

Northern First Nations Caucus Overview of Sub-regional Engagement Sessions

Health and Resource Development Impacts and Overview

Fall 2015 Summary 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 FNHAs 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.

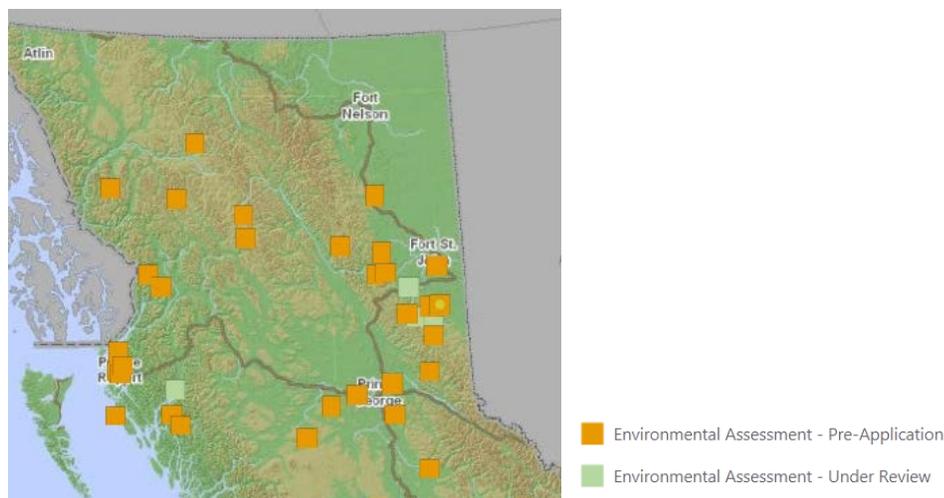
In the Fall of 2015, Northern Health's Dr. Sandra Allison, Chief Medical Health Officer; Barb Oke, Lead, Health and Resource Development; Theresa Healy, Regional Lead, Healthy Community Development – Aboriginal Communities; and, Victoria Carter, Lead for Engagement and Integration, Aboriginal Health from Northern Health hosted engagement sessions through the First Nations Health Authority's sub-regional community engagement sessions, exploring health and community impacts in relation to resource extraction and development.

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. This summary report is a succinct version of the full report and is intended to capture the main messages that were heard. A full version of the engagement report is also available and includes additional details, appendices and information, including but not limited to a copy of the presentation that was provided at the engagement session, copies of the transcribed data collected at the sessions, the results of the Health and Resource Development Survey and a copy of the community representatives in attendance at the engagement 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.

The Office of Health and Resource Development at NH, along with FNHA and Aboriginal Health in Northern Health 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 identified 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.

Supporting Communities with Evidence

What does the evidence say?



What do communities want?



**Health and Resource
Development Support Tools**



*.... designed with First Nation and local
communities in mind*

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

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.

WHAT ARE THE IMPACTS?



Question #1
(10 minutes)

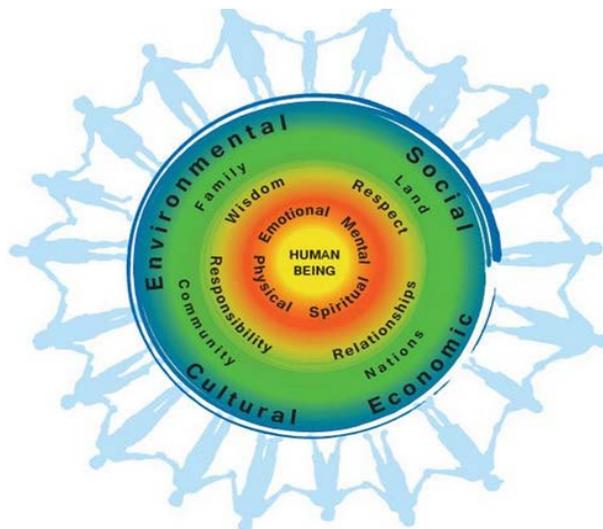
Do you feel that health in your community is or could be affected by resource development? If so, what do you think are the main impacts?

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

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: 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 generally presented in 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	<ul style="list-style-type: none"> • Investment in community culture and traditions (1) 	(none)
Negative impacts	<ul style="list-style-type: none"> • Racism (1) • Impact to traditional activities (3) • Competition with cultural values (3) • Displacement from traditional lands (1) 	<ul style="list-style-type: none"> • Impacts to ecosystems, natural environment (land, air, water) and traditional foods (11) • Fear of contamination (1)
	SOCIAL	ECONOMIC
Positive Impacts	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Employment (2) • Infrastructure funding (4) • Financial stability (1) • Increased wealth, prosperity and standard of living (3) • Revenue sharing (1)
Negative Impacts	<ul style="list-style-type: none"> • 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 FN influence and involvement (1) • Decrease in food security (1) 	<ul style="list-style-type: none"> • 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)

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.



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?

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).

As part of this conversation, the participants identified numerous strengths and challenges to discussing and managing the health impacts. Numerous opportunities to help support communities discuss and manage health impacts were also identified. These are summarized in the table below.

Community Strengths
<ul style="list-style-type: none"> • Existing partnerships • Strong community engagement processes • Early and structured engagement • Community health plans • Existing health services and supports • Traditional knowledge and strong cultural identify

Challenges
<ul style="list-style-type: none">• More data and studies needed• Limited resources (general and specific to health)• Food insecurities• Barriers to effective communication• Health being left out of conversations and not being considered holistically• Communities not coming in as equal partners• Inappropriate regulatory provisions• Negatives outweighing the positives and things getting worse• The current relationship between First Nations and Industry (how industry view First Nations)• Industry timelines not aligning with community timelines• Unresolved issues related to hereditary versus elected leadership• One Nation's decision affecting other Nations• Industry hiring their own• Internal conflict of members (preserve land versus jobs)
Opportunities for help
<ul style="list-style-type: none">• Recognize health as a priority in decision making• Invest in baseline social capital• Provide data and information, partner with universities to study impacts and track outcomes• Industry to invest in the community• Provide cross-cultural training• Ensure environmental assessment plans and restoration plans are in place• Formation of equal partnerships and community ownership over decisions• Ensuring strong agreements (revenue sharing, employment and training)

TALKING TO INDUSTRY AND SHARING WISDOM AND BEST PRACTICES



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?

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 for negotiate terms with industry, discussions on cumulative impact, 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 is coming through.

There was a general agreement that health should be at the table and that it **is their role** 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.

As with the previous question, a number of challenges and opportunities for wise and best practices emerged, as summarized in the table below.

Challenges
<ul style="list-style-type: none">• Title and rights, culture and traditions not included in conversation• 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 come 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
- 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
- Lack of knowledge and technical expertise at the community level
- The cumulative impacts
- 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 Nation health leads are over loaded with work and meetings

Opportunities and Wise and Best Practices

- Being aware, knowledgeable and educated
- Additional social investments into communities
- Industry investments into social capital
- Recognizing money alone is not the answer
- Sharing information and learning from mistakes
- Strength of collaboration
- Assessing the health and social impacts, monitoring impacts and conducting social economic studies
- Strong communication with community members
- Understanding the needs of the community, planning and establishing robust agreements
- Recognizing the strength of Elders
- Focusing on sustainability
- Working towards fair and equitable compensation
- Recognizing that health is a priority and improving the communication between the health and economic development teams

SHARING INFORMATION

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?

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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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



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?

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 preliminary results of this survey are included in the appendix of the full engagement session report.

GENERAL OBSERVATIONS

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, there was a similar narrative across northern BC. While the depth of experience was apparent in the Northeast, the common themes that emerged at all three engagement sessions highlighted very similar challenges, best practices and opportunities.

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 this work moving forward.

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 this work, there are several more steps currently underway.

The following work is currently underway 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 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”;
 - A 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);
- 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 our 54 First Nations.