to the communities of Kispiox, Glen Vowel, Gitanmaax and Gitanyow through the INAC system of governance
- The Gitxsan office of the Hereditary Chiefs oversees the business on the Gitxsan Territories, excluding Gitsegukla and Gitanyow
- Gitsegukla has their own Watershed committee that oversees the Gitsegukla Watersheds on the Gitsegukla First Nations territories
- The Office of the Gitanyow Hereditary Chiefs oversees the Gitanyow Hereditary Territories excluding that of Wilp's Lu Hon (the House of Hereditary Chief Luhon)
- The Office of the Wet'suwet'en oversees their Natural Resource Development on the Wet'suwet'en Territories for the Hereditary Chiefs of Moricetown and Hagwilget
- The Band Council System of Governance with all of the Band Communities, oversee any developments within their Reserve boundaries

APPENDIX 2C: NORTHWEST INDUSTRY ENGAGEMENT SESSION NOTES – SUPPLEMENTAL

October 7th, 2015

Below are additional notes of the Northern Health Engagement Session on Health and Resource Development which was presented with supported by the Northern Regional Team. These notes were captured by Barb Oke and are supplemental to those captured by note takers at the event. They are specific to the plenary session at the end of the workshop where tables shared some of the key points for each question.

Question 1: Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts? What would you consider the most important health impact from industry?

Positive Impacts

- Education training
- Everything a priority
- Revenue Sharing Agreements
- Employment

Challenges

- Drop in population with an increase in money
- Increase in alcohol and drug abuse and family violence
- Increase suicide
- Bust/boom – seasonal
- Increase impact on land (e.g. spills)
- Contamination/land impacts
- Increase family violence
- Sexual exploitation of aboriginal youth
- Pressure on infrastructure
- Access to food sources
- Food security – impact to country foods
- Housing shortage, impacts to health centre

Question 2: Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?

- Discuss, yes. Manage, no.

Strengths

- Partnership with college for training
- Health services on community
- Partnerships within community
- Working agreement with neighbouring Nations and ministry
- External partnerships
- Have community plans under RSA

Challenges

- Shortage of doctors/health professionals
- Need training and educational preparedness
- Infrastructure and resources
- Engaging away from home populations
- Human resources and expertise
- Money
- Cumulative impact

What can we do to help?

- Funding
- Money and jobs
- Resources
- Ability to track outcomes
- Life skills programs (e.g. budgeting)
- Mental health and addictions and social worker services
- Partnerships

Question 3A: Does your community talk to industry about health? Why or why not? Do you feel that is your role?

- Stewardship offices – health will come up
- How do we expand?

Question 3B: Do you have any best practices that you can share from your community on the topic of health and resource development? Have you learned anything that you think would be helpful to other communities?

- Haida livestream meetings
- Other Nations decisions affect NW
- Hereditary vs Chief – who speaks?

- Info session vs authentic consultation
- Monitoring is important
- Kitselas socio-ec team
- Haisla improved consultation process
- Early involvement
- Establish needs
- Increase coordination between villages

Question 4: As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you. Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in? If yes, what do you think would be the best way for us to share this information?

- Yes
- Community conversations
- Studies
- Impacts to environmental land and social
- Legacy fund
- Industry provide money for good food boxes, children/senior care, MHA, drug and alcohol
- Info sharing through cultural system
- Incentives to attend info sharing
- Approach university with study

APPENDIX 2D: NORTHEAST INDUSTRY ENGAGEMENT SESSION NOTES

October 17, 2015

At the North East Sub-regional Engagement Session, Dr. Sandra Alison and Barbara Oke of Northern Heath presented a session on **Health and Resource Development** through web-conferencing and supported by the Northern Regional Team. Following the presentation, there was a group engagement session for the community representatives to respond to the following questions.

1. Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts?
   What would you consider the most important health impact from industry?

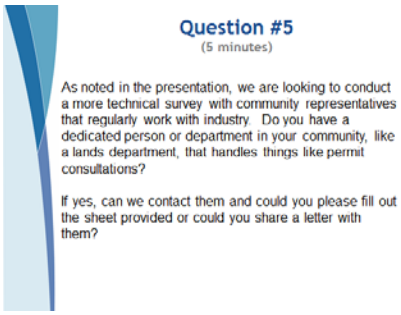
2. Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?
   a. If yes, how so? What are your strengths in this area?
   b. If no, why not? What are some challenges you're faced with?
   c. Are there things that could help you in this area?

3. A.) Does your community talk to industry about health?
   a. Why or why not?
   b. Do you feel that is your role?

   B.) Do you have any best practices that you can share from your community on the topic of health and resource development?
   a. Have you learned anything that you think would be helpful to other communities?

4. As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you.
   a. Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in?
   b. If yes, what do you think would be the best way for us to share this information?

5. NH was not able to attend in person due to weather, questions were asked based on NH Power Point supplied, please see image for Question 5



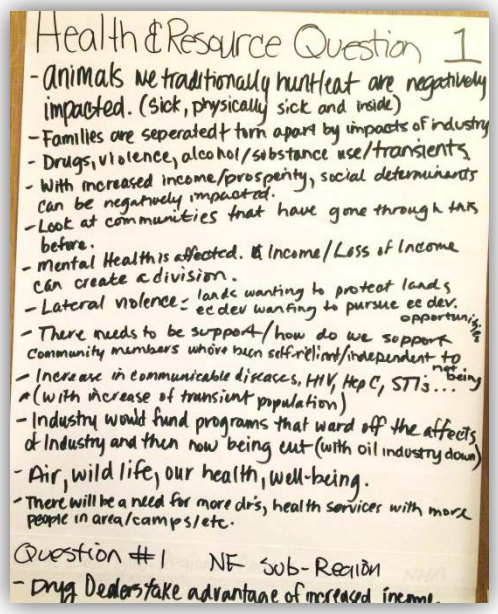
Herein are the results.

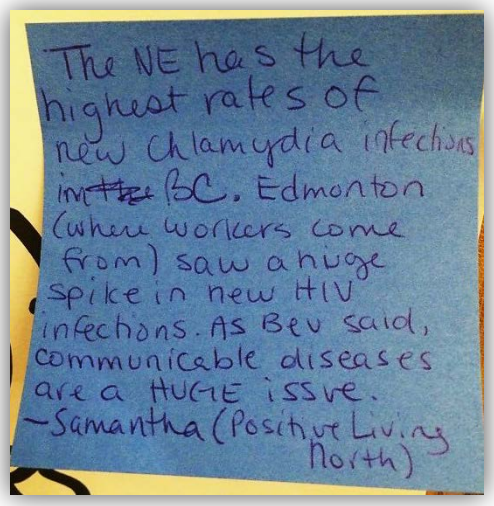
1. ***Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts? What would you consider the most important health impact from industry?***

Communities in the North East sub-region are very familiar with the experience of industry in their territory. Their feedback is perhaps the most current and informed as it is one of the regions that has had a lot of recent development and with that, associated impacts noted below.

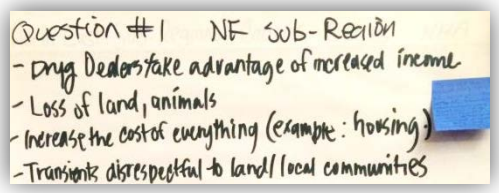
Impacts:

- Cannot eat our traditional food/share with the communities because meat was rancid
- Family/providers (mothers, fathers, sisters, brothers, daughters and sons) are all leaving to go away to work the Elders are then left with the children
- Drugs, alcohol, killings, murders all of it, we've been dealing with this for how many years
- With increased economic prosperity, not a state of growth but if we aren't addressing the other areas (health) than it becomes unbalanced
- Oil and gas industry and the mental health aspect, a lot of members who aren't employed (break up) the lands department to protect the land and members who are pushing for industry so they can make a living-fighting between the two
- Self-made millionaire from their own company, break up hits, and less than a year later was on social assistance
- Communicable diseases increase from transient workers, population health, industry increases population, more money, more substance use
- Industry there always to support programs, now it's not there in the same amounts now pressure is on the communities to fund these social programs and they can't afford it
- Environmental impacts with our land and water
- Outcome we need more doctors, more mental health practitioners, and councilors we really feel an attack on the family
- Willow bark – natural habitat that is being demolished provides health in a different aspect when you go out looking for it you have to go further and further to harvest



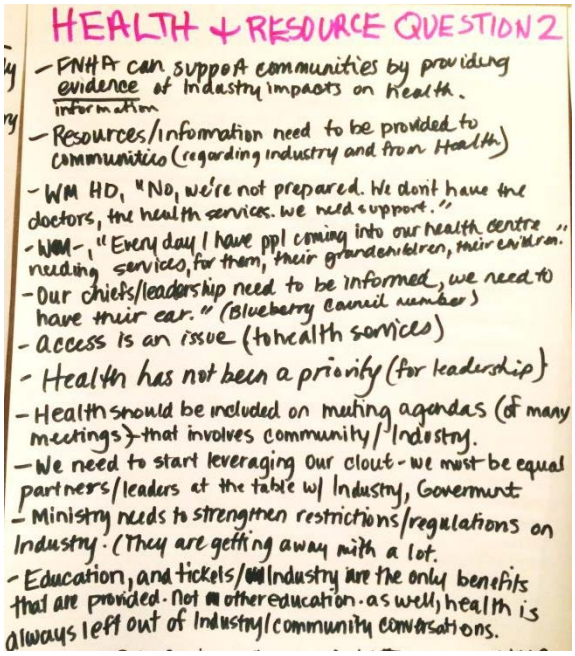


- High influx of people becomes a greater opportunity to sell drugs impacts will infringe on every aspect of life
- Takes the land away from us
- People who live and have lived here understand this land a lot more than people who come to our land to harvest our resources ("outside" people come and drink by the river and the locals are left to clean up empty bottles etc.)

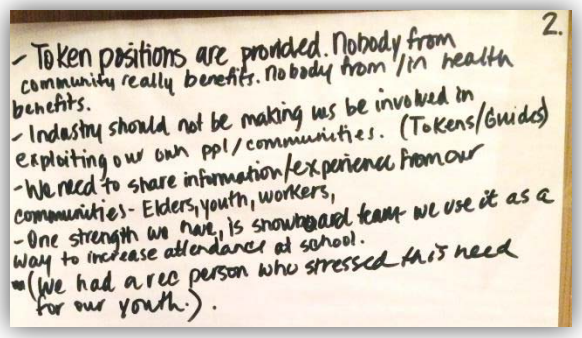


2. ***Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?***

- FNHA support community by providing information to community
- We need the support systems, as a health manager I would have to say no, its going to take a whole pile of people to help us, its falling on deaf ears, I see our people suffering we need support we need resources
- Lots of money – how to support communities in a healthy way
- Relationship within our communities, in the NW just starting with pressure from industry, its been pressure since the gold rush era, we need open ears from our leaders and a loud voice from our health leads to bring these problems forward and strengthen the very weak relationship with health and communities and make it a priority
- We have resources coming into our door everyday and giving the statement the health and wellness of our people is our priority
- They can bring the good stuff (money) but with the good stuff comes the bad (drugs etc.)



- Industry knocking on our door on a daily basis and I think we have to ask them to help us too
- Start leveraging the clout with industry or things will just keep getting taken
- Communities aren't coming in as equal partners
- Government is not putting the regulatory provisions on industry, not following rules we are not equal because the government made it that way
- Support our health leads and there are benefits but how do we make sure our communities are healthy
- Substandard-relationships with industry-Aboriginal patient liaison is a token position organization should not be using/participating/facilitating tokenism
- From the grass roots prospective where things like this is creating conflict within community members and I see this too



- Want to preserve the land, but they cannot even eat/live off of it
- Between a rock and a hard place want to work but want to work and support families
- Little changes have been made
- Sad to see little to no leadership, no leadership going to show than get more youth more Elders here
- Snowboarding team = must attend school, because of this we have higher attendance
- Tutoring is one solution
- We love our family and we love our land too easy to go back on the negatives

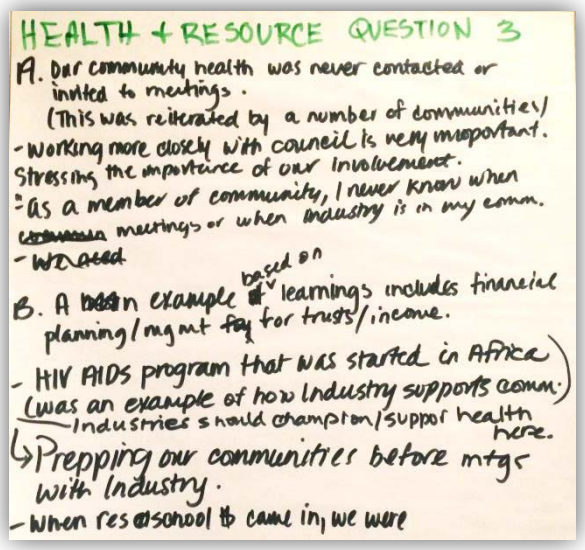
3. A.) Does your community talk to industry about health?

- As a health director, no one would tell me when the industry was there - connects with Chief and council, no one with health
- I don't know of any health leads who are apart of these conversations
- As a member, I don't know either. Community should be included as well in these conversations

I. Why or why not?

II. Do you feel that is your role?

- I would prefer to give data to give my Chief and council I don't have time to attend meetings with industry at all to say this is what we need and bring it forward so they are prepared when they are meeting with them


HEALTH + RESOURCE QUESTION 3

A. Our community health was never contacted or invited to meetings.
(This was reiterated by a number of communities)
- Working more closely with council is very important.
Stressing the importance of our involvement.
- As a member of community, I never know when meetings or when industry is in my comm.
- ~~We need~~

B. A ~~been~~ example based on learnings includes financial planning/mgmt for trusts/income.
- HIV AIDS program that was started in Africa (was an example of how Industry supports comm.)
Industries should champion/suppor health here.
↳ Prepping our communities before mtgs with Industry.
- When res school $ came in, we were

B.) Do you have any best practices that you can share from your community on the topic of health and resource development?

- Learning from each other and what mistakes other communities have made
- Financial support/budgeting workshops
- Health is a priority in our community it should be that way across the board

I. *Have you learned anything that you think would be helpful to other communities?*

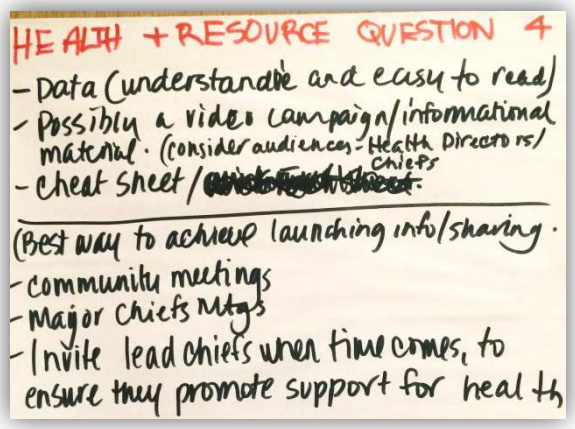
- Think of ways companies can become champions together on issues (supporting treatment centers in the area, support HIV/AIDs program in community)
- Prep the community members to talk about other issues (health care not just jobs)
- Dealing with residential school, and the payments that were made to them, not ready, not prepared asked industry "you cannot walk through this door unless health is on the agenda"

4. As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you.

a) Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in?

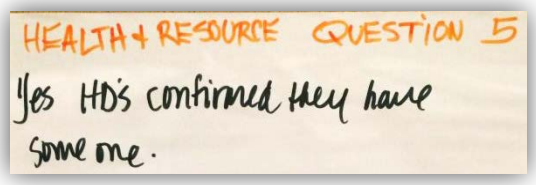
b) If yes, what do you think would be the best way for us to share this information?

- A video instead of the documents that NHA has given us today
- Quick fact sheet
- Easy/quick
- A health committee
- Major Chiefs Meetings
- Invite highly respected, high-profile chiefs to support local leadership/community participation and attendance.



5. ***As noted in the presentation, we are looking to conduct a more technical survey with community representatives that regularly work with industry. Do you have a dedicated person or department in your community, like a lands department, that handles things like permit consultations?***

If yes, can we contact them and could you please fill out the sheet provided or could you share a letter with them?



NOTE: All NH documents that were shared at other Sub Regional Caucuses were distributed prior to Northern Health Presentation. The NH Industry and Health Survey Letter was also provided to Health Leads electronically and hard copy at the engagement session. Participants filled forms providing technical community contacts whom could fill survey and were advised they (Engagement Participants at North East Sub Regional Caucus) could share the survey letter with the technical community contacts to inform them and advise with whom they had shared their contact information with.

APPENDIX 2E: NORTHEAST INDUSTRY ENGAGEMENT SESSION NOTES – SUPPLEMENTAL

October 17, 2015

Below are additional notes captured by Barb Oke of the Northern Health Engagement Session on Health and Resource Development which was presented through web-conferencing and supported by the Northern Regional Team. These notes are supplemental to those captured by note takers at the event.

Question 1: Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts? What would you consider the most important health impact from industry?

- Traditional foods being impacted – traditional harvesting
- Elders will have the answers/Elders are part of the answer
- Young people moving away which is a concern, leaving Elderly behind
- Drugs, alcohol, violence – lots has to do with industry coming in
- Increase wealth and prosperity – social determinants
- Boom/bust – also recognize benefits – need to balance
- Getting healthy communities with development
- Fort Nelson is in a bust – members out of work
- Creates division +mental health + family violence (want livelihood and jobs but also to protect the environment – have to balance)
- When industry goes down – what supports are there during bust? Need financial stability
- Bringing in workers can lead to increase communicable disease, HIV, Hep C, sexual assault and crime against women/strangers coming into the community. More money, more substance use –impacts on health care systems
- Industry sometimes helps to support community programs, then there's a downturn which puts more pressure on communities. What happens when industry is no longer able to support programs
- Environmental impacts, air, water
- First Nations perspective on wellness – land, social, mental
- Habitat impacts - Increase roads, hunters, people which affects harvests
- Solutions – increase healthcare professionals to help address impacts
- High influx of people, easier to access drugs
- Increase cost of living
- Relationship with land is stronger for those that live here
- More respect for land
- Relationship between industry and First Nations is fairly strained
- Solution - More communication and relationship with industry

Question 2: Do you feel your community is prepared to discuss and manage the health impacts that can arise because of industry?

- FNHA can support with information
- We need the data to support – resources are limited
- Limited doctors, nurses, counsellors is hard on community
- No, they are not prepared – don't have enough support and resources
- How to utilize the money coming in? How can it go to support healthy communities
- Relationship – strong voice to make conversations about health
- Instead of economics how can we focus on health – getting 'ears' of the Chiefs and council
- Families are struggling – need access to services
- Health needs to be a priority *(clapping)
- Needs to be part of decision making
- Health needs to be priority with leadership
- Education is usually key part of conversation – need to have health be key part as well
- Community knows what's coming
- Forming equal partnerships, leverage politics with industry to become equal partners – currently communities are not coming in as equal partners
- Government doesn't put in appropriate regulatory process
- Big challenge for communities
- Communication with the rest of the band. Industry doesn't come to health
- Pattern in agreement = education – not health
- If people are not healthy, they can't take advantage of educational opportunities
- Our people are not in management – they are the ones on the ground – when the industry leaves, where are our people – what is left?
- Health is left out of conversations
- Need data to help get health into conversations
- Would describe current way as "Substandard" – relationship with industry – not done to benefit health
- Need to lift substandard so that everything we are hearing today gets incorporated – moving beyond conversations
- Need to keep industry accountable to our people
- Grassroots – people can't subsistence hunt and support families so they are forced to work – leads to mental health issues
- Things are getting worse even though industry has been around for a while
- Reference to MP comment on "missing and murdered women" – things need to change
- If leadership won't take role, can Elders, health leaders – is there someone else to rely on?
- Example of best practice: Program from Shell – have to attend school – has increase youth attendance, also have a tutoring program
- But too many negatives outweigh successes
- Need to change industry's way of thinking – how they view First Nations
- "We are family people", "We love our land"

Question 3A: Does your community talk to industry about health? Why or why not? Do you feel that is your role?

- Yes, a little bit
- As Health Director, I never knew industry was coming through. We weren't involved in discussion
- Health should be at the table but is not
- Health workers need to be part of conversations – they are the ones on the ground. Something they can change within their own communities – working more closely with council
- Health Directors are not informed
- Need more data and money
- Don't have time to have conversations with industry
- Don't think they would be able/allowed to talk to industry but can we give information to the people that do

Question 3B: Do you have any best practices that you can share from your community on the topic of health and resource development? Have you learned anything that you think would be helpful to other communities?

- Communities can learn a lot from each other
- Learn from their mistakes
- Too much money can be spent too fast and unwisely
- Giving money slowly/gradually was a good decision
- Money plus tools (financial planning tools, supporting young people with budget planning)
- Leadership needs to prepare better beyond financial
- Companies to become champions – HMBA program
- How can companies become champions?
- Funding for treatment centres
- Message to industry that health is priority
- Lobby government
- People need to be ready to receive large amounts of money

Question 4: As you know from the presentation, we are working with UNBC to gather information about the health impacts that are associated with industrial development, especially impacts to the socio-economic determinants of health. We would like to share our findings with you. Is there a resource we could develop to support your community's ongoing conversation with industry? Is that something you would be interested in? If yes, what do you think would be the best way for us to share this information?

- Good to get data – good for general consumption
- Video campaign – large documents probably won't get read
- Something quick to catch councils attention. Briefing Note like (short with facts)
- FNHA communication approach
- Quick fact sheet/cheat sheet to capture attention – easy, quick
- Community meeting to help launch

- Treaty 8 Chiefs meeting/gatherings
- Work together to figure out how to get it to leadership – brainstorm together
- Health council
- Utilizing well respected leadership (FHHC) to champion discussion with Chief and council
- Maybe a gathering to bring people together
- Health industry committees in community?

5. ***As noted in the presentation, we are looking to conduct a more technical survey with community representatives that regularly work with industry. Do you have a dedicated person or department in your community, like a lands department, that handles things like permit consultations? If yes, can we contact them and could you please fill out the sheet provided or could you share a letter with them?***

Yes, lots of lands department.

APPENDIX 3: HEALTH AND RESOURCE DEVELOPMENT SURVEY RESULTS

APPENDIX 3A: ALL RESULTS

(Completion rate: 50.0%)

1) Background: this survey is intended for community representatives that engage with industry. It is meant to give Northern Health (NH) and the First Nations Health Authority (FNHA) a better understanding of community interests and areas of engagement related to health and resource development. The results will be used to help influence the work that FNHA and NH are conducting in collaboration with the University of British Columbia (UNBC) to better understand potential health impacts associated with resource development.

   Please be advised that your individual responses will be treated as confidential and no identifiable information will be collected or shared publicly. Individual responses will only be viewed by members of the northern health and First Nations Health Authority project team and presented as group data. Fluid survey stores any collected information in Canada for an undetermined time period, and is subject to Canadian privacy law.

   Free, informed and ongoing consent. Your participation in this survey is entirely voluntary. Unfortunately since no identifiable information will be collected, once your survey results have been submitted it will not be possible for us to withdraw your answers from the survey results. If you require further information on this or the survey's objectives and end-use, please don't hesitate to contact us at resource.development@northernhealth.ca or 250 645-6367. By selecting "I agree" you indicate your understanding of the above information and provide your consent to participate in this survey.

Response	Chart	Percentage	Count
I agree		97.2%	70
I do not agree		2.8%	2
		Total Responses	**72**

2) THE SURVEY IS INTENDED FOR THOSE REPRESENTING NORTHERN HEALTH COMMUNITIES (SEE MAP BELOW). DO YOU CONSIDER YOURSELF A REPRESENTATIVE OF A COMMUNITY LOCATED IN NORTHERN HEALTH'S SERVICE DELIVERY AREA?

Response	Chart	Percentage	Count
Yes		96.4%	54
No		3.6%	2
		Total Responses	**56**

3) WHAT IS YOUR POSITION (CLICK ALL THAT APPLY)?

Response	Chart	Percentage	Count
Elected Official (e.g. Mayor, Chief, Councillor, Area Director)		41.1%	23
Chief Administrative Officer		8.9%	5
Economic Development Officer		5.4%	3
Community health care worker		14.3%	8
Community Planner		7.1%	4
Other community employee (feel free to specify)		12.5%	7
Consultant for the community		5.4%	3
Hereditary Chief		1.8%	1
Elder		3.6%	2
Lands/Natural Resources Department employee, (feel free to specify)		8.9%	5
Did we miss anyone, please specify....		1.8%	1
		Total Responses	**56**

OTHER COMMUNITY EMPLOYEE (FEEL FREE TO SPECIFY):

- Administrative Assistant
- Community Researcher
- Director of Corporate Administration
- Director of Finance
- Executive Assistant
- Communications Manager

LANDS/NATURAL RESOURCES DEPARTMENT EMPLOYEE, (FEEL FREE TO SPECIFY):

- Negotiator
- Guardian Developer
- Director

DID WE MISS ANYONE, PLEASE SPECIFY....

- Research Analyst

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4) WHAT IS THE SIZE OF THE COMMUNITY YOU REPRESENT?

Response	Chart	Percentage	Count
Population of <2500 (e.g. Village)		54.5%	30
Population between 2500 to < 5000 (e.g. Town)		9.1%	5
Population between 5,000 to < 10,000 (e.g. City)		9.1%	5
Population between 10,000 to < 100,000 (e.g. Regional Centre)		18.2%	10
Other, please specify...		9.1%	5
		Total Responses	**55**

OTHER, PLEASE SPECIFY...

- 1000 on reserve members, 850 off reserve
- Less than 500
- 175 in community
- 500
- Very large area, sparsely populated

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5) How would you best describe the community you represent?

Response	Chart	Percentage	Count
Regional District		14.8%	8
Municipality		51.9%	28
First Nation Band Council		27.8%	15
Metis Chartered Community		0.0%	0
Community-based Organization		1.9%	1
Are we missing any? Please specify....		3.7%	2
		Total Responses	**54**

Are we missing any? Please specify....

- All of the above
- Regional Municipality

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6) On which aspects do you engage with industry (oil and gas, mining, forestry, hydro-electric development, etc.) or in resource development decision making? Please click all that apply.

Response	Chart	Percentage	Count
Provincial permit consultation (e.g. permits and authorizations under the Lands Act, Water Act, Mines Act, Forest and Range Practices Act, Environmental Management Act, Oil and Gas Commission authorizations, etc.)		42.0%	21
Federal permit consultation (e.g. permits and authorizations under the Navigable Waters Protection Act, Fisheries Act, Species at Risk Act, National Energy Board Act, etc.)		32.0%	16
Local government zoning/permitting		66.0%	33
Impact (management) benefit agreements		34.0%	17
Fair Share agreements		42.0%	21
Accommodation agreements		22.0%	11
Industry-initiated early engagement and partnership development		40.0%	20
Community-initiated early engagement and partnership development		44.0%	22

Environmental Assessments (EA)s during information collection by consultant	36.0%	18
Environmental Assessments (EA)s through the EA advisory working group	40.0%	20
Environmental Assessments (EA)s during the public consultation process	40.0%	20
Long-range planning (e.g. community visioning, OCP consultation, etc.)	58.0%	29
Socio-Economic Effects Management Plan consultation	54.0%	27
Are there any that we are missing? Please specify, ...	8.0%	4
	Total Responses	**50**

ARE THERE ANY THAT WE ARE MISSING? PLEASE SPECIFY, ...

- Emergency Response
- Not much in terms of social and community health engagement
- Community budgeting
- Economic/community development

7) APPROXIMATELY HOW MUCH OF YOUR WORK TIME IN THE LAST YEAR WAS SPENT WORKING ON INDUSTRY/RESOURCE DEVELOPMENT RELATED WORK?

Response	Chart	Percentage	Count
0%		5.7%	3
1-20%		39.6%	21
21-40%		30.2%	16
41-60%		9.4%	5
61-80%		7.5%	4
81-100%		7.5%	4
		Total Responses	**53**

8) WHEN FIRST ENGAGING WITH INDUSTRY, HEALTH RELATED CONCERNS ARE MOSTLY (CHECK ALL THAT APPLY):

Response	Chart	Percentage	Count
Brought up by the community		86.5%	32
Brought up by industry		13.5%	5
Brought up by the regulatory process (e.g. Environmental Assessments)		24.3%	9
Brought up by health agencies		29.7%	11
Not brought up		16.2%	6
		Total Responses	**37**

9) DURING YOUR ENGAGEMENT WITH INDUSTRY OR THE NATURAL RESOURCE DEVELOPMENT PROCESS, APPROXIMATELY HOW MUCH OF YOUR TIME IS SPENT ON HEALTH RELATED MATTERS?

Response	Chart	Percentage	Count
0%		5.4%	2
1-20%		75.7%	28
21-40%		10.8%	4
41-60%		2.7%	1
61-80%		0.0%	0
81-100%		5.4%	2
		Total Responses	**37**

10) WHEN YOU ENGAGE WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS, DO YOU FEEL THAT PART OF YOUR ROLE IS TO ADVOCATE FOR A HEALTHIER COMMUNITY?

Response	Chart	Percentage	Count
Yes, I strongly feel that this is part of my role		59.5%	22
Yes, I somewhat feel that is part of my role		32.4%	12
No, I feel that role falls to someone else		8.1%	3
		Total Responses	**37**

11) IF YES, HOW WELL PREPARED DO YOU FEEL TO ADVOCATE FOR A HEALTHIER COMMUNITY WHEN ENGAGING WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS?

Response	Chart	Percentage	Count
Well prepared		20.6%	7
Somewhat prepared		55.9%	19
Mostly unprepared		23.5%	8
N/A		0.0%	0
		Total Responses	**34**

12) HOW KNOWLEDGEABLE ARE YOU ABOUT THE FOLLOWING TOPICS AS THEY RELATED TO HEALTH AND RESOURCE/INDUSTRIAL DEVELOPMENT?

	Very knowledgeable	Somewhat knowledgeable	Mostly not knowledgeable	Not knowledgeable	Total Responses
Health impacts that can arise	8 (21.6%)	24 (64.9%)	4 (10.8%)	1 (2.7%)	37
Best management	5 (13.5%)	14 (37.8%)	16 (43.2%)	2 (5.4%)	37

practices that exist					
Mitigation practices that minimize impacts	5 (13.5%)	14 (37.8%)	15 (40.5%)	3 (8.1%)	37
Positive/negative experiences from other communities	8 (21.6%)	15 (40.5%)	12 (32.4%)	2 (5.4%)	37

13) DO YOU ENGAGE WITH OTHER COMMUNITIES ON THE TOPIC OF HEALTH AND RESOURCE DEVELOPMENT?

Response	Chart	Percentage	Count
Yes, often		16.2%	6
Yes, sometimes		37.8%	14
Only rarely		40.5%	15
Not at all		5.4%	2
		Total Responses	**37**

14) DURING YOUR ENGAGEMENT WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS, HOW OFTEN DO THE FOLLOWING TOPICS COME UP?

	Often	Sometimes	Rarely	Not at all	I don't know what this means	Total Responses
Overall community health impacts	13 (35.1%)	11 (29.7%)	9 (24.3%)	4 (10.8%)	0 (0.0%)	37
Health impacts from exposures (e.g. air, soil, water)	10 (27.0%)	12 (32.4%)	11 (29.7%)	4 (10.8%)	0 (0.0%)	37
Health services and infrastructure	10 (27.0%)	12 (32.4%)	8 (21.6%)	7 (18.9%)	0 (0.0%)	37
Access to social services	8 (21.6%)	7 (18.9%)	10 (27.0%)	12 (32.4%)	0 (0.0%)	37

Health inequities	7 (18.9%)	10 (27.0%)	7 (18.9%)	13 (35.1%)	0 (0.0%)	37
Gender inequities	5 (13.5%)	4 (10.8%)	12 (32.4%)	16 (43.2%)	0 (0.0%)	37
Mental health and addictions	8 (21.6%)	11 (29.7%)	8 (21.6%)	10 (27.0%)	0 (0.0%)	37
Sexual health	2 (5.4%)	7 (18.9%)	11 (29.7%)	17 (45.9%)	0 (0.0%)	37
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	2 (5.4%)	5 (13.5%)	13 (35.1%)	17 (45.9%)	0 (0.0%)	37
General socio-economic impacts	14 (37.8%)	12 (32.4%)	6 (16.2%)	5 (13.5%)	0 (0.0%)	37
Cultural health	7 (18.9%)	9 (24.3%)	13 (35.1%)	8 (21.6%)	0 (0.0%)	37
Crime (gangs, prostitution, drugs, etc.)	2 (5.4%)	11 (29.7%)	7 (18.9%)	17 (45.9%)	0 (0.0%)	37
Housing	10 (27.0%)	13 (35.1%)	10 (27.0%)	4 (10.8%)	0 (0.0%)	37
Planning for the "boom"	10 (27.0%)	8 (21.6%)	12 (32.4%)	7 (18.9%)	0 (0.0%)	37
Planning for the "bust"	7 (18.9%)	6 (16.2%)	14 (37.8%)	10 (27.0%)	0 (0.0%)	37
Positive project legacies	10 (27.0%)	6 (16.2%)	13 (35.1%)	7 (18.9%)	1 (2.7%)	37
Economic benefits	17 (45.9%)	15 (40.5%)	4 (10.8%)	1 (2.7%)	0 (0.0%)	37
Cost of living	11 (29.7%)	12 (32.4%)	7 (18.9%)	7 (18.9%)	0 (0.0%)	37
Training/education opportunities	14 (37.8%)	15 (40.5%)	5 (13.5%)	3 (8.1%)	0 (0.0%)	37
Early (< 5 years) childhood education	3 (8.1%)	4 (10.8%)	9 (24.3%)	21 (56.8%)	0 (0.0%)	37
Health promotion (healthy eating, active living, etc.)	6 (16.2%)	8 (21.6%)	9 (24.3%)	14 (37.8%)	0 (0.0%)	37
Community infrastructure and services	13 (35.1%)	13 (35.1%)	9 (24.3%)	2 (5.4%)	0 (0.0%)	37
Traffic	11 (29.7%)	12 (32.4%)	6 (16.2%)	8 (21.6%)	0 (0.0%)	37

15) ARE THERE ANY OTHER HEALTH-RELATED TOPICS THAT COME UP IN YOUR DISCUSSIONS THAT WE ARE MISSING?

Response	Chart	Percentage	Count
No		66.7%	24
Yes, please specify		33.3%	12
		Total Responses	**36**

PLEASE SPECIFY:

- Lack of medical professionals
- Intergenerational trauma
- Access to family doctors, already a shortage of doctors and with population influx great concern
- Impacts on community when disempowered/marginalized by government/industry and their processes
- Potential ecological affects to salmon
- Access to and consumption of traditional foods
- With the economic slow down, we are cognizant of how important it is to have free community events and gatherings
- Impact of visual environment on health
- Long term, cumulative and industry added (i.e. 10 industries compounded rather than evaluated singly), pollution to air, water, land, wildlife, environment and human health.
- Need more healthy male role models
- The impact of spills in the community
- Lack of doctors and maternity services

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16) HOW IMPORTANT DO YOU FEEL THESE ARE FOR YOUR COMMUNITY?

	Very important	Somewhat important	Not very important	Not at all important	I don't know what this means	Total Responses
Overall community health impacts	33 (89.2%)	4 (10.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	37
Health impacts from exposures (e.g. air, soil, water)	29 (78.4%)	6 (16.2%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37

Health services and infrastructure	28 (75.7%)	8 (21.6%)	1 (2.7%)	0 (0.0%)	0 (0.0%)	37
Access to social services	19 (51.4%)	15 (40.5%)	3 (8.1%)	0 (0.0%)	0 (0.0%)	37
Health inequities	20 (54.1%)	13 (35.1%)	4 (10.8%)	0 (0.0%)	0 (0.0%)	37
Gender inequities	14 (37.8%)	12 (32.4%)	10 (27.0%)	1 (2.7%)	0 (0.0%)	37
Mental health and addictions	24 (64.9%)	11 (29.7%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
Sexual health	11 (29.7%)	18 (48.6%)	6 (16.2%)	2 (5.4%)	0 (0.0%)	37
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	13 (35.1%)	15 (40.5%)	7 (18.9%)	2 (5.4%)	0 (0.0%)	37
General socio-economic impacts	29 (78.4%)	6 (16.2%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
Cultural health	24 (64.9%)	8 (21.6%)	5 (13.5%)	0 (0.0%)	0 (0.0%)	37
Crime (gangs, prostitution, drugs, etc.)	16 (43.2%)	13 (35.1%)	5 (13.5%)	2 (5.4%)	1 (2.7%)	37
Housing	21 (56.8%)	11 (29.7%)	4 (10.8%)	1 (2.7%)	0 (0.0%)	37
Planning for the "boom"	20 (54.1%)	10 (27.0%)	6 (16.2%)	0 (0.0%)	1 (2.7%)	37
Planning for the "bust"	24 (64.9%)	8 (21.6%)	5 (13.5%)	0 (0.0%)	0 (0.0%)	37
Positive project legacies	16 (43.2%)	16 (43.2%)	4 (10.8%)	1 (2.7%)	0 (0.0%)	37
Economic benefits	20 (54.1%)	14 (37.8%)	2 (5.4%)	1 (2.7%)	0 (0.0%)	37
Cost of living	23 (62.2%)	10 (27.0%)	4 (10.8%)	0 (0.0%)	0 (0.0%)	37
Training/education opportunities	26 (70.3%)	9 (24.3%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
Early (< 5 years) childhood education	17 (45.9%)	15 (40.5%)	4 (10.8%)	1 (2.7%)	0 (0.0%)	37
Health promotion (healthy eating, active living, etc.)	24 (64.9%)	8 (21.6%)	3 (8.1%)	2 (5.4%)	0 (0.0%)	37
Community infrastructure and services	27 (73.0%)	8 (21.6%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
Traffic	18 (48.6%)	11 (29.7%)	5 (13.5%)	3 (8.1%)	0 (0.0%)	37

17) How prepared do you feel to talk about these topics with industry?

	Very prepared	Somewhat prepared	Not very prepared	Not at all prepared	I don't know what this means	Total Responses
Overall community health impacts	10 (27.0%)	18 (48.6%)	8 (21.6%)	1 (2.7%)	0 (0.0%)	37
Health impacts from exposures (e.g. air, soil, water)	4 (10.8%)	20 (54.1%)	11 (29.7%)	2 (5.4%)	0 (0.0%)	37
Health services and infrastructure	7 (18.9%)	18 (48.6%)	7 (18.9%)	5 (13.5%)	0 (0.0%)	37
Access to social services	5 (13.5%)	14 (37.8%)	13 (35.1%)	5 (13.5%)	0 (0.0%)	37
Health inequities	5 (13.5%)	16 (43.2%)	9 (24.3%)	7 (18.9%)	0 (0.0%)	37
Gender inequities	3 (8.1%)	14 (37.8%)	10 (27.0%)	10 (27.0%)	0 (0.0%)	37
Mental health and addictions	9 (24.3%)	12 (32.4%)	10 (27.0%)	6 (16.2%)	0 (0.0%)	37
Sexual health	3 (8.1%)	12 (32.4%)	14 (37.8%)	8 (21.6%)	0 (0.0%)	37
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	2 (5.4%)	12 (32.4%)	13 (35.1%)	10 (27.0%)	0 (0.0%)	37
General socio-economic impacts	10 (27.0%)	15 (40.5%)	8 (21.6%)	4 (10.8%)	0 (0.0%)	37
Cultural health	9 (24.3%)	15 (40.5%)	9 (24.3%)	4 (10.8%)	0 (0.0%)	37
Crime (gangs, prostitution, drugs, etc.)	5 (13.5%)	12 (32.4%)	14 (37.8%)	6 (16.2%)	0 (0.0%)	37
Housing	10 (27.0%)	17 (45.9%)	6 (16.2%)	4 (10.8%)	0 (0.0%)	37
Planning for the "boom"	9 (24.3%)	15 (40.5%)	9 (24.3%)	4 (10.8%)	0 (0.0%)	37
Planning for the "bust"	7 (18.9%)	17 (45.9%)	10 (27.0%)	3 (8.1%)	0 (0.0%)	37
Positive project legacies	10 (27.0%)	17 (45.9%)	8 (21.6%)	2 (5.4%)	0 (0.0%)	37
Economic benefits	13 (35.1%)	18 (48.6%)	6 (16.2%)	0 (0.0%)	0 (0.0%)	37
Cost of living	8 (21.6%)	19 (51.4%)	9 (24.3%)	1 (2.7%)	0 (0.0%)	37
Training/education opportunities	11 (29.7%)	16 (43.2%)	8 (21.6%)	2 (5.4%)	0 (0.0%)	37

Early (< 5 years) childhood education	4 (10.8%)	10 (27.0%)	15 (40.5%)	8 (21.6%)	0 (0.0%)	37
Health promotion (healthy eating, active living, etc.)	9 (24.3%)	12 (32.4%)	12 (32.4%)	4 (10.8%)	0 (0.0%)	37
Community infrastructure and services	11 (29.7%)	19 (51.4%)	7 (18.9%)	0 (0.0%)	0 (0.0%)	37
Traffic	8 (21.6%)	18 (48.6%)	9 (24.3%)	2 (5.4%)	0 (0.0%)	37

18) BASED ON YOUR EXPERIENCE, HOW PREPARED DO YOU FEEL INDUSTRY IS TO DISCUSS THESE TOPICS?

	Very prepared	Somewhat prepared	Not very prepared	Not at all prepared	I don't know what this means	Total Responses
Overall community health impacts	5 (13.5%)	8 (21.6%)	16 (43.2%)	8 (21.6%)	0 (0.0%)	37
Health impacts from exposures (e.g. air, soil, water)	5 (13.5%)	17 (45.9%)	11 (29.7%)	4 (10.8%)	0 (0.0%)	37
Health services and infrastructure	6 (16.2%)	11 (29.7%)	11 (29.7%)	9 (24.3%)	0 (0.0%)	37
Access to social services	1 (2.7%)	10 (27.0%)	12 (32.4%)	14 (37.8%)	0 (0.0%)	37
Health inequities	1 (2.7%)	8 (21.6%)	14 (37.8%)	14 (37.8%)	0 (0.0%)	37
Gender inequities	2 (5.4%)	8 (21.6%)	11 (29.7%)	16 (43.2%)	0 (0.0%)	37
Mental health and addictions	1 (2.7%)	10 (27.0%)	11 (29.7%)	15 (40.5%)	0 (0.0%)	37
Sexual health	0 (0.0%)	9 (24.3%)	10 (27.0%)	18 (48.6%)	0 (0.0%)	37
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	1 (2.7%)	7 (18.9%)	13 (35.1%)	16 (43.2%)	0 (0.0%)	37

General socio-economic impacts	3 (8.1%)	15 (40.5%)	11 (29.7%)	8 (21.6%)	0 (0.0%)	37
Cultural health	1 (2.7%)	8 (21.6%)	12 (32.4%)	16 (43.2%)	0 (0.0%)	37
Crime (gangs, prostitution, drugs, etc.)	1 (2.7%)	9 (24.3%)	11 (29.7%)	16 (43.2%)	0 (0.0%)	37
Housing	2 (5.4%)	11 (29.7%)	18 (48.6%)	6 (16.2%)	0 (0.0%)	37
Planning for the "boom"	4 (10.8%)	17 (45.9%)	9 (24.3%)	7 (18.9%)	0 (0.0%)	37
Planning for the "bust"	3 (8.1%)	10 (27.0%)	14 (37.8%)	10 (27.0%)	0 (0.0%)	37
Positive project legacies	5 (13.5%)	16 (43.2%)	11 (29.7%)	5 (13.5%)	0 (0.0%)	37
Economic benefits	9 (24.3%)	15 (40.5%)	11 (29.7%)	2 (5.4%)	0 (0.0%)	37
Cost of living	3 (8.1%)	12 (32.4%)	16 (43.2%)	6 (16.2%)	0 (0.0%)	37
Training/education opportunities	9 (24.3%)	14 (37.8%)	12 (32.4%)	2 (5.4%)	0 (0.0%)	37
Early (< 5 years) childhood education	0 (0.0%)	6 (16.2%)	10 (27.0%)	21 (56.8%)	0 (0.0%)	37
Health promotion (healthy eating, active living, etc.)	3 (8.1%)	8 (21.6%)	11 (29.7%)	15 (40.5%)	0 (0.0%)	37
Community infrastructure and services	6 (16.2%)	11 (29.7%)	12 (32.4%)	8 (21.6%)	0 (0.0%)	37
Traffic	5 (13.5%)	11 (29.7%)	12 (32.4%)	9 (24.3%)	0 (0.0%)	37

19) IN GENERAL, HOW SATISFIED ARE YOU WITH THE DIALOGUE BETWEEN YOURSELF AND INDUSTRY ON THE TOPIC OF HEALTH?

Response	Chart	Percentage	Count
Very Satisfied		8.1%	3
Satisfied		16.2%	6
Neither satisfied nor unsatisfied		40.5%	15

Unsatisfied		16.2%	6
Very Unsatisfied		18.9%	7
		Total Responses	**37**

PLEASE FEEL FREE TO DESCRIBE FURTHER:

Raw text responses was not included to maintain privacy and confidentiality of survey participants. The following is a summary of themes identified from the answers to this question:

There were a total of 12 answers. Three of the responses had positives things to say about the dialogue between themselves and industry on the topic of health while the remaining were overwhelmingly negative. Positive comments included the willingness of industry to discuss any issues and bringing forward their knowledge from experiences elsewhere in Canada. One community representative noted that they have a great working relationships with their industry partners. There was also recognition that workers live and work in the community and therefore communities and industry are working in collaboration to keep their citizens and workers healthy.

On the other hand, many respondents noted that conversations on health is non-existent or significantly lacking. It was noted that the discussions with industry are often one-sided and topics are often skirted around. Talking about health is not always a priority for industry, especially when contextual issues are raised, such as the social and health impacts of residential schools or intergenerational impacts.

It was recognized that more dialogue with communities to discuss the impacts of health related issues is needed, including specific conversations around protecting spawning groups of salmon, the social effects of affluence and camp life in rural communities and the science concerning the ecological impacts from source to consumption. A number of criticisms of government priorities and processes were also noted. This includes the government's priority to place industrial agenda's over the health and wellbeing of communities and individuals.

The approval process was also critiqued, noting that communities often lack capacity to adequately participate, that company-provided data is often biased and that inadequate efforts are being taken by governments to ensure quality control and the sincere evaluate and protection of the risks of projects. It was noted that the social and environmental liabilities are often held by society and individuals through lower quality of life and increased medical expenses, resulting in a loss of collective wealth and hidden costs which is reflected in the North's lower health status. A comment stating "not to worry, they can mitigate everything" was also included but it is not clear whether this was meant with sarcasm or not.

20) IN GENERAL, HOW SATISFIED ARE YOU WITH THE FINAL OUTCOMES OF YOUR CONVERSATIONS WITH INDUSTRY ON HEALTH RELATED ISSUES?

Response	Chart	Percentage	Count
Very Satisfied		8.1%	3
Satisfied		10.8%	4
Neither satisfied nor unsatisfied		27.0%	10
Unsatisfied		32.4%	12
Very Unsatisfied		21.6%	8
		Total Responses	**37**

PLEASE FEEL FREE TO DESCRIBE FURTHER:

Raw text responses not included to maintain privacy and confidentiality of survey participants. The following is a summary of themes identified from the answers to this question:

There were a total of 13 additional comments made; all of which identified frustrations and shortcomings. A number of respondents indicated that a dialogue around health is absent altogether, while several others felt that community concerns went largely unheard and that there was an absence of genuine dialogue. Examples that were provided include industry skirting around topics and questions, industry giving presentations rather than listening and considering community interests and industry listening only as a courtesy (not seriously) and for the self-serving interest to receive a "social license".

A number of responses also noted that while the discussions may be good, the follow-up has been less so. The view that industry is disconnected from the realities of rural living and do not understand the impacts that industry has in the north and on community health was also expressed.

Similarly, comments were made that industry solutions are often not creative, relying largely on "throwing money at it" or relying on already existing and stretched resources (as opposed to planning on enhancing these services). One comment noted that, just like government, industry if feeling the burden and expectations that they are able to fund/administer programs that should be provincial programs. Lastly, a suggestion was made that there is a need for more meetings and discussions related to health.

21) DO YOU CURRENTLY USE ANY TOOLS (E.G. TOOKITS, GUIDANCE DOCUMENTS, BEST MANAGEMENT PRACTICES, TRADITIONAL KNOWLEDGE STUDIES, SOCIO-ECONOMIC STUDIES, ETC.) TO SUPPORT YOUR CONVERSATIONS WITH INDUSTRY OR RESOURCE DEVELOPMENT DECISION MAKING ON THE TOPIC OF HEALTH?

Response	Chart	Percentage	Count
Yes		37.8%	14
No		62.2%	23
		Total Responses	**37**

22) IF YES, PLEASE IDENTIFY THE TOOLS THAT YOU USE AND WHY YOU FIND THEM BENEFICIAL:

- Studies done by professionals/consultant
- Traditional knowledge, Use & Occupancy Mapping, Stewardship Plan, Community Vision, understanding of Keyoh Holders vision; along with Dakelh worldview aides me when speaking to industry about human health but also health of the ecosystem.
- Socio-economic study, traditional use studies, health needs assessment study
- Tool kits around dialogue - beneficial to help people try and listen and appreciate diverse perspectives, keep conversation from becoming debate style or high conflict.
- Local studies and reports
- Traditional knowledge studies, socio economic studies
- My tools is listening to the health workers in the community and their responses to trying to improve programs on the reserve that can improve the standard of health through education.
- UNBC studies on communities and resource development; Internal Municipal policy and socio-economic study documents prepared by our own Staff.
- The Provincial government likes to say that BC will be world leading, using best practices for LNG. In truth BC is doing the reverse. I use the "Society for International Gas Tankers and Terminal Operators" best practices and Guide lines which clearly sets out where terminals should not be located, to avoid conflict and health and safety risks to people.
- Regular fact to face meetings with our industry partners
- IBA Community Toolkit - Gordon Foundation. Good overview of how to negotiate impact benefits agreements.
- Planning institute publications on specific topics with research, findings and best management recommendations from across the country and globe.

23) As noted in the e-mail introduction, Northern Health and the First Nations Health Authority have partnered with UNBC to summarize knowledge on community health issues. We would like to share our findings with you. Is this something that you would be interested in?

Response	Chart	Percentage	Count
Yes, very interested		54.1%	20
Yes, somewhat interested		21.6%	8
No, not interested		24.3%	9
		Total Responses	**37**

24) If yes, which topics do you feel would be the MOST interesting to you (please select all that apply).

Response	Chart	Percentage	Count
Impacts - on general community health		88.9%	24
Impacts - due to chemical exposures in air, soil, water, sediment, etc.		66.7%	18
Impacts - to health services and infrastructure		70.4%	19
Impacts - to access to social services		63.0%	17
Impacts - on mental health and addictions		74.1%	20
Impacts - on sexual health		37.0%	10
Impacts - on cultural health		74.1%	20
Impacts - on communicable (infectious) diseases		33.3%	9
Impacts - on health inequities		66.7%	18
Impacts - on gender inequities		37.0%	10
Impacts - on crime (e.g. gangs, prostitution, drugs)		66.7%	18
Impacts - on housing		59.3%	16
Impacts - on cost of living		66.7%	18
Impacts - to economic inequities		66.7%	18

Impacts - to early childhood education	33.3%	9
Impacts - to community cohesion and volunteerism	51.9%	14
Impacts - to family cohesion (eg. family violence, divorce rates, etc.)	59.3%	16
Benefits - economic	66.7%	18
Benefits - training and education	55.6%	15
Benefits - positive legacy opportunities	74.1%	20
Benefits - health promotion opportunities	66.7%	18
Recognized best management practices	70.4%	19
Opportunities to minimize/mitigate impacts	66.7%	18
Experience from other northern Canadian communities/projects	77.8%	21
Experience from international communities/projects	55.6%	15
Are we missing any? Please specify...	7.4%	2
	Total Responses	**27**

ARE WE MISSING ANY? PLEASE SPECIFY...

- Lack of medical professionals
- Can we have continuous research and updating on these topics and hold industry and government accountable (i.e. legally enforceable, e.g. legal and governmental ways of making accountability happen) while we are at it? How this information is ultimately used is important. For example, [company name][3] is being "monitored" over the years to see if anything goes wrong, then we are supposed to act after the fact, even though we have the means and the information now and the discussion has already taken place!

[3] Company name removed to maintain privacy and confidentiality of survey participant

25) WHICH FORMAT DO YOU THINK WOULD BE THE MOST USEFUL TO YOU FOR RECEIVING THIS INFORMATION (PLEASE SELECT ALL THAT APPLY).

Response	Chart	Percentage	Count
Detailed report outlining methodologies, findings, data sources, summary and conclusions		23.1%	6
Summary report capturing main findings		69.2%	18
Handbook/toolkit with easy to flip to sections on specific topics		65.4%	17
Online toolkit (website)		57.7%	15
In-person presentation		34.6%	9
Webinar		19.2%	5
Other, please specify		3.8%	1
		Total Responses	**26**

OTHER, PLEASE SPECIFY

- Whatever the consensus is, but use every means possible to community, possibly do not have unlimited funds, so pick the best methods to reach the most people and enact legislation

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26) DO YOU HAVE ANY SPECIFIC STORIES THAT YOU WOULD LIKE TO SHARE REGARDING RESOURCE DEVELOPMENT AND HEALTH IN YOUR COMMUNITY?

A number of stories were shared. As with previous questions, to maintain privacy and confidentiality of survey participants, raw text responses are not provided. The following is a summary of the stories that were shared:

<u>Stories of specific project concerns/impacts:</u>

- One respondent noted concerns related to unwashed trucks with concentrate going through their community and concerns around pollution associated with this
- One respondent noted experiences with donations made to the community and First Nations from corporations to bribe people/Chiefs/leaders into accepting terms that had not been appropriately vetted by the community. They noted how this divides sectors of the community and places those within the community against each other as some feel that the companies are being generous while other feel that this manipulation. It was noted that funds are often given to address a need experienced by the community that should have

been covered by adequate government funding. It was also noted that the benefits experienced by the community do not keep up with the resources extracted from region and often don't trickle down to ordinary citizens.

- One respondent noted how a large industrial facility is being proposed within ½ kilometre from homes without appropriate notification from the Province. The respondent noted a disregard for international guidelines and best practices as well as a lack of consideration for the community when land was provided to the proponent. The respondent noted that the community had a long history at this location and that the proposed project has been very stressful and puts the community's wellbeing at risk. It was also noted that the development of the LNG industry was ill conceived and poorly planned.
- One respondent noted a proposed mining project in their territory and associated community and ecological health concerns. It was noted that they were fearful of the threat of silicosis and how there have been requests for an environmental review of the project that is not supported by the province or the company. The community is hoping to do their own review of the project that will include impacts to cultural health and treaty rights and have won a judicial review of BC's decision to not review the project.

<u>Stories on industry processes, methods and supports</u>

- One respondent noted that resource users/extractors continue to make plan which they introduce to regulatory bodies with little efforts made to ask First Nations communities whether they approve of these plans or want to be involved in decision making at any level. It was noted that they receive a lot of "lip service" but little action
- One respondent noted good talks with one of the mining companies in the community
- One response noted that they were in the process of building infrastructure and how so far, industry had not responded to their call for financial assistant

<u>Stories on health and social services and impacts:</u>

- One respondent voiced concerns regarding the rental market and housing costs as it relates to boom bust cycles. It was noted that the boom cycle had created entire neighbourhoods of rental market housing and how this has the potential to impact community health. Questions were raised around what will happen when the resource boom ends and these neighbourhoods become largely populated by low income residents or abandoned altogether, changing the balance of a healthy community mix. It was also noted that vulnerable citizens had been pushed out of the community or into poorer living conditions as a result of rising housing costs. With the net loss of vulnerable populations, concerns around their ability to influence decision makers was recognized, as was concerns for neighbouring communities into which those vulnerable populations were pushed.
- One respondent noted their communities experience partnering with Livecare to provide healthcare to their community at a significant cost to the community, through staffing, administration and travel. The service includes an on-site doctor one week per month and a

hybrid telemedicine and specialized technology for the remaining three weeks. Allied health services can also be offered through this hybrid model however, funding support has been limited.
- One respondent noted issues with a lack of maternity services and doctors in the community
- One respondent expressed concern about the lack of preparedness for increased mental health support as well as a readiness to prevent increased crime activity when resource sectors burst.
- One respondent voiced concern about seemingly high incidents of multiple sclerosis and cancer

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27) IS THERE ANYTHING ELSE THAT IS IMPORTANT TO YOU AND YOUR COMMUNITY ON THIS TOPIC THAT YOU WISH TO SHARE?

As with previous questions, to maintain privacy and confidentiality of survey participants, raw text responses are not provided. The following were other important issues that were raised by respondents:

- While industry and others think that speaking about ecosystem health is about First Nations, it should be recognized that First Nations are fighting for the health of the lands, air, water as their inherent responsibility that will benefit everyone. All humans benefit from a healthier land/ecosystem
- Concerns that salmon, herring and marine ecosystems will suffer and by altered by the LNG industry, especially related to risking ocean temperatures through the release of water as part of the cooling process. It is noted that if the salmon are affected, both the marine and terrestrial ecosystems will be forever changed
- That common sense tells us that large scale industrial development should not be located near human habitation to prevent health related issues
- That much focus is placed on gender equality and youth, but not on affordability. Concerns that those on fixed incomes are left behind when money comes in
- That health care is an important issues that is always on the community's priorities of issues and how more meetings and discussions with Northern Health need to take place
- Concern that lack of funding is resulting in reduced mental health supports in a community and concerns related to the competency of health staff in the community.
- Support for the approach taken by Northern Health and First Nations Health Authority on resource development, specifically, support for framing corporate impacts as medically preventable/improvable and supported by research and tools.

Appendix 3B: Northern Health Results only

FILTERED: NORTHERN HEALTH COMMUNITY REPRESENTATIVES ONLY

1) Background: this survey is intended for community representatives that engage with industry. It is meant to give Northern Health (NH) and the First Nations Health Authority (FNHA) a better understanding of community interests and areas of engagement related to health and resource development. The results will be used to help influence the work that FNHA and NH are conducting in collaboration with the University of British Columbia (UNBC) to better understand potential health impacts associated with resource development.

   Please be advised that your individual responses will be treated as confidential and no identifiable information will be collected or shared publicly. Individual responses will only be viewed by members of the northern health and First Nations Health Authority project team and presented as group data. Fluid survey stores any collected information in Canada for an undetermined time period, and is subject to Canadian privacy law.

   Free, informed and ongoing consent. Your participation in this survey is entirely voluntary. Unfortunately since no identifiable information will be collected, once your survey results have been submitted it will not be possible for us to withdraw your answers from the survey results. If you require further information on this or the survey's objectives and end-use, please don't hesitate to contact us at resource.development@northernhealth.ca or 250 645-6367. By selecting "I agree" you indicate your understanding of the above information and provide your consent to participate in this survey.

Response	Chart	Percentage	Count
I agree		100.0%	54
I do not agree		0.0%	0
		Total Responses	**54**

2) THE SURVEY IS INTENDED FOR THOSE REPRESENTING NORTHERN HEALTH COMMUNITIES (SEE MAP BELOW). DO YOU CONSIDER YOURSELF A REPRESENTATIVE OF A COMMUNITY LOCATED IN NORTHERN HEALTH'S SERVICE DELIVERY AREA?

Response	Chart	Percentage	Count
Yes		100.0%	54
No		0.0%	0
		Total Responses	**54**

3) WHAT IS YOUR POSITION (CLICK ALL THAT APPLY)?

Response	Chart	Percentage	Count
Elected Official (e.g. Mayor, Chief, Councillor, Area Director)		40.7%	22
Chief Administrative Officer		9.3%	5
Economic Development Officer		5.6%	3
Community health care worker		14.8%	8
Community Planner		7.4%	4
Other community employee (feel free to specify)		13.0%	7
Consultant for the community		5.6%	3
Hereditary Chief		1.9%	1
Elder		3.7%	2
Lands/Natural Resources Department employee, (feel free to specify)		9.3%	5
Did we miss anyone, please specify....		0.0%	0
		Total Responses	**54**

OTHER COMMUNITY EMPLOYEE (FEEL FREE TO SPECIFY):

- Administrative Assistant
- Community Researcher
- Director of Corporate Administration
- Director of Finance
- Executive Assistant

- Communications Manager

LANDS/NATURAL RESOURCES DEPARTMENT EMPLOYEE, (FEEL FREE TO SPECIFY):

- Negotiator
- Guardian Developer
- Director

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4) WHAT IS THE SIZE OF THE COMMUNITY YOU REPRESENT?

Response	Chart	Percentage	Count
Population of <2500 (e.g. Village)		55.6%	30
Population between 2500 to < 5000 (e.g. Town)		9.3%	5
Population between 5,000 to < 10,000 (e.g. City)		9.3%	5
Population between 10,000 to < 100,000 (e.g. Regional Centre)		16.7%	9
Other, please specify...		9.3%	5
		Total Responses	**54**

OTHER, PLEASE SPECIFY...

- 1000 on reserve members, 850 off reserve
- Less than 500
- 175 in community
- 500
- Very large area, sparsely populated

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5) HOW WOULD YOU BEST DESCRIBE THE COMMUNITY YOU REPRESENT?

Response	Chart	Percentage	Count
Regional District		15.1%	8
Municipality		50.9%	27

First Nation Band Council	28.3%	15
Metis Chartered Community	0.0%	0
Community-based Organization	1.9%	1
Are we missing any? Please specify....	3.8%	2
	Total Responses	**53**

ARE WE MISSING ANY? PLEASE SPECIFY....

- All of the above
- Regional Municipality

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6) ON WHICH ASPECTS DO YOU ENGAGE WITH INDUSTRY (OIL AND GAS, MINING, FORESTRY, HYDRO-ELECTRIC DEVELOPMENT, ETC.) OR IN RESOURCE DEVELOPMENT DECISION MAKING? PLEASE CLICK ALL THAT APPLY.

Response	Chart	Percentage	Count
Provincial permit consultation (e.g. permits and authorizations under the Lands Act, Water Act, Mines Act, Forest and Range Practices Act, Environmental Management Act, Oil and Gas Commission authorizations, etc.)		42.9%	21
Federal permit consultation (e.g. permits and authorizations under the Navigable Waters Protection Act, Fisheries Act, Species at Risk Act, National Energy Board Act, etc.)		32.7%	16
Local government zoning/permitting		65.3%	32
Impact (management) benefit agreements		34.7%	17
Fair Share agreements		42.9%	21
Accommodation agreements		22.4%	11
Industry-initiated early engagement and partnership development		40.8%	20
Community-initiated early engagement and partnership development		42.9%	21
Environmental Assessments (EA)s during information collection by consultant		34.7%	17

Environmental Assessments (EA)s through the EA advisory working group	40.8%	20
Environmental Assessments (EA)s during the public consultation process	40.8%	20
Long-range planning (e.g. community visioning, OCP consultation, etc.)	57.1%	28
Socio-Economic Effects Management Plan consultation	53.1%	26
Are there any that we are missing? Please specify, ...	8.2%	4
	Total Responses	**49**

ARE THERE ANY THAT WE ARE MISSING? PLEASE SPECIFY, ...

- Emergency Response
- Not much in terms of social and community health engagement
- Community budgeting
- Economic/community development

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7) APPROXIMATELY HOW MUCH OF YOUR WORK TIME IN THE LAST YEAR WAS SPENT WORKING ON INDUSTRY/RESOURCE DEVELOPMENT RELATED WORK?

Response	Chart	Percentage	Count
0%		5.9%	3
1-20%		39.2%	20
21-40%		31.4%	16
41-60%		7.8%	4
61-80%		7.8%	4
81-100%		7.8%	4
		Total Responses	**51**

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8) WHEN FIRST ENGAGING WITH INDUSTRY, HEALTH RELATED CONCERNS ARE MOSTLY (CHECK ALL THAT APPLY):

Response	Chart	Percentage	Count
Brought up by the community		86.5%	32
Brought up by industry		13.5%	5
Brought up by the regulatory process (e.g. Environmental Assessments)		24.3%	9
Brought up by health agencies		29.7%	11
Not brought up		16.2%	6
		Total Responses	**37**

9) DURING YOUR ENGAGEMENT WITH INDUSTRY OR THE NATURAL RESOURCE DEVELOPMENT PROCESS, APPROXIMATELY HOW MUCH OF YOUR TIME IS SPENT ON HEALTH RELATED MATTERS?

Response	Chart	Percentage	Count
0%		5.4%	2
1-20%		75.7%	28
21-40%		10.8%	4
41-60%		2.7%	1
61-80%		0.0%	0
81-100%		5.4%	2
		Total Responses	**37**

10) WHEN YOU ENGAGE WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS, DO YOU FEEL THAT PART OF YOUR ROLE IS TO ADVOCATE FOR A HEALTHIER COMMUNITY?

Response	Chart	Percentage	Count
Yes, I strongly feel that this is part of my role		59.5%	22

Yes, I somewhat feel that is part of my role		32.4%	12
No, I feel that role falls to someone else		8.1%	3
		Total Responses	**37**

11) IF YES, HOW WELL PREPARED DO YOU FEEL TO ADVOCATE FOR A HEALTHIER COMMUNITY WHEN ENGAGING WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS?

Response	Chart	Percentage	Count
Well prepared		20.6%	7
Somewhat prepared		55.9%	19
Mostly unprepared		23.5%	8
N/A		0.0%	0
		Total Responses	**34**

12) HOW KNOWLEDGEABLE ARE YOU ABOUT THE FOLLOWING TOPICS AS THEY RELATED TO HEALTH AND RESOURCE/INDUSTRIAL DEVELOPMENT?

	Very knowledgeable	Somewhat knowledgeable	Mostly not knowledgeable	Not knowledgeable	Total Responses
Health impacts that can arise	8 (21.6%)	24 (64.9%)	4 (10.8%)	1 (2.7%)	37
Best management practices that exist	5 (13.5%)	14 (37.8%)	16 (43.2%)	2 (5.4%)	37
Mitigation practices that minimize impacts	5 (13.5%)	14 (37.8%)	15 (40.5%)	3 (8.1%)	37

Positive/negative experiences from other communities	8 (21.6%)	15 (40.5%)	12 (32.4%)	2 (5.4%)	37

13) DO YOU ENGAGE WITH OTHER COMMUNITIES ON THE TOPIC OF HEALTH AND RESOURCE DEVELOPMENT?

Response	Chart	Percentage	Count
Yes, often		16.2%	6
Yes, sometimes		37.8%	14
Only rarely		40.5%	15
Not at all		5.4%	2
		Total Responses	**37**

14) DURING YOUR ENGAGEMENT WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS, HOW OFTEN DO THE FOLLOWING TOPICS COME UP?

	Often	Sometimes	Rarely	Not at all	I don't know what this means	Total Responses
Overall community health impacts	13 (35.1%)	11 (29.7%)	9 (24.3%)	4 (10.8%)	0 (0.0%)	37
Health impacts from exposures (e.g. air, soil, water)	10 (27.0%)	12 (32.4%)	11 (29.7%)	4 (10.8%)	0 (0.0%)	37
Health services and infrastructure	10 (27.0%)	12 (32.4%)	8 (21.6%)	7 (18.9%)	0 (0.0%)	37

Access to social services	8 (21.6%)	7 (18.9%)	10 (27.0%)	12 (32.4%)	0 (0.0%)	37
Health inequities	7 (18.9%)	10 (27.0%)	7 (18.9%)	13 (35.1%)	0 (0.0%)	37
Gender inequities	5 (13.5%)	4 (10.8%)	12 (32.4%)	16 (43.2%)	0 (0.0%)	37
Mental health and addictions	8 (21.6%)	11 (29.7%)	8 (21.6%)	10 (27.0%)	0 (0.0%)	37
Sexual health	2 (5.4%)	7 (18.9%)	11 (29.7%)	17 (45.9%)	0 (0.0%)	37
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	2 (5.4%)	5 (13.5%)	13 (35.1%)	17 (45.9%)	0 (0.0%)	37
General socio-economic impacts	14 (37.8%)	12 (32.4%)	6 (16.2%)	5 (13.5%)	0 (0.0%)	37
Cultural health	7 (18.9%)	9 (24.3%)	13 (35.1%)	8 (21.6%)	0 (0.0%)	37
Crime (gangs, prostitution, drugs, etc.)	2 (5.4%)	11 (29.7%)	7 (18.9%)	17 (45.9%)	0 (0.0%)	37
Housing	10 (27.0%)	13 (35.1%)	10 (27.0%)	4 (10.8%)	0 (0.0%)	37
Planning for the "boom"	10 (27.0%)	8 (21.6%)	12 (32.4%)	7 (18.9%)	0 (0.0%)	37
Planning for the "bust"	7 (18.9%)	6 (16.2%)	14 (37.8%)	10 (27.0%)	0 (0.0%)	37
Positive project legacies	10 (27.0%)	6 (16.2%)	13 (35.1%)	7 (18.9%)	1 (2.7%)	37
Economic benefits	17 (45.9%)	15 (40.5%)	4 (10.8%)	1 (2.7%)	0 (0.0%)	37
Cost of living	11 (29.7%)	12 (32.4%)	7 (18.9%)	7 (18.9%)	0 (0.0%)	37
Training/education opportunities	14 (37.8%)	15 (40.5%)	5 (13.5%)	3 (8.1%)	0 (0.0%)	37
Early (< 5 years) childhood education	3 (8.1%)	4 (10.8%)	9 (24.3%)	21 (56.8%)	0 (0.0%)	37
Health promotion (healthy eating, active living, etc.)	6 (16.2%)	8 (21.6%)	9 (24.3%)	14 (37.8%)	0 (0.0%)	37
Community infrastructure and services	13 (35.1%)	13 (35.1%)	9 (24.3%)	2 (5.4%)	0 (0.0%)	37
Traffic	11 (29.7%)	12 (32.4%)	6 (16.2%)	8 (21.6%)	0 (0.0%)	37

15) ARE THERE ANY OTHER HEALTH-RELATED TOPICS THAT COME UP IN YOUR DISCUSSIONS THAT WE ARE MISSING?

Response	Chart	Percentage	Count
No		66.7%	24
Yes, please specify		33.3%	12
		Total Responses	**36**

PLEASE SPECIFY

- Lack of medical professionals
- Intergenerational trauma
- Access to family doctors, already a shortage of doctors and with population influx great concern
- Impacts on community when disempowered/marginalized by government/industry and their processes
- Potential ecological affects to salmon
- Access to and consumption of traditional foods
- With the economic slow down, we are cognizant of how important it is to have free community events and gatherings
- Impact of visual environment on health
- Long term, cumulative and industry added (i.e. 10 industries compounded rather than evaluated singly), pollution to air, water, land, wildlife, environment and human health.
- Need more healthy male role models
- The impact of spills in the community
- Lack of doctors and maternity services

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16) HOW IMPORTANT DO YOU FEEL THESE ARE FOR YOUR COMMUNITY?

	Very important	Somewhat important	Not very important	Not at all important	I don't know what this means	Total Responses
Overall community health impacts	33 (89.2%)	4 (10.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	37
Health impacts from exposures (e.g. air, soil, water)	29 (78.4%)	6 (16.2%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
Health services and infrastructure	28 (75.7%)	8 (21.6%)	1 (2.7%)	0 (0.0%)	0 (0.0%)	37

Access to social services	19 (51.4%)	15 (40.5%)	3 (8.1%)	0 (0.0%)	0 (0.0%)	37
Health inequities	20 (54.1%)	13 (35.1%)	4 (10.8%)	0 (0.0%)	0 (0.0%)	37
Gender inequities	14 (37.8%)	12 (32.4%)	10 (27.0%)	1 (2.7%)	0 (0.0%)	37
Mental health and addictions	24 (64.9%)	11 (29.7%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
Sexual health	11 (29.7%)	18 (48.6%)	6 (16.2%)	2 (5.4%)	0 (0.0%)	37
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	13 (35.1%)	15 (40.5%)	7 (18.9%)	2 (5.4%)	0 (0.0%)	37
General socio-economic impacts	29 (78.4%)	6 (16.2%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
Cultural health	24 (64.9%)	8 (21.6%)	5 (13.5%)	0 (0.0%)	0 (0.0%)	37
Crime (gangs, prostitution, drugs, etc.)	16 (43.2%)	13 (35.1%)	5 (13.5%)	2 (5.4%)	1 (2.7%)	37
Housing	21 (56.8%)	11 (29.7%)	4 (10.8%)	1 (2.7%)	0 (0.0%)	37
Planning for the "boom"	20 (54.1%)	10 (27.0%)	6 (16.2%)	0 (0.0%)	1 (2.7%)	37
Planning for the "bust"	24 (64.9%)	8 (21.6%)	5 (13.5%)	0 (0.0%)	0 (0.0%)	37
Positive project legacies	16 (43.2%)	16 (43.2%)	4 (10.8%)	1 (2.7%)	0 (0.0%)	37
Economic benefits	20 (54.1%)	14 (37.8%)	2 (5.4%)	1 (2.7%)	0 (0.0%)	37
Cost of living	23 (62.2%)	10 (27.0%)	4 (10.8%)	0 (0.0%)	0 (0.0%)	37
Training/education opportunities	26 (70.3%)	9 (24.3%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
Early (< 5 years) childhood education	17 (45.9%)	15 (40.5%)	4 (10.8%)	1 (2.7%)	0 (0.0%)	37
Health promotion (healthy eating, active living, etc.)	24 (64.9%)	8 (21.6%)	3 (8.1%)	2 (5.4%)	0 (0.0%)	37
Community infrastructure and services	27 (73.0%)	8 (21.6%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37

Traffic	18 (48.6%)	11 (29.7%)	5 (13.5%)	3 (8.1%)	0 (0.0%)	37

17) How prepared do you feel to talk about these topics with industry?

	Very prepared	Somewhat prepared	Not very prepared	Not at all prepared	I don't know what this means	Total Responses
Overall community health impacts	10 (27.0%)	18 (48.6%)	8 (21.6%)	1 (2.7%)	0 (0.0%)	37
Health impacts from exposures (e.g. air, soil, water)	4 (10.8%)	20 (54.1%)	11 (29.7%)	2 (5.4%)	0 (0.0%)	37
Health services and infrastructure	7 (18.9%)	18 (48.6%)	7 (18.9%)	5 (13.5%)	0 (0.0%)	37
Access to social services	5 (13.5%)	14 (37.8%)	13 (35.1%)	5 (13.5%)	0 (0.0%)	37
Health inequities	5 (13.5%)	16 (43.2%)	9 (24.3%)	7 (18.9%)	0 (0.0%)	37
Gender inequities	3 (8.1%)	14 (37.8%)	10 (27.0%)	10 (27.0%)	0 (0.0%)	37
Mental health and addictions	9 (24.3%)	12 (32.4%)	10 (27.0%)	6 (16.2%)	0 (0.0%)	37
Sexual health	3 (8.1%)	12 (32.4%)	14 (37.8%)	8 (21.6%)	0 (0.0%)	37
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	2 (5.4%)	12 (32.4%)	13 (35.1%)	10 (27.0%)	0 (0.0%)	37
General socio-economic impacts	10 (27.0%)	15 (40.5%)	8 (21.6%)	4 (10.8%)	0 (0.0%)	37
Cultural health	9 (24.3%)	15 (40.5%)	9 (24.3%)	4 (10.8%)	0 (0.0%)	37
Crime (gangs, prostitution, drugs, etc.)	5 (13.5%)	12 (32.4%)	14 (37.8%)	6 (16.2%)	0 (0.0%)	37
Housing	10 (27.0%)	17 (45.9%)	6 (16.2%)	4 (10.8%)	0 (0.0%)	37
Planning for the "boom"	9 (24.3%)	15 (40.5%)	9 (24.3%)	4 (10.8%)	0 (0.0%)	37
Planning for the "bust"	7 (18.9%)	17 (45.9%)	10 (27.0%)	3 (8.1%)	0 (0.0%)	37

Positive project legacies	10 (27.0%)	17 (45.9%)	8 (21.6%)	2 (5.4%)	0 (0.0%)	37
Economic benefits	13 (35.1%)	18 (48.6%)	6 (16.2%)	0 (0.0%)	0 (0.0%)	37
Cost of living	8 (21.6%)	19 (51.4%)	9 (24.3%)	1 (2.7%)	0 (0.0%)	37
Training/education opportunities	11 (29.7%)	16 (43.2%)	8 (21.6%)	2 (5.4%)	0 (0.0%)	37
Early (< 5 years) childhood education	4 (10.8%)	10 (27.0%)	15 (40.5%)	8 (21.6%)	0 (0.0%)	37
Health promotion (healthy eating, active living, etc.)	9 (24.3%)	12 (32.4%)	12 (32.4%)	4 (10.8%)	0 (0.0%)	37
Community infrastructure and services	11 (29.7%)	19 (51.4%)	7 (18.9%)	0 (0.0%)	0 (0.0%)	37
Traffic	8 (21.6%)	18 (48.6%)	9 (24.3%)	2 (5.4%)	0 (0.0%)	37

18) BASED ON YOUR EXPERIENCE, HOW PREPARED DO YOU FEEL INDUSTRY IS TO DISCUSS THESE TOPICS?

	Very prepared	Somewhat prepared	Not very prepared	Not at all prepared	I don't know what this means	Total Responses
Overall community health impacts	5 (13.5%)	8 (21.6%)	16 (43.2%)	8 (21.6%)	0 (0.0%)	37
Health impacts from exposures (e.g. air, soil, water)	5 (13.5%)	17 (45.9%)	11 (29.7%)	4 (10.8%)	0 (0.0%)	37
Health services and infrastructure	6 (16.2%)	11 (29.7%)	11 (29.7%)	9 (24.3%)	0 (0.0%)	37
Access to social services	1 (2.7%)	10 (27.0%)	12 (32.4%)	14 (37.8%)	0 (0.0%)	37
Health inequities	1 (2.7%)	8 (21.6%)	14 (37.8%)	14 (37.8%)	0 (0.0%)	37
Gender inequities	2 (5.4%)	8 (21.6%)	11 (29.7%)	16 (43.2%)	0 (0.0%)	37

Mental health and addictions	1 (2.7%)	10 (27.0%)	11 (29.7%)	15 (40.5%)	0 (0.0%)	37
Sexual health	0 (0.0%)	9 (24.3%)	10 (27.0%)	18 (48.6%)	0 (0.0%)	37
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	1 (2.7%)	7 (18.9%)	13 (35.1%)	16 (43.2%)	0 (0.0%)	37
General socio-economic impacts	3 (8.1%)	15 (40.5%)	11 (29.7%)	8 (21.6%)	0 (0.0%)	37
Cultural health	1 (2.7%)	8 (21.6%)	12 (32.4%)	16 (43.2%)	0 (0.0%)	37
Crime (gangs, prostitution, drugs, etc.)	1 (2.7%)	9 (24.3%)	11 (29.7%)	16 (43.2%)	0 (0.0%)	37
Housing	2 (5.4%)	11 (29.7%)	18 (48.6%)	6 (16.2%)	0 (0.0%)	37
Planning for the "boom"	4 (10.8%)	17 (45.9%)	9 (24.3%)	7 (18.9%)	0 (0.0%)	37
Planning for the "bust"	3 (8.1%)	10 (27.0%)	14 (37.8%)	10 (27.0%)	0 (0.0%)	37
Positive project legacies	5 (13.5%)	16 (43.2%)	11 (29.7%)	5 (13.5%)	0 (0.0%)	37
Economic benefits	9 (24.3%)	15 (40.5%)	11 (29.7%)	2 (5.4%)	0 (0.0%)	37
Cost of living	3 (8.1%)	12 (32.4%)	16 (43.2%)	6 (16.2%)	0 (0.0%)	37
Training/education opportunities	9 (24.3%)	14 (37.8%)	12 (32.4%)	2 (5.4%)	0 (0.0%)	37
Early (< 5 years) childhood education	0 (0.0%)	6 (16.2%)	10 (27.0%)	21 (56.8%)	0 (0.0%)	37
Health promotion (healthy eating, active living, etc.)	3 (8.1%)	8 (21.6%)	11 (29.7%)	15 (40.5%)	0 (0.0%)	37
Community infrastructure and services	6 (16.2%)	11 (29.7%)	12 (32.4%)	8 (21.6%)	0 (0.0%)	37
Traffic	5 (13.5%)	11 (29.7%)	12 (32.4%)	9 (24.3%)	0 (0.0%)	37

19) IN GENERAL, HOW SATISFIED ARE YOU WITH THE DIALOGUE BETWEEN YOURSELF AND INDUSTRY ON THE TOPIC OF HEALTH?

Response	Chart	Percentage	Count
Very Satisfied		8.1%	3
Satisfied		16.2%	6
Neither satisfied nor unsatisfied		40.5%	15
Unsatisfied		16.2%	6
Very Unsatisfied		18.9%	7
		Total Responses	**37**

Please feel free to describe further:

Raw text responses was not included to maintain privacy and confidentiality of survey participants. The following is a summary of themes identified from the answers to this question:

There were a total of 12 answers. Three of the responses had positives things to say about the dialogue between themselves and industry on the topic of health while the remaining were overwhelmingly negative. Positive comments included the willingness of industry to discuss any issues and bringing forward their knowledge from experiences elsewhere in Canada. One community representative noted that they have a great working relationships with their industry partners. There was also recognition that workers live and work in the community and therefore communities and industry are working in collaboration to keep their citizens and workers healthy.

On the other hand, many respondents noted that conversations on health is non-existent or significantly lacking. It was noted that the discussions with industry are often one-sided and topics are often skirted around. Talking about health is not always a priority for industry, especially when contextual issues are raised, such as the social and health impacts of residential schools or intergenerational impacts. It was recognized that more dialogue with communities to discuss the impacts of health related issues is needed, including specific conversations around protecting spawning groups of salmon, the social effects of affluence and camp life in rural communities and the science concerning the ecological impacts from source to consumption.

A number of criticisms of government priorities and processes were also noted. This includes the government's priority to place industrial agenda's over the health and wellbeing of communities and individuals and controlled granting taking away control from First Nation people and communities. The approval process was also critiqued, noting that communities often lack capacity to adequately participate, that company-provided data is often biased and that inadequate efforts are being taken by governments to ensure quality control and the sincere evaluate and protection of the risks of projects. It was noted that the social and environmental liabilities are often held by society and

individuals through lower quality of life and increased medical expenses, resulting in a loss of collective wealth and hidden costs which is reflected in the North's lower health status. A comment stating "not to worry, they can mitigate everything" was also included but it is not clear whether this was meant with sarcasm or not.

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20) IN GENERAL, HOW SATISFIED ARE YOU WITH THE FINAL OUTCOMES OF YOUR CONVERSATIONS WITH INDUSTRY ON HEALTH RELATED ISSUES?

Response	Chart	Percentage	Count
Very Satisfied		8.1%	3
Satisfied		10.8%	4
Neither satisfied nor unsatisfied		27.0%	10
Unsatisfied		32.4%	12
Very Unsatisfied		21.6%	8
		Total Responses	**37**

PLEASE FEEL FREE TO DESCRIBE FURTHER:

Raw text responses not included to maintain privacy and confidentiality of survey participants. The following is a summary of themes identified from the answers to this question:

There were a total of 13 additional comments made; all of which identified frustrations and shortcomings. A number of respondents indicated that a dialogue around health is absent altogether, while several others felt that community concerns went largely unheard and that there was an absence of genuine dialogue. Examples that were provided include industry skirting around topics and questions, industry giving presentations rather than listening and considering community interests and industry listening only as a courtesy (not seriously) and for the self-serving interest to receive a "social license".

A number of responses also noted that while the discussions may be good, the follow-up has been less so. One comment noted that despite many years of negotiations and engagement, communities have not yet seen positive results towards protecting community health and resilience. The view that industry is disconnected from the realities of rural living and do not understand the impacts that industry has in the north and on community health was also expressed. Similarly, comments were made that industry solutions are often not creative, relying largely on "throwing money at it" or relying on already existing and stretched resources (as opposed to planning on enhancing these services). One comment noted that, just like government, industry if feeling the burden and expectations that they are able to fund/administer programs that should be provincial

programs. Lastly, a suggestion was made that there is a need for more meetings and discussions related to health.

21) DO YOU CURRENTLY USE ANY TOOLS (E.G. TOOKITS, GUIDANCE DOCUMENTS, BEST MANAGEMENT PRACTICES, TRADITIONAL KNOWLEDGE STUDIES, SOCIO-ECONOMIC STUDIES, ETC.) TO SUPPORT YOUR CONVERSATIONS WITH INDUSTRY OR RESOURCE DEVELOPMENT DECISION MAKING ON THE TOPIC OF HEALTH?

Response	Chart	Percentage	Count
Yes		37.8%	14
No		62.2%	23
		Total Responses	**37**

22) IF YES, PLEASE IDENTIFY THE TOOLS THAT YOU USE AND WHY YOU FIND THEM BENEFICIAL:

- Studies done by professionals/consultant
- Traditional knowledge, Use & Occupancy Mapping, Stewardship Plan, Community Vision, understanding of Keyoh Holders vision; along with Dakelh worldview aides me when speaking to industry about human health but also health of the ecosystem.
- Socio-economic study, traditional use studies, health needs assessment study
- Tool kits around dialogue - beneficial to help people try and listen and appreciate diverse perspectives, keep conversation from becoming debate style or high conflict.
- Local studies and reports
- Traditional knowledge studies, socio economic studies
- My tools is listening to the health workers in the community and their responses to trying to improve programs on the reserve that can improve the standard of health through education.
- UNBC studies on communities and resource development; Internal Municipal policy and socio-economic study documents prepared by our own Staff.
- The Provincial government likes to say that BC will be world leading, using best practices for LNG. In truth BC is doing the reverse. I use the "Society for International Gas Tankers and Terminal Operators" best practices and Guide lines which clearly sets out where terminals should not be located, to avoid conflict and health and safety risks to people.
- Regular fact to face meetings with our industry partners
- IBA Community Toolkit - Gordon Foundation. Good overview of how to negotiate impact benefits agreements.
- Planning institute publications on specific topics with research, findings and best management recommendations from across the country and globe.

23) As noted in the e-mail introduction, Northern Health and the First Nations Health Authority have partnered with UNBC to summarize knowledge on community health issues. We would like to share our findings with you. Is this something that you would be interested in?

Response	Chart	Percentage	Count
Yes, very interested		54.1%	20
Yes, somewhat interested		21.6%	8
No, not interested		24.3%	9
		Total Responses	**37**

24) If yes, which topics do you feel would be the MOST interesting to you (please select all that apply).

Response	Chart	Percentage	Count
Impacts - on general community health		88.9%	24
Impacts - due to chemical exposures in air, soil, water, sediment, etc.		66.7%	18
Impacts - to health services and infrastructure		70.4%	19
Impacts - to access to social services		63.0%	17
Impacts - on mental health and addictions		74.1%	20
Impacts - on sexual health		37.0%	10
Impacts - on cultural health		74.1%	20
Impacts - on communicable (infectious) diseases		33.3%	9
Impacts - on health inequities		66.7%	18
Impacts - on gender inequities		37.0%	10

Impacts - on crime (e.g. gangs, prostitution, drugs)	66.7%	18
Impacts - on housing	59.3%	16
Impacts - on cost of living	66.7%	18
Impacts - to economic inequities	66.7%	18
Impacts - to early childhood education	33.3%	9
Impacts - to community cohesion and volunteerism	51.9%	14
Impacts - to family cohesion (eg. family violence, divorce rates, etc.)	59.3%	16
Benefits - economic	66.7%	18
Benefits - training and education	55.6%	15
Benefits - positive legacy opportunities	74.1%	20
Benefits - health promotion opportunities	66.7%	18
Recognized best management practices	70.4%	19
Opportunities to minimize/mitigate impacts	66.7%	18
Experience from other northern Canadian communities/projects	77.8%	21
Experience from international communities/projects	55.6%	15
Are we missing any? Please specify...	7.4%	2
	Total Responses	**27**

ARE WE MISSING ANY? PLEASE SPECIFY...

- Lack of medical professionals
- Can we have continuous research and updating on these topics and hold industry and government accountable (i.e. legally enforceable, e.g. legal and governmental ways of making accountability happen) while we are at it? How this information is ultimately used is important. For example, [company name][4] is being "monitored" over the years to see if anything goes wrong, then we are supposed to act after the fact, even though we have the means and the information now and the discussion has already taken place!

[4] Company name removed to maintain privacy and confidentiality of survey participant

25) WHICH FORMAT DO YOU THINK WOULD BE THE MOST USEFUL TO YOU FOR RECEIVING THIS INFORMATION (PLEASE SELECT ALL THAT APPLY).

Response	Chart	Percentage	Count
Detailed report outlining methodologies, findings, data sources, summary and conclusions		23.1%	6
Summary report capturing main findings		69.2%	18
Handbook/toolkit with easy to flip to sections on specific topics		65.4%	17
Online toolkit (website)		57.7%	15
In-person presentation		34.6%	9
Webinar		19.2%	5
Other, please specify		3.8%	1
		Total Responses	**26**

OTHER, PLEASE SPECIFY...

- Whatever the consensus is, but use every means possible to community, possibly do not have unlimited funds, so pick the best methods to reach the most people and enact legislation

26) DO YOU HAVE ANY SPECIFIC STORIES THAT YOU WOULD LIKE TO SHARE REGARDING RESOURCE DEVELOPMENT AND HEALTH IN YOUR COMMUNITY?

A number of stories were shared. As with previous questions, to maintain privacy and confidentiality of survey participants, raw text responses are not provided. The following is a summary of the stories that were shared:

<u>Stories of specific project concerns/impacts:</u>

- One respondent noted concerns related to unwashed trucks with concentrate going through their community and concerns around pollution associated with this
- One respondent noted experiences with donations made to the community and First Nations from corporations to bribe people/Chiefs/leaders into accepting terms that had not been appropriately vetted by the community. They noted how this divides sectors of the community and places those within the community against each other as some feel that the companies are being generous while other feel that this manipulation. It was noted that funds are often given to address a need experienced by the community that should have

been covered by adequate government funding. It was also noted that the benefits experienced by the community do not keep up with the resources extracted from region and often don't trickle down to ordinary citizens.

- One respondent noted how a large industrial facility is being proposed within ½ kilometre from homes without appropriate notification from the Province. The respondent noted a disregard for international guidelines and best practices as well as a lack of consideration for the community when land was provided to the proponent. The respondent noted that the community had a long history at this location and that the proposed project has been very stressful and puts the community's wellbeing at risk. It was also noted that the development of the LNG industry was ill conceived and poorly planned.
- One respondent noted a proposed mining project in their territory and associated community and ecological health concerns. It was noted that they were fearful of the threat of silicosis and how there have been requests for an environmental review of the project that is not supported by the province or the company. The community is hoping to do their own review of the project that will include impacts to cultural health and treaty rights and have won a judicial review of BC's decision to not review the project.

<u>Stories on industry processes, methods and supports</u>

- One respondent noted that resource users/extractors continue to make plan which they introduce to regulatory bodies with little efforts made to ask First Nations communities whether they approve of these plans or want to be involved in decision making at any level. It was noted that they receive a lot of "lip service" but little action
- One respondent noted good talks with one of the mining companies in the community
- One response noted that they were in the process of building infrastructure and how so far, industry had not responded to their call for financial assistant

<u>Stories on health and social services and impacts:</u>

- One respondent voiced concerns regarding the rental market and housing costs as it relates to boom bust cycles. It was noted that the boom cycle had created entire neighbourhoods of rental market housing and how this has the potential to impact community health. Questions were raised around what will happen when the resource boom ends and these neighbourhoods become largely populated by low income residents or abandoned altogether, changing the balance of a healthy community mix. It was also noted that vulnerable citizens had been pushed out of the community or into poorer living conditions as a result of rising housing costs. With the net loss of vulnerable populations, concerns around their ability to influence decision makers was recognized, as was concerns for neighbouring communities into which those vulnerable populations were pushed.
- One respondent noted their communities experience partnering with Livecare to provide healthcare to their community at a significant cost to the community, through staffing, administration and travel. The service includes an on-site doctor one week per month and a

hybrid telemedicine and specialized technology for the remaining three weeks. Allied health services can also be offered through this hybrid model however, funding support has been limited.

- One respondent noted issues with a lack of maternity services and doctors in the community
- One respondent expressed concern about the lack of preparedness for increased mental health support as well as a readiness to prevent increased crime activity when resource sectors burst.
- One respondent voiced concern about seemingly high incidents of multiple sclerosis and cancer

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27) IS THERE ANYTHING ELSE THAT IS IMPORTANT TO YOU AND YOUR COMMUNITY ON THIS TOPIC THAT YOU WISH TO SHARE?

As with previous questions, to maintain privacy and confidentiality of survey participants, raw text responses are not provided. The following were other important issues that were raised by respondents:

- While industry and others think that speaking about ecosystem health is about First Nations, it should be recognized that First Nations are fighting for the health of the lands, air, water as their inherent responsibility that will benefit everyone. All humans benefit from a healthier land/ecosystem
- Concerns that salmon, herring and marine ecosystems will suffer and by altered by the LNG industry, especially related to risking ocean temperatures through the release of water as part of the cooling process. It is noted that if the salmon are affected, both the marine and terrestrial ecosystems will be forever changed
- That common sense tells us that large scale industrial development should not be located near human habitation to prevent health related issues
- That much focus is placed on gender equality and youth, but not on affordability. Concerns that those on fixed incomes are left behind when money comes in
- That health care is an important issue that is always on the community's priorities of issues and how more meetings and discussions with Northern Health need to take place
- Concern that lack of funding is resulting in reduced mental health supports in a community and concerns related to the competency of health staff in the community.
  Support for the approach taken by Northern Health and First Nations Health Authority on resource development, specifically, support for framing corporate impacts as medically preventable/improvable and supported by research and tools.

APPENDIX 3C: NORTHERN HEALTH AND FIRST NATION BAND COUNCIL RESULTS ONLY

FILTERED: NORTHERN HEALTH; FIRST NATION BAND COUNCIL REPRESENTATIVES ONLY

1) Background: this survey is intended for community representatives that engage with industry. It is meant to give Northern Health (NH) and the First Nations Health Authority (FNHA) a better understanding of community interests and areas of engagement related to health and resource development. The results will be used to help influence the work that FNHA and NH are conducting in collaboration with the University of British Columbia (UNBC) to better understand potential health impacts associated with resource development.

Please be advised that your individual responses will be treated as confidential and no identifiable information will be collected or shared publicly. Individual responses will only be viewed by members of the northern health and First Nations Health Authority project team and presented as group data. Fluid survey stores any collected information in Canada for an undetermined time period, and is subject to Canadian privacy law.

Free, informed and ongoing consent. Your participation in this survey is entirely voluntary. Unfortunately since no identifiable information will be collected, once your survey results have been submitted it will not be possible for us to withdraw your answers from the survey results. If you require further information on this or the survey's objectives and end-use, please don't hesitate to contact us at resource.development@northernhealth.ca or 250 645-6367. By selecting "I agree" you indicate your understanding of the above information and provide your consent to participate in this survey.

Response	Chart	Percentage	Count
I agree		100.0%	15
I do not agree		0.0%	0
		Total Responses	**15**

2) THE SURVEY IS INTENDED FOR THOSE REPRESENTING NORTHERN HEALTH COMMUNITIES (SEE MAP BELOW). DO YOU CONSIDER YOURSELF A REPRESENTATIVE OF A COMMUNITY LOCATED IN NORTHERN HEALTH'S SERVICE DELIVERY AREA?

Response	Chart	Percentage	Count
Yes		100.0%	15
No		0.0%	0
		Total Responses	**15**

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3) WHAT IS YOUR POSITION (CLICK ALL THAT APPLY)?

Response	Chart	Percentage	Count
Elected Official (e.g. Mayor, Chief, Councillor, Area Director)		20.0%	3
Chief Administrative Officer		0.0%	0
Economic Development Officer		6.7%	1
Community health care worker		33.3%	5
Community Planner		6.7%	1
Other community employee (feel free to specify)		6.7%	1
Consultant for the community		13.3%	2
Hereditary Chief		0.0%	0
Elder		13.3%	2
Lands/Natural Resources Department employee, (feel free to specify)		26.7%	4
Did we miss anyone, please specify....		0.0%	0
		Total Responses	**15**

OTHER COMMUNITY EMPLOYEE (FEEL FREE TO SPECIFY)

- Community researcher

LANDS/NATURAL RESOURCES DEPARTMENT EMPLOYEE, (FEEL FREE TO SPECIFY)

- Guardian Developer
- Director

4) WHAT IS THE SIZE OF THE COMMUNITY YOU REPRESENT?

Response	Chart	Percentage	Count
Population of <2500 (e.g. Village)		66.7%	10
Population between 2500 to < 5000 (e.g. Town)		6.7%	1
Population between 5,000 to < 10,000 (e.g. City)		0.0%	0
Population between 10,000 to < 100,000 (e.g. Regional Centre)		0.0%	0
Other, please specify...		26.7%	4
		Total Responses	**15**

PLEASE SPECIFY...

- 1000 on reserve members, 850 off reserve
- Less than 500
- 175 in community
- 500

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5) HOW WOULD YOU BEST DESCRIBE THE COMMUNITY YOU REPRESENT?

Response	Chart	Percentage	Count
Regional District		0.0%	0
Municipality		0.0%	0
First Nation Band Council		100.0%	15
Metis Chartered Community		0.0%	0
Community-based Organization		0.0%	0
Are we missing any? Please specify....		0.0%	0
		Total Responses	**15**

6) ON WHICH ASPECTS DO YOU ENGAGE WITH INDUSTRY (OIL AND GAS, MINING, FORESTRY, HYDRO-ELECTRIC DEVELOPMENT, ETC.) OR IN RESOURCE DEVELOPMENT DECISION MAKING? PLEASE CLICK ALL THAT APPLY.

Response	Chart	Percentage	Count
Provincial permit consultation (e.g. permits and authorizations under the Lands Act, Water Act, Mines Act, Forest and Range Practices Act, Environmental Management Act, Oil and Gas Commission authorizations, etc.)		50.0%	6
Federal permit consultation (e.g. permits and authorizations under the Navigable Waters Protection Act, Fisheries Act, Species at Risk Act, National Energy Board Act, etc.)		33.3%	4
Local government zoning/permitting		8.3%	1
Impact (management) benefit agreements		58.3%	7
Fair Share agreements		33.3%	4
Accommodation agreements		33.3%	4
Industry-initiated early engagement and partnership development		50.0%	6
Community-initiated early engagement and partnership development		50.0%	6
Environmental Assessments (EA)s during information collection by consultant		50.0%	6
Environmental Assessments (EA)s through the EA advisory working group		41.7%	5
Environmental Assessments (EA)s during the public consultation process		41.7%	5
Long-range planning (e.g. community visioning, OCP consultation, etc.)		58.3%	7
Socio-Economic Effects Management Plan consultation		66.7%	8
Are there any that we are missing? Please specify, ...		0.0%	0
		Total Responses	**12**

7) APPROXIMATELY HOW MUCH OF YOUR WORK TIME IN THE LAST YEAR WAS SPENT WORKING ON INDUSTRY/RESOURCE DEVELOPMENT RELATED WORK?

Response	Chart	Percentage	Count
0%		15.4%	2
1-20%		23.1%	3
21-40%		15.4%	2
41-60%		7.7%	1
61-80%		15.4%	2
81-100%		23.1%	3
		Total Responses	**13**

8) WHEN FIRST ENGAGING WITH INDUSTRY, HEALTH RELATED CONCERNS ARE MOSTLY (CHECK ALL THAT APPLY):

Response	Chart	Percentage	Count
Brought up by the community		100.0%	10
Brought up by industry		0.0%	0
Brought up by the regulatory process (e.g. Environmental Assessments)		20.0%	2
Brought up by health agencies		20.0%	2
Not brought up		20.0%	2
		Total Responses	**10**

9) DURING YOUR ENGAGEMENT WITH INDUSTRY OR THE NATURAL RESOURCE DEVELOPMENT PROCESS, APPROXIMATELY HOW MUCH OF YOUR TIME IS SPENT ON HEALTH RELATED MATTERS?

Response	Chart	Percentage	Count
0%		10.0%	1
1-20%		60.0%	6
21-40%		10.0%	1
41-60%		10.0%	1
61-80%		0.0%	0
81-100%		10.0%	1
		Total Responses	**10**

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10) WHEN YOU ENGAGE WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS, DO YOU FEEL THAT PART OF YOUR ROLE IS TO ADVOCATE FOR A HEALTHIER COMMUNITY?

Response	Chart	Percentage	Count
Yes, I strongly feel that this is part of my role		70.0%	7
Yes, I somewhat feel that is part of my role		30.0%	3
No, I feel that role falls to someone else		0.0%	0
		Total Responses	**10**

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11) IF YES, HOW WELL PREPARED DO YOU FEEL TO ADVOCATE FOR A HEALTHIER COMMUNITY WHEN ENGAGING WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS?

Response	Chart	Percentage	Count
Well prepared		10.0%	1
Somewhat prepared		50.0%	5
Mostly unprepared		40.0%	4
N/A		0.0%	0
		Total Responses	**10**

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12) HOW KNOWLEDGEABLE ARE YOU ABOUT THE FOLLOWING TOPICS AS THEY RELATED TO HEALTH AND RESOURCE/INDUSTRIAL DEVELOPMENT?

	Very knowledgeable	Somewhat knowledgeable	Mostly not knowledgeable	Not knowledgeable	Total Responses
Health impacts that can arise	3 (30.0%)	6 (60.0%)	1 (10.0%)	0 (0.0%)	10
Best management practices that exist	0 (0.0%)	5 (50.0%)	5 (50.0%)	0 (0.0%)	10
Mitigation practices that minimize impacts	0 (0.0%)	5 (50.0%)	4 (40.0%)	1 (10.0%)	10
Positive/negative experiences from other communities	1 (10.0%)	6 (60.0%)	2 (20.0%)	1 (10.0%)	10

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13) DO YOU ENGAGE WITH OTHER COMMUNITIES ON THE TOPIC OF HEALTH AND RESOURCE DEVELOPMENT?

Response	Chart	Percentage	Count
Yes, often		10.0%	1
Yes, sometimes		50.0%	5
Only rarely		30.0%	3
Not at all		10.0%	1
		Total Responses	**10**

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14) DURING YOUR ENGAGEMENT WITH INDUSTRY OR THE NATURAL RESOURCE MANAGEMENT PROCESS, HOW OFTEN DO THE FOLLOWING TOPICS COME UP?

	Often	Sometimes	Rarely	Not at all	I don't know what this means	Total Responses
Overall community health impacts	4 (40.0%)	3 (30.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	10
Health impacts from exposures (e.g. air, soil, water)	4 (40.0%)	3 (30.0%)	3 (30.0%)	0 (0.0%)	0 (0.0%)	10
Health services and infrastructure	0 (0.0%)	6 (60.0%)	2 (20.0%)	2 (20.0%)	0 (0.0%)	10
Access to social services	0 (0.0%)	3 (30.0%)	3 (30.0%)	4 (40.0%)	0 (0.0%)	10
Health inequities	1 (10.0%)	3 (30.0%)	3 (30.0%)	3 (30.0%)	0 (0.0%)	10
Gender inequities	2 (20.0%)	1 (10.0%)	2 (20.0%)	5 (50.0%)	0 (0.0%)	10
Mental health and addictions	2 (20.0%)	3 (30.0%)	3 (30.0%)	2 (20.0%)	0 (0.0%)	10
Sexual health	0 (0.0%)	2 (20.0%)	3 (30.0%)	5 (50.0%)	0 (0.0%)	10
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	0 (0.0%)	1 (10.0%)	5 (50.0%)	4 (40.0%)	0 (0.0%)	10
General socio-economic impacts	5 (50.0%)	4 (40.0%)	0 (0.0%)	1 (10.0%)	0 (0.0%)	10

Cultural health	3 (30.0%)	4 (40.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	10
Crime (gangs, prostitution, drugs, etc.)	1 (10.0%)	2 (20.0%)	2 (20.0%)	5 (50.0%)	0 (0.0%)	10
Housing	1 (10.0%)	6 (60.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	10
Planning for the "boom"	0 (0.0%)	3 (30.0%)	5 (50.0%)	2 (20.0%)	0 (0.0%)	10
Planning for the "bust"	1 (10.0%)	3 (30.0%)	3 (30.0%)	3 (30.0%)	0 (0.0%)	10
Positive project legacies	0 (0.0%)	2 (20.0%)	7 (70.0%)	0 (0.0%)	1 (10.0%)	10
Economic benefits	3 (30.0%)	7 (70.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Cost of living	3 (30.0%)	4 (40.0%)	1 (10.0%)	2 (20.0%)	0 (0.0%)	10
Training/education opportunities	5 (50.0%)	5 (50.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Early (< 5 years) childhood education	0 (0.0%)	1 (10.0%)	3 (30.0%)	6 (60.0%)	0 (0.0%)	10
Health promotion (healthy eating, active living, etc.)	2 (20.0%)	2 (20.0%)	4 (40.0%)	2 (20.0%)	0 (0.0%)	10
Community infrastructure and services	1 (10.0%)	5 (50.0%)	4 (40.0%)	0 (0.0%)	0 (0.0%)	10
Traffic	2 (20.0%)	6 (60.0%)	0 (0.0%)	2 (20.0%)	0 (0.0%)	10

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15) ARE THERE ANY OTHER HEALTH-RELATED TOPICS THAT COME UP IN YOUR DISCUSSIONS THAT WE ARE MISSING?

Response	Chart	Percentage	Count
No		55.6%	5
Yes, please specify		44.4%	4
		Total Responses	**9**

PLEASE SPECIFY

- Lack of medical professionals
- Intergenerational trauma
- Access to and consumption of traditional foods
- Need more healthy role models

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16) HOW IMPORTANT DO YOU FEEL THESE ARE FOR YOUR COMMUNITY?

	Very important	Somewhat important	Not very important	Not at all important	I don't know what this means	Total Responses
Overall community health impacts	10 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Health impacts from exposures (e.g. air, soil, water)	9 (90.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Health services and infrastructure	9 (90.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Access to social services	5 (50.0%)	4 (40.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Health inequities	7 (70.0%)	3 (30.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Gender inequities	7 (70.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Mental health and addictions	8 (80.0%)	2 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Sexual health	5 (50.0%)	4 (40.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	6 (60.0%)	3 (30.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
General socio-economic impacts	10 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Cultural health	9 (90.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Crime (gangs, prostitution, drugs, etc.)	3 (30.0%)	6 (60.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Housing	7 (70.0%)	3 (30.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Planning for the "boom"	5 (50.0%)	3 (30.0%)	2 (20.0%)	0 (0.0%)	0 (0.0%)	10
Planning for the "bust"	6 (60.0%)	3 (30.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Positive project legacies	3 (30.0%)	5 (50.0%)	1 (10.0%)	1 (10.0%)	0 (0.0%)	10
Economic benefits	4 (40.0%)	4 (40.0%)	1 (10.0%)	1 (10.0%)	0 (0.0%)	10
Cost of living	6 (60.0%)	4 (40.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Training/education opportunities	8 (80.0%)	2 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10

Early (< 5 years) childhood education	5 (50.0%)	4 (40.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Health promotion (healthy eating, active living, etc.)	7 (70.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Community infrastructure and services	7 (70.0%)	3 (30.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Traffic	5 (50.0%)	2 (20.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	10

17) HOW PREPARED DO YOU FEEL TO TALK ABOUT THESE TOPICS WITH INDUSTRY?

	Very prepared	Somewhat prepared	Not very prepared	Not at all prepared	I don't know what this means	Total Responses
Overall community health impacts	2 (20.0%)	7 (70.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Health impacts from exposures (e.g. air, soil, water)	1 (10.0%)	4 (40.0%)	4 (40.0%)	1 (10.0%)	0 (0.0%)	10
Health services and infrastructure	1 (10.0%)	5 (50.0%)	3 (30.0%)	1 (10.0%)	0 (0.0%)	10
Access to social services	0 (0.0%)	4 (40.0%)	5 (50.0%)	1 (10.0%)	0 (0.0%)	10
Health inequities	1 (10.0%)	5 (50.0%)	2 (20.0%)	2 (20.0%)	0 (0.0%)	10
Gender inequities	1 (10.0%)	5 (50.0%)	2 (20.0%)	2 (20.0%)	0 (0.0%)	10
Mental health and addictions	2 (20.0%)	5 (50.0%)	1 (10.0%)	2 (20.0%)	0 (0.0%)	10

Sexual health	0 (0.0%)	4 (40.0%)	4 (40.0%)	2 (20.0%)	0 (0.0%)	10
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	0 (0.0%)	3 (30.0%)	5 (50.0%)	2 (20.0%)	0 (0.0%)	10
General socio-economic impacts	2 (20.0 %)	5 (50.0%)	3 (30.0%)	0 (0.0%)	0 (0.0%)	10
Cultural health	4 (40.0 %)	6 (60.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10
Crime (gangs, prostitution, drugs, etc.)	0 (0.0%)	4 (40.0%)	4 (40.0%)	2 (20.0%)	0 (0.0%)	10
Housing	1 (10.0 %)	6 (60.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	10
Planning for the "boom"	1 (10.0 %)	4 (40.0%)	4 (40.0%)	1 (10.0%)	0 (0.0%)	10
Planning for the "bust"	0 (0.0%)	6 (60.0%)	3 (30.0%)	1 (10.0%)	0 (0.0%)	10
Positive project legacies	1 (10.0 %)	6 (60.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	10
Economic benefits	2 (20.0 %)	7 (70.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Cost of living	1 (10.0 %)	6 (60.0%)	2 (20.0%)	1 (10.0%)	0 (0.0%)	10
Training/education opportunities	2 (20.0 %)	7 (70.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	10
Early (< 5 years) childhood education	0 (0.0%)	4 (40.0%)	4 (40.0%)	2 (20.0%)	0 (0.0%)	10
Health promotion (healthy eating, active living, etc.)	2 (20.0 %)	4 (40.0%)	2 (20.0%)	2 (20.0%)	0 (0.0%)	10

Community infrastructure and services	0 (0.0%)	8 (80.0%)	2 (20.0%)	0 (0.0%)	0 (0.0%)	10
Traffic	1 (10.0 %)	7 (70.0%)	1 (10.0%)	1 (10.0%)	0 (0.0%)	10

18) BASED ON YOUR EXPERIENCE, HOW PREPARED DO YOU FEEL INDUSTRY IS TO DISCUSS THESE TOPICS?

	Very prepared	Somewhat prepared	Not very prepared	Not at all prepared	I don't know what this means	Total Responses
Overall community health impacts	0 (0.0%)	2 (20.0%)	5 (50.0%)	3 (30.0%)	0 (0.0%)	10
Health impacts from exposures (e.g. air, soil, water)	1 (10.0 %)	4 (40.0%)	4 (40.0%)	1 (10.0%)	0 (0.0%)	10
Health services and infrastructure	1 (10.0 %)	3 (30.0%)	2 (20.0%)	4 (40.0%)	0 (0.0%)	10
Access to social services	0 (0.0%)	1 (10.0%)	4 (40.0%)	5 (50.0%)	0 (0.0%)	10
Health inequities	0 (0.0%)	1 (10.0%)	4 (40.0%)	5 (50.0%)	0 (0.0%)	10
Gender inequities	0 (0.0%)	1 (10.0%)	3 (30.0%)	6 (60.0%)	0 (0.0%)	10
Mental health and addictions	0 (0.0%)	3 (30.0%)	3 (30.0%)	4 (40.0%)	0 (0.0%)	10
Sexual health	0 (0.0%)	2 (20.0%)	2 (20.0%)	6 (60.0%)	0 (0.0%)	10
Communicable (contagious) diseases (e.g. Sexually transmitted infections, norovirus, etc.)	1 (10.0 %)	1 (10.0%)	3 (30.0%)	5 (50.0%)	0 (0.0%)	10

General socio-economic impacts	1 (10.0 %)	4 (40.0%)	3 (30.0%)	2 (20.0%)	0 (0.0%)	10
Cultural health	0 (0.0%)	1 (10.0%)	3 (30.0%)	6 (60.0%)	0 (0.0%)	10
Crime (gangs, prostitution, drugs, etc.)	1 (10.0 %)	1 (10.0%)	4 (40.0%)	4 (40.0%)	0 (0.0%)	10
Housing	0 (0.0%)	2 (20.0%)	6 (60.0%)	2 (20.0%)	0 (0.0%)	10
Planning for the "boom"	1 (10.0 %)	6 (60.0%)	1 (10.0%)	2 (20.0%)	0 (0.0%)	10
Planning for the "bust"	1 (10.0 %)	2 (20.0%)	4 (40.0%)	3 (30.0%)	0 (0.0%)	10
Positive project legacies	1 (10.0 %)	5 (50.0%)	2 (20.0%)	2 (20.0%)	0 (0.0%)	10
Economic benefits	2 (20.0 %)	5 (50.0%)	3 (30.0%)	0 (0.0%)	0 (0.0%)	10
Cost of living	1 (10.0 %)	3 (30.0%)	4 (40.0%)	2 (20.0%)	0 (0.0%)	10
Training/education opportunities	4 (40.0 %)	2 (20.0%)	3 (30.0%)	1 (10.0%)	0 (0.0%)	10
Early (< 5 years) childhood education	0 (0.0%)	1 (10.0%)	1 (10.0%)	8 (80.0%)	0 (0.0%)	10
Health promotion (healthy eating, active living, etc.)	0 (0.0%)	1 (10.0%)	3 (30.0%)	6 (60.0%)	0 (0.0%)	10
Community infrastructure and services	2 (20.0 %)	2 (20.0%)	4 (40.0%)	2 (20.0%)	0 (0.0%)	10
Traffic	1 (10.0 %)	2 (20.0%)	4 (40.0%)	3 (30.0%)	0 (0.0%)	10

19) IN GENERAL, HOW SATISFIED ARE YOU WITH THE DIALOGUE BETWEEN YOURSELF AND INDUSTRY ON THE TOPIC OF HEALTH?

Response	Chart	Percentage	Count
Very Satisfied		0.0%	0
Satisfied		0.0%	0
Neither satisfied nor unsatisfied		50.0%	5
Unsatisfied		40.0%	4
Very Unsatisfied		10.0%	1
		Total Responses	**10**

Please feel free to describe further:

Raw text responses not included to maintain privacy and confidentiality of survey participants. The following is a summary of themes identified from the answers to this question:

Two responses were provided, these noted that conversations with industry on the topic of health is often one-sided and not a priority for industry, especially when contextual issues are raised, such as the social and health impacts of residential schools or intergenerational impacts. The government's priority to place industrial agenda's over the health and wellbeing of communities and individuals and controlled granting taking away control from First Nation people and communities was also noted.

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20) IN GENERAL, HOW SATISFIED ARE YOU WITH THE FINAL OUTCOMES OF YOUR CONVERSATIONS WITH INDUSTRY ON HEALTH RELATED ISSUES?

Response	Chart	Percentage	Count
Very Satisfied		0.0%	0
Satisfied		0.0%	0
Neither satisfied nor unsatisfied		20.0%	2
Unsatisfied		50.0%	5

Very Unsatisfied		30.0%	3
		Total Responses	**10**

PLEASE FEEL FREE TO DESCRIBE FURTHER:

Raw text responses not included to maintain privacy and confidentiality of survey participants. The following is a summary of themes identified from the answers to this question:

There were a total for 4 responses, all of which identified frustrations and short comings. There were comments that industry is disconnected from the realities of rural living and do not understand the impacts that industry has in the north and on community health. Similarly, comments were made that industry solutions are often not creative, relying largely on "throwing money at it" or relying on already existing and stretched resources (as opposed to planning on enhancing these services). One comment noted that despite many years of negotiations and engagement, communities have not yet seen positive results towards protecting community health and resilience.

21) DO YOU CURRENTLY USE ANY TOOLS (E.G. TOOKITS, GUIDANCE DOCUMENTS, BEST MANAGEMENT PRACTICES, TRADITIONAL KNOWLEDGE STUDIES, SOCIO-ECONOMIC STUDIES, ETC.) TO SUPPORT YOUR CONVERSATIONS WITH INDUSTRY OR RESOURCE DEVELOPMENT DECISION MAKING ON THE TOPIC OF HEALTH?

Response	Chart	Percentage	Count
Yes		60.0%	6
No		40.0%	4
		Total Responses	**10**

22) IF YES, PLEASE IDENTIFY THE TOOLS THAT YOU USE AND WHY YOU FIND THEM BENEFICIAL:

- Traditional knowledge, Use & Occupancy Mapping, Stewardship Plan, Community Vision, understanding of Keyoh Holders vision; along with Dakehl worldview aides me when speaking to industry about human health but also health of the ecosystem.
- Tool kits around dialogue - beneficial to help people try and listen and appreciate diverse perspectives, keep conversation from becoming debate style or high conflict.

- Traditional knowledge studies, socio economic studies
- My tools is listening to the health workers in the community and there responses to trying to improve programs on the reserve that can improve the standard of health through education.
- IBA Community Toolkit - Gordon Foundation. Good overview of how to negotiate impact benefits agreements.

23) As noted in the e-mail introduction, Northern Health and the First Nations Health Authority have partnered with UNBC to summarize knowledge on community health issues. We would like to share our findings with you. Is this something that you would be interested in?

Response	Chart	Percentage	Count
Yes, very interested		40.0%	4
Yes, somewhat interested		40.0%	4
No, not interested		20.0%	2
		Total Responses	**10**

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24) If yes, which topics do you feel would be the MOST interesting to you (please select all that apply).

Response	Chart	Percentage	Count
Impacts - on general community health		85.7%	6
Impacts - due to chemical exposures in air, soil, water, sediment, etc.		85.7%	6
Impacts - to health services and infrastructure		57.1%	4
Impacts - to access to social services		57.1%	4
Impacts - on mental health and addictions		71.4%	5
Impacts - on sexual health		28.6%	2
Impacts - on cultural health		71.4%	5
Impacts - on communicable (infectious) diseases		28.6%	2
Impacts - on health inequities		57.1%	4

Impacts - on gender inequities		42.9%	3
Impacts - on crime (e.g. gangs, prostitution, drugs)		71.4%	5
Impacts - on housing		57.1%	4
Impacts - on cost of living		71.4%	5
Impacts - to economic inequities		57.1%	4
Impacts - to early childhood education		28.6%	2
Impacts - to community cohesion and volunteerism		57.1%	4
Impacts - to family cohesion (eg. family violence, divorce rates, etc.)		57.1%	4
Benefits - economic		85.7%	6
Benefits - training and education		57.1%	4
Benefits - positive legacy opportunities		85.7%	6
Benefits - health promotion opportunities		57.1%	4
Recognized best management practices		85.7%	6
Opportunities to minimize/mitigate impacts		42.9%	3
Experience from other northern Canadian communities/projects		71.4%	5
Experience from international communities/projects		42.9%	3
Are we missing any? Please specify...		14.3%	1
		Total Responses	**7**

25) WHICH FORMAT DO YOU THINK WOULD BE THE MOST USEFUL TO YOU FOR RECEIVING THIS INFORMATION (PLEASE SELECT ALL THAT APPLY).

Response	Chart	Percentage	Count
Detailed report outlining methodologies, findings, data sources, summary and conclusions		0.0%	0
Summary report capturing main findings		85.7%	6
Handbook/toolkit with easy to flip to sections on specific topics		85.7%	6
Online toolkit (website)		71.4%	5

In-person presentation	14.3%	1
Webinar	28.6%	2
Other, please specify	0.0%	0
	Total Responses	**7**

26) DO YOU HAVE ANY SPECIFIC STORIES THAT YOU WOULD LIKE TO SHARE REGARDING RESOURCE DEVELOPMENT AND HEALTH IN YOUR COMMUNITY?

Two stories were shared. As with previous questions, to maintain privacy and confidentiality of survey participants, raw text responses are not provided. The following is a summary of these stories:

- One respondent noted that resource users/extractors continue to make plan which they introduce to regulatory bodies with little efforts made to ask First Nations communities whether they approve of these plans or want to be involved in decision making at any level. It was noted that they receive a lot of "lip service" but little action
- One respondent noted a proposed mining project in their territory and associated community and ecological health concerns. It was noted that they were fearful of the threat of silicosis and how there have been requests for an environmental review of the project that is not supported by the province or the company. The community is hoping to do their own review of the project that will include impacts to cultural health and treaty rights and have won a judicial review of BC's decision to not review the project.

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27) IS THERE ANYTHING ELSE THAT IS IMPORTANT TO YOU AND YOUR COMMUNITY ON THIS TOPIC THAT YOU WISH TO SHARE?

As with previous questions, to maintain privacy and confidentiality of survey participants, raw text responses are not provided. The following were other important issues that were raised by respondents:

- While industry and others think that speaking about ecosystem health is about First Nations, it should be recognized that First Nations are fighting for the health of the lands, air, water as their inherent responsibility that will benefit everyone. All humans benefit from a healthier land/ecosystem
- Concern that lack of funding is resulting in reduced mental health supports in a community and concerns related to the competency of health staff in the community.

APPENDIX 4: SUB-REGIONAL REPRESENTATION

Northcentral Sub-Regional Caucus:

Figure 1

ATTENDANCE DAY 1 – SEPTEMBER 30TH, 2015	
Nations Represented by Elected Chiefs (8 community out of 20)	Ray Morris – Nee Tahi Buhn First Nation Wilf Adam – Lake Babine Nation Stuart Alec – Nazko First Nation Corinna Leween – Cheslatta Carrier Nation Cora McIntosh – Saikuz First Nation Hayley Nielson – Nee Tahi Buhn Indian Band Cindy Ashe – Burns Lake Band Proxy* Deanna Izony – Tsay Keh Dene Nation Proxy Cindy Salonas- Nadleh First Nation Proxy * Tom Erwin – Wetsuweten First Nation Proxy
Nations Represented by Health Leads (13 out of 20 communities)	Tracey Baldwin – McLeod Lake Indian Band Faith Brown – Lake Babine Nation Clara Williams – Lake Babine Nation Rowena Izony – Tsay Keh Dene Nation Ted Jack – Cheslatta Carrier Nation Christine Joseph – Yekooche First Nation Alanna Ketlo – Nadleh First Nation Lana Koldweigh – Nazko First Nation Jenny Martin – Nakazdli Health Helen Michelle – Skin Tyee First Nation Cynthia Munger – Stellaten First Nation Denise Smith – Stellaten First Nation Louella Nome – Lheidli Tenneh First Nation Ruby Ogen – Wetsuweten First Nation Eileen Ruth – Kwadacha First Nation

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Figure 2

ATTENDANCE DAY 2 – OCTOBER 1ST, 2015	
Nations Represented by Elected Chiefs (10 community out of 20)	Wilf Adam – Lake Babine Nation Stuart Alec – Nazko First Nation Corinna Leween – Cheslatta Carrier Nation Cora McIntosh – Saikuz First Nation Hayley Nielson – Nee Tahi Buhn Rene Skin – Skin Tyee Nation Cindy Ashe – Burns Lake Band Deanna Izony – Tsay Key Dene Cindy Solanas – Nadleh First Nation Erwin Tom – Wet'suwet'en First Nation Ray Morris – Nee Tahi Buhn First Nation
Nations Represented by Health Leads (11 out of 20 communities)	Tracy Baldwin – McLeod Lake Indian Band Faith Brown – Lake Babine Nation Rowena Izony – Tsay Keh Dene Ted Jack – Cheslatta Carrier Nation Christine Joseph – Yekooche First Nation Alanna Ketlo- Nadleh First Nation Lana Koldweighe – Nazko First Nation Helen Michelle – Skin Tyee Nation Cynthia Munger – Stellaten First Nation Ruby Ogen – Wetsuweten First Nation Lisa Sam –Nakazdli First Nation Denise Smith – Stellaten First Nation Clara Williams – Lake Babine Nation

Northwest Sub-Regional Caucus:

Figure 3

ATTENDANCE DAY 1 – OCTOBER 6TH, 2015	
Nations Represented by Elected Chiefs (15 community out of 27)	William Blackwater – Gitsegukla Band Amanda Zettergreen – Gitwangak (Proxy) Tony Morgan – Gitanyow Band Council Ronald Nyce – Gitwinksihlkw Village Government Marie Quock – Iskut First Nation Don Roberts – Kitsumkalum Band Gerald Robinson – Gitlaxtaamiks Village Government Barb Huson – Glen Vowell Band (Proxy) Claude Barton – Gingolx Village Government (Proxy) Lucille Harm – Haisla Nation (Proxy) Alfie Setso – Old Masset (Proxy) Michelle MacDonald – Skidegate Band (Proxy) Desmond McKinnon– Moricetown Band (Proxy) Cynthia Smith – Metlakatla Governing Council (Proxy) Jennifer Grant- Kitselas First Nation
Nations Represented by Health Leads (13 out of 27 communities)	Rachael Stanley – Gingolx Village Government Peggy Abou – Iskut Valley Health Services Christine Ball – Tahltan Band David Benton – Gitgaat First Nation Eric Bottah – Haisla First Nation Lauren Brown – Skidegate Band Council Wanda Good – Gitanyow Human Services Jennifer Grant – Kitselas First Nation Shirley Michelle – Hagwilget Village Julie Morrison – Gitxsan Health Authority Narges Pouabdi – Daylu Dena Council Betty Reece – Lax Kwalaams Band Brian Tait – Gitlaxtaamiks Village Government Charlene Webb – Kitsumkalum Band Valerie Spence – Gitwangak Health

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Figure 4

ATTENDANCE DAY 2 – OCTOBER 7TH , 2015	
Nations Represented by Elected Chiefs (15 community out of 27)	Willie Blackwater – Gitsegukla Band Amanda Zettergreen – Gitwangak Health (Proxy) Tony Morgan – Gitanyow Band Council Ronald Nyce – Gitwinksihlk Village Government Marie Quock – Iskut First Nation Don Roberts – Kitsumkalum Band Gerald Robinson – Gitlaxt'aamiks Village Government Barb Huson – Glen Vowell Band (Proxy) Claude Barton – Gingolx Village Government (Proxy) Lucille Harm – Haisla Nation Council (Proxy) Michelle MacDonald – Skidegate Band Council (Proxy) Desmond McKinnon – Moricetown Band (Proxy) Cynthia Smith – Metlakatla Governing Council (Proxy) Jennifer Grant –Kitselas First Nation (Proxy) Geraldine McDougall – Gitanmaax Band (Proxy)
Nations Represented by Health Leads (11 out of 27 communities)	Rachael Stanley – Gingolx Village Government Christine Ball – Tahltan Band David Benton – Gitga'at First Nation Eric Bottah – Haisla First Nation Lauren Brown – Skidegate Band Council Wanda Good – Gitanyow Human Services Shirley Michell – Hagwilget Village Council Narges Pourabdi – Daylu Dena Council Betty Reece – Lax Kw'alaams Band Brian Tait – Gitlaxta'aiks Village Government Charlene Webb – Kitsumkalum First Nation Theresa Wesley - Prince Rupert Aboriginal Com. Services Society

Northeast Sub-Regional Caucus:

Figure 5

ATTENDANCE DAY 1 – OCTOBER 14, 2015	
Nations Represented by Elected Chiefs (3 community out of 8) No Quorum	Lisa Hotte – Blueberry First Nation (Proxy) Janelle Jackson – Saulteau First Nation Roberta Dendys – Fort Nelson First Nation
Nations Represented by Health Leads (5 out of 8 communities)	Tracy Baldwin – Mcleod Lake Indian Band Margaret Davis – Doig River First Nation Kelvin Fehr – Prophet River First Nation Francis Field – Halfway River First Nation Patricia Hoard – West Moberly First Nation Corrie Peaman – Halfway River First Nation

Figure 6

ATTENDANCE DAY 2 – OCTOBER 15ST, 2015	
Nations Represented by Elected Chiefs (3 community out of 8)	Lisa Hotte – Blueberry First Nation (Proxy) Janelle Jackson – Saulteau First Nation Roberta Dendys – Fort Nelson First Nation
Nations Represented by Health Leads (5 out of 8 communities)	Tracy Baldwin – Mcleod Lake Indian Band Margaret Davis – Doig River First Nation Kelvin Fehr – Prophet River First Nation Francis Field – Halfway River First Nation Patricia Hoard – West Moberly First Nation Corrie Peaman – Halfway River First Nation