

19.1 Questions/Comments - Determinants of Human Health and Health Impact Assessment

LINDSAY STAPLES: Thank you very much, Carolyn that was really something. We can take a couple of questions for Carolyn if anybody has some.

IAN ROBERTSON: Carolyn, Ian Robertson; Carolyn, could you perhaps break down the scale here. Now, I'm going to take the role of a proponent for a small project. Most of the examples you were using I sense were in the context of quite large projects. So, could you give us an example of how you would apply some of your determinants and indicators to a relatively small project, for example, let's take a new school in a community of 400 people.

CAROLYN DUNN: Well, for smaller projects, we don't tend to look at all nine or ten determinants of health. We tend to focus on the determinants of health that are relevant to the project. So, for a school, obviously you're going to look at education and training opportunities, as well as healthy childhood development. So, we would look at what's this building going to be made of? Is it going to have any contaminants or any things that would endanger children, looking at health and safety of children, as well. And we would also look at the educational opportunities that this new facility would be providing. And another thing that could be looked at for a development project like that would be the aesthetics and the completed look, whether this building is being designed in a way that is culturally appropriate for the group that will be using the facility. I don't know if that gets to the answer that you're looking for, but that's basically how we do it at Health Canada. We're responsible for small health facilities on First Nation reserves; and when we're doing those very small environmental assessments, we tend to look at only the determinants that are directly related to that building.

LINDSAY STAPLES: If I could on that, I think Ian's question applies across many of the talks we've had over the last two days; and what he's introduced is how is the effects assessment process altered as you go from, if you will, megaproject to microproject; and it was mentioned to me actually yesterday by a couple of speakers, and it's something to think about and carry forward, and I'm not sure that we're going to fully address that question in this workshop, but it's a really important question. Again, I think it applies over many of the areas we've been talking about over the last two days, so thanks for the question, Ian.

RON SUMANIK: Ron Sumanik, Oil and Gas Business Development. First of all, I want to commend you on an excellent presentation. It was extremely valuable to me.

CAROLYN DUNN: Thank you.

RON SUMANIK: I guess the follow-up question to that is: It's great, and I think we all recognize those determinants of health. You laid it out very well. On your website or in your offices, do you go to the next step and talk about measures or mitigative measures, whatever measures or steps you can take when faced with a large or small project to maintain those healthy communities?

CAROLYN DUNN: Right; well, the handbook that we'll be sending out to you, and I also want to point out that there will be these handouts about the handbook in the next room, I'll put them out on the table there for everybody to take, and Volume 4 of our handbook goes by Industrial sector, and it lists the major health issues associated with development projects, and then, goes through the mitigation measures that can be used to manage some of those health impacts. So, that is in the handbook.

BARNEY SMITH: Carolyn, you talked about coping strategies. One of the psychological areas that maybe important is the degree of optimism or pessimism over future quality of life for individuals and families; and certainly with all the climate change news and negative news about the way the future is going, that is certainly a prevalent view that we're hearing about in communities and often from elders that this can't be sustained, and here is one more event that's coming on and maybe a disinterest in participating. It's not a pleasant thing to talk about, perceptions of bleak futures; but the notion is that may be something to add into the determinants or may already be included. I don't know what kind of indicator you would put into that, but just to be able to have a conversation around that.

CAROLYN DUNN: Right; I don't really have an answer to that, except that I think what's important in development is that it's community-controlled and that people really feel that they have a say in where their community is going in the future so that they feel hope for the future and for future generations. That's related to the degree of control one has over one's life, the feeling that they know where their community is going and that it's going in a good direction.

LINDSAY STAPLES: Thanks for that, and just a quick follow-up on that, Barney, I appreciate your comment; and actually, if you look at a lot of the work that's been done in Alaska, looking at project assessments, psychological stress is actually a huge issue for people who are being forced to make choices between time on the land, time on the job and it obviously speaks to -- it's one of those phrases that just repeatedly comes up in IESes over there, and your point is really well taken.

BRIAN PELLETIER: It's Brian Pelletier with the Yukon Department of Environment, and it's just a quick question on process and who the players are on the health impact assessment side. How will the role of Health Canada -- will they be taking the lead on this, or will it be the Health & Social Services Department in the Yukon, and how will you work together on the health impact assessment side of this?

CAROLYN DUNN: We're still figuring that one out. Carl, right here, is the person for the B.C. and Yukon region, Health Canada, who looks at environmental assessments; and we're really not sure yet whether we'll be taking the lead or whether the Government of the Yukon will be taking the lead. We're really not sure, because this process is still in development, and it's not clear what Health Canada's role will be, because we're very clear what our role is under CEAA; but under YESAA, we really don't know yet.

JODI BUTLER-WALKER: I have a question. My name is Jodi Butler-Walker, and I'm with the Yukon Public Health Association. I'm just wondering if you could comment, Carolyn, on the indicator for education as number of years of schooling, if you could comment on how traditional knowledge could be incorporated into that indicator.

CAROLYN DUNN: Well, I wouldn't say that traditional knowledge could be included in the quantitative indicator of numbers of years of schooling; because that's a piece of data that's usually collected by Statistics Canada or another statistical body, and it's referring only to the public school system, the conventional school system. But traditional education can be looked at from a qualitative point of view through training and time on the land; and when you're looking at the social baseline description, it can be got at in that way, but I don't think it's something that you would measure. That's why I like to emphasize, when doing human impact assessment that it's so important not only to quantify things but also to look at qualitative indicators.

LINDSAY STAPLES: I think, as well, what Carolyn is speaking to is just the importance of good information, and I think on Brian's point, as well; and this is something a number of people mentioned to me yesterday and asked if this workshop was going to address the issue of jurisdiction and jurisdictional responsibilities, whether it's information-sharing or who's taking the lead in providing this kind of baseline data or who's got regulatory responsibility; and I think it's fair to say that this whole area of roles and responsibilities, I know the Board is really quite interested in this whole area. It matters to them with respect to who's doing what and what are the working relationships and so on, that this is an area that's very, very important and again, I'm not sure that we're going to grapple with that one adequately or fully obviously in this workshop, but certainly I think it should be up there on the radar screen of discussions that need to occur.

PAULA BANKS: Paula Banks with Champagne & Aishihik First Nations, and my question is more of a follow-up of what Jodi had mentioned: Are you familiar if there are tools being developed that will more adequately capture the First Nation way of life; because a lot of the indicators are about, you know, median income, and a lot of the indicators just aren't necessarily appropriate for the First Nation communities. Is there somebody working on that now that we could work with. I'd be interested to hear what you know for resources in that regard.

CAROLYN DUNN: My only experience in environmental assessments that look at First Nations' traditional economies is that the proponent or the people

undertaking the studies will go and speak to local communities and speak to local hunters and trappers associations, and they'll get information on the quantity of the harvest and how many meals per year are provided by country foods in the traditional economy. So, that's how it's gotten at through the studies that I've seen. I don't know if that answers your question.

LINDSAY STAPLES: And I think, Paula, maybe this also speaks to the role of the First Nations' Health and Social Departments and the whole aspect of traditional knowledge as it applies to the health field and what those departments could contribute with respect to, I think as you importantly point out, raising or bringing forward those indicators that are going to really be meaningful and significant to First Nations' health.

WENDY NIXON: Wendy Nixon, Environment Canada; on the environmental assessment side, there is a growing science dealing with cumulative effects. I'm just interested in knowing on the human impact side how you have in the past or see in the future dealing with cumulative effects of human impacts.

CAROLYN DUNN: I would say that's still a newborn science in looking at cumulative social and health effects. I'd say it's gotten at more on the physical health side. We've developed more, for example, by looking at cumulative effects on health through water pollution or air pollution or the accumulation of noise from various activities in one area. So, when we're looking at physical health, it's definitely developing by looking at the quantitative accumulation of pollutants in the environment; but when it comes to the social aspect of health, it's really through talking to communities and through traditional knowledge studies and things like that that you get at the burden that a population bears from past development and projected future development.