

July 30, 2018

The Honourable George Heyman, M.L.A.  
Minister of Environment and Climate Change Strategy  
PO Box 9047 Stn Prov Gov  
Victoria, BC V8W 9E2

**Re: *Environmental Assessment Revitalization Discussion Paper*. Comments On Behalf of Northern Health**

Dear Minister:

Thank you for your commitment and ongoing efforts to revitalize the Environmental Assessment (EA) process in British Columbia. Please find enclosed comments on the changes proposed to BC's EA process as described in the *Environmental Assessment Revitalization Discussion Paper* on behalf of Northern Health in concordance with our commitment, statutory and ethical obligation to build and strengthen the health of the people we serve. Please consider these comments as a supplement to the recommendations contained in the letter of comment on EA Revitalization submitted by the Chief Medical Health Officers for Fraser Health, Northern Health, Vancouver Coastal Health and Vancouver Island Health and Chief Medical Officer for First Nations Health Authority.

The World Health Organization's definition of health states that "*health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*".<sup>1</sup> In line with this definition, Northern Health is fully committed to ensuring the preservation of the dignity (physical, social and mental health and wellness) of our people and the protection of their built and natural environments (services and infrastructure, land, air and water). Similarly, the [\*First Nations Perspective on Health and Wellness\*](#) developed by the First Nations Health Authority presents a framework to capture the complexity of the interrelated, holistic, and structural factors impacting the health of First Nations communities in BC. This perspective on wellness emphasizes the importance of physical, emotional, mental, and spiritual dimensions of well-being including critical connections with community, family, land, and nations (First Nations Health Authority, n.d.). Our comments contained herein seek to align with both the World Health Organization's definition of health as well as the First Nations Health Authority's *Perspective on Health and Wellness*.

Improving public health and delivering better health outcomes requires the inclusion of health considerations into a wide range of government policies, plans and programs beyond the health care sector (World Health Organization, 1986; Canadian Medical Association, 2015; Ministry of Health, 2017). Health inequities, the differences in health status between population groups that are socially produced, have considerable social and economic costs both to individuals and to society as a whole. While the direct health system costs associated with providing care to a less

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<sup>1</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

healthy and more disadvantaged population are substantial, these costs are dwarfed by the indirect costs, such as lost productivity, lost tax revenue, absenteeism, family leave, and disability or premature death (Provincial Health Services Authority, 2014). It has been estimated that health inequities cost BC approximately \$2.6 billion annually (Health Officers Council of BC, 2008). It is increasingly recognized that addressing health inequities requires intersectoral approaches that target root causes of disease and injury – the social, economic, ecological and cultural determinants of health (Public Health Agency of Canada, 2014; WHO Commission on Social Determinants of Health, 2008; Fehr, Vilianni, Nowacki, & Martuzzi, 2014). Improving health equity benefits all British Columbians and should be a priority focus of EA revitalization.

Northern Health is the regional health authority responsible for delivering health services, promoting health and wellness, preventing disease and injury and protecting the health of communities in the northern two-thirds of British Columbia (BC). The northern region of BC contributes greatly to the overall provincial economy through natural resource industries such as oil and gas, mining and forestry. While resource extraction and development can increase employment opportunities, generate regional economic growth and provide earning potential for individuals and families living and working in resource-rich regions, it has also been linked to a multitude of community health and well-being impacts. In 2014, Northern Health established an Office of Health and Resource Development (HRDO) in response to the vast number of major resource extraction and development projects in Northern BC and increasing concerns related to associated community health and health service impacts. The HRDO provides regional leadership and strategic direction in the area of assessing and addressing the impacts of industrial resource development on health. Since its formation in 2014, the HRDO has participated in EA processes for a multitude of projects across industry sectors. Based on our experiences, we offer the enclosed recommendations to support the Province's goal of protecting the environment, supporting sustainable development, advancing reconciliation, and enhancing public confidence and meaningful participation in the EA process.

We very much appreciate the opportunity to contribute to this review and welcome further dialogue and engagement as this work progresses. You have before you a tremendous opportunity to improve and protect the health of communities across the province. As you move forward with this work, we encourage you to prioritize the long-term well-being of all British Columbians. In doing so, you will contribute to cost savings, reduce demands on the health care system, restore public trust, and support all British Columbians to be productive and healthy into the future.

Yours in health and public service,

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**Environmental Assessment Revitalization Discussion Paper – Comments On Behalf of Northern Health**

Discussion Paper Section and Page Number(s)	Comment
<p><i>Focus on Public Confidence</i>, pg. 8</p>	<p><b>Purpose Statement</b></p> <p>In line with the recommendations of the Expert Panel for the Review of [Federal] Environmental Assessment Processes, we recommend that the Purpose Statement of the EA Act be oriented to sustainable development and the “<i>ultimate goal of advancing initiatives that contribute to lasting improvement in society’s wellbeing</i>” (2017). Moving beyond the avoidance of significant adverse effects, we recommend that this includes the guiding objective of ensuring development provides a net benefit to sustainability across the 5 pillars with consideration given to supporting equitable outcomes for residents across the province. We suggest that legislation clearly includes the aim of protecting and promoting health and wellbeing and incorporates a definition of health that is reflective of physical, mental and social aspects of wellbeing (aligning with the World Health Organization’s definition of health as “<i>a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity</i>”<sup>2</sup>, as well as the First Nation Health Authority’s <a href="#">Perspective on Health and Wellness</a>).</p> <p><b>Public Engagement</b></p> <p>We appreciate various proposed changes to support meaningful community involvement including increased engagement opportunities, a public participation funding program, plain language materials and improved public access to information. We are also very pleased to see the proposed changes include improvements to how Indigenous knowledge is included in this process. We recommend that similar considerations be put in place for non-Indigenous communities. This should include clear requirements for knowledge from both Indigenous and non-Indigenous communities to be appropriately and meaningfully sought and incorporated, including knowledge from community groups that represent more vulnerable populations. This would align with leading standards for health and social impact assessment. It should also be ensured that communities have the capacity and resources to facilitate the inclusion of community-based information.</p> <p><b>Focus on Public Confidence</b></p>

<sup>2</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

In order to increase public confidence, we recommend increasing the neutrality and transparency of the process. This will support the objective of enhancing public trust and meaningful participation by removing any perceived notion of bias, increasing accountability, and ensuring decisions are in the long-term public interest. Specifically we recommend:

- Increasing the independence and objectivity of the regulator, protecting against actual and/or perceived biases and conflicts of interest. In their [final report](#) the federal Expert Panel for the Review of Environmental Assessment Processes recommended that the regulator be established as a quasi-judicial tribunal with appointed Commissioners who are independent with respect to their decision-making (Expert Panel for the Review of Federal EA Processes, 2017). A similar approach should be considered for the provincial process.
- Identifying alternate funding models to ensure professionals are not paid for directly by companies and reduce conflicts of interest. For example, a new process could be established in which industry proponents provide funding to the regulator to hire and coordinate the completion of an assessment by independent professionals. This would have the added benefit of minimizing ethical and privacy concerns surrounding the collection of sensitive information from communities and affected persons by industry hired consultants (e.g. information about their health, consumption patterns, land use), which results in reluctance from communities to share this information. Providing additional checks and balances to ensure these studies are conducted in ways that are respectful and culturally appropriate will support the inclusion of community-based information in EAs. The literature highlights the effects of the assessment process itself in mediating effects, either acting to build trust or increase tensions, fear, anxiety and conflict.

*Focus on the Environment and Offering Clear Pathways to Sustainable Project Approvals, pg. 11*

#### **Strengthened Social and Health Impact Assessment Processes**

We greatly appreciate the proposal to strengthen requirements for social impact assessment and include consideration of how different populations could be affected, with particular attention to gender analysis. We recommend that legislation and policy supports the implementation of leading social science and community-based research methodologies. The current EA process attempts to carry forward environmental principles and approaches and applies them (often unsuccessfully or with significant limitations) to the social and health pillars. For instance, quantitative information and the concepts of “thresholds” may be less important than collecting data using appropriate ethical protocols and being sensitive to the unique experiences of individual communities and subpopulations.

It is recommended that health impact assessment requirements be strengthened in parallel, making appropriate linkages between social and health pillars. We suggest that a robust Health Impact Assessment approach be clearly integrated into EA legislation and policy. The

principles embedded within an HIA approach will support the intentions of the EA Revitalization process of supporting sustainable development, advancing reconciliation, enhancing public confidence and meaningful participation. Health assessments should integrate a broad determinants of health approach considerate of the wide spectrum of mental and physical health outcomes that can be experienced as a result of project impacts, either directly or indirectly. While health effects mediated through indirect and diffuse pathways can be complex and challenging to assess, they can have more significant implications for human health than direct effects. In fact, evidence from Canadian literature suggests that only about 10% of health outcomes are attributable to basic environmental factors (e.g. exposure to contaminants in air, water, food and soil; physical infrastructure; etc.) and only 25% are attributable to access to medical care. Broader social, cultural and economic factors account for 50% of health outcomes (Canadian Institute for Advanced Research, 2002 as cited in The Standing Senate Committee on Social Affairs, Science and Technology, 2009). The Canadian Handbook on Health Impact Assessment (Federal/Provincial/Territorial Committee on Environmental and Occupational Health, 2004) provides detailed guidance on integrating HIA and a broad determinants of health approach into EAs and is currently being updated by Health Canada.

#### **Positive and Negative Effects**

We greatly appreciate the proposal that EAs assess a full range of adverse and positive effects, however it remains unclear how this will be supported through legislation and policy. For example, page 11 states: *“The EA process results in independent conclusions on the effects on a project, including clearly **identifying any significant adverse effects**, based on scientific and Indigenous knowledge, and informed by public engagement and expert advice.”* We suggest that decision-making be explicitly designed to consider both positive and negative impacts that vary in magnitude with an overall objective of minimizing negative impacts and maximizing positive project legacies. For example, we recommend this be reflected in the EA Act, including the purpose statement, and in criteria to support the ministers’ decision. Effects Assessments should include the characterization of positive and negative effects and a discussion of whether there is an expected net-benefit to sustainability across the 5 pillars. Proponents, communities and stakeholders could all benefit if the assessments, discussions and mitigations that were included into the final decision ensured maximum environmental, health, social, economic and cultural benefits.

#### **Precautionary Principle**

*“Assessments include consideration of risk and uncertainty, and **apply the precautionary principle to seek to avoid significant adverse effects.**”*

We recommend that the precautionary principle also be applied to avoid adverse effects that are deemed “non-significant” but can still



	<p>have substantial implications for environments and communities. Current definitions of significance are challenging to apply to social and health impacts.</p>
<p><i>What projects get assessed?</i>, pg. 14</p>	<p><b>Reviewable Project Regulation</b>  We are pleased with the proposal to revise the <i>Reviewable Project Regulation</i>. Consideration should be given to incorporating criteria that are more sensitive to the potential effects of a project that fall outside the environmental pillar. For example, criteria might include the number of temporary and/or permanent workers anticipated to move into a community or the economic scale of the project. A crucial aspect of developing a more holistic and integrated process that assesses what matters to British Columbians is ensuring projects with the greatest potential for social, health, cultural, environmental and economic effects are included. It has been our experience that the current thresholds are excluding projects that have significant social and economic implications for communities. For instance, in Northeastern BC there are many projects with large population influxes and camps in close proximity to communities, therefore resulting in substantial socio-economic changes; however, many of these do not trigger an EA and therefore there is no mechanism to identify and manage these effects.</p>
<p><i>Building Blocks</i>, pg. 16</p>	<p><b>Improved Information and Data</b>  We appreciate proposed changes to improve data accessibility. With regards to addressing concerns regarding the independence of scientific information, we suggest considering incorporating an independent peer-review process by external experts into EAs. At times, Working Group members, regulators and/or review panels may not have the time or training to effectively review the assessment, and the recruitment of external experts may improve the robustness and consistency of the EA process. This may be of particular interest when a project or sector has distinct design characteristics and/or emission sources that require specialized expertise beyond what is typically required and/or a large volume of EAs are moving through the system at any one time (e.g. the LNG sector).</p> <p><b>Strategic and Regional Assessments</b>  We strongly support the inclusion of clear criteria, frameworks and resources for regional and strategic assessments, which will help to ensure cumulative impacts are evaluated and planned for in a consistent, coordinated and robust manner. This might also improve the predictability and timeliness of individual project assessments as regional sensitivities and priorities would already be identified.</p> <p><b>Relationship Between EAs, Exploration/Investigation and Permitting Activities</b>  We are supportive of improving clarity around interactions between EAs and exploration/investigation phases and subsequent permitting processes. While we know how impactful the speculative period can be for communities, gaps in legislation and policy mean there is no</p>

process for assessing and managing pre-construction effects. We recommend broadening the temporal boundaries of assessments to be considerate of the planning and pre-construction phases of major projects. For example, the Northwest saw substantial socio-economic changes in part associated with speculation and exploration activities relating to Liquefied Natural Gas development; however, these were beyond the scope of the EA and were not assessed or managed as part of this process. This included rapid demographic changes, fluctuating housing and living costs, “renovictions” and increased homelessness, demands on community infrastructure and services, etc. (M Thomson Consulting, 2014; The City of Prince Rupert, n.d.; Schmidt, 2014; District of Kitimat and Northern Development Initiative Trust, 2014).

### **Professional Reliance**

We are pleased to see linkages between EA Revitalization and other provincial initiatives including the Professional Reliance Model Review. It is critical that clear professional qualifications, competencies and/or standards for social and health impact assessors be established to ensure that proponent-led social and health assessments are reliable, based on the best available evidence and leading practices, and trusted by the public. There are currently no professional bodies that regulate and mandate the roles of social and health impact assessors. As a result, social and health impact assessments are often (although not always) completed by underqualified individuals or those with expertise in different areas of practice (e.g. environmental scientists or economists), leading to mistakes and inaccurate assumptions and conclusions. Additionally, there is no oversight body for these professionals to which malpractice or concerns can be directed or through which disciplinary action may originate. This is a significant challenge in ensuring rigorous and unbiased assessments of health and social impacts under the current EA model. It also often inhibits our ability to develop collaborative solutions with proponents when industry-hired consultants lack basic public health expertise and cannot understand or meaningfully engage in conversations on these issues. There has been extensive work in Canada and internationally to develop rigorous and evidence-informed practice standards and guidelines for social and health impact assessment that can be applied (Federal/Provincial/Territorial Committee on Environmental and Occupational Health, 2004; Vanclay, International Principles For Social Impact Assessment., 2003; Vanclay, Esteves, Aucamp, & Franks, 2015; International Finance Corporation, 2012; National Collaborating Centre for Healthy Public Policy, n.d.).

### ***Other Building Blocks***

#### **Strategic Interagency Dialogue**

We suggest that a venue be established for agencies and other stakeholders to engage in proactive and strategic discussions on emerging issues that span multiple projects. This would help to

streamline approaches and identify efficiencies, opportunities for collaboration, and gaps in policy and expertise required to support individual EAs. It is anticipated that this would improve the timeliness, consistency, predictability and comprehensiveness of individual EAs.

### **Government Staffing and Resources**

Staffing, expertise and resources within government should be increased and diversified to be able to critically review the work of qualified professionals. This should include qualified experts within various levels and agencies of government that are able to consistently and in detail review and provide guidance to private sector professionals on health and social impact assessments and support the EA process as a whole. In particular, government expertise and capacity should be increased to be able to review the credibility of data collection methodologies that are outside of the natural sciences (i.e. social sciences and community-based research methodologies). Community-based qualitative information is as, if not more, important than quantitative data used in social and health impact assessments, and it should be ensured that data collection methods are rigorous and based upon leading practice standards.

### **Social and Health Agency Participation**

Social and health agencies should have appropriate funding streams and clear mandates to be able to participate and develop policies and guidelines for this process. Although Health Authorities and social service agencies have clear interests and expertise related to development projects and are often called upon when political or health concerns are raised (either during the assessment phase or when situations arise where communities are impacted after project approval), these agencies have no clear mandate or funding structures that ensures that they have the means and expertise to be able to adequately feed into the decision making process. This should include capacity and resources to be involved in the post-approval process (e.g. supporting the review of management plans, providing support on adaptive management, dealing with exceedances of health criteria, supporting compliance and enforcement concerns, etc.).

Additionally, a revitalized EA process should be designed to support a variety of social agencies to participate in the EA process. Just as the review of the environmental pillar requires a wide array of ministries and experts to feed into the process, so does the social and health pillar. Although Health Authorities and health agencies have a clear interest in social issues which have important implications for health (such as housing, economic development, child protection, education, etc.), we do not possess in-depth expertise or clear mandates in these areas.

*Early Engagement*, pg. 17

### **Early Engagement**

We are pleased to see the inclusion of an Early Engagement Phase with opportunities for Indigenous nations, governments and the public to provide feedback on design and siting decisions. We recommend



	<p>that the Initial Project Description be very general and include multiple options and/or alternatives for consideration where appropriate (e.g. various project locations, types or characteristics). For example, this would allow community and stakeholder input on the benefits and harms of constructing in different locations, or on the type of project to be designed (e.g. bridge vs. tunnel; floating versus land-based LNG facility). It should also be recognized that additional engagement will place additional burden on agency capacities which should be a consideration in regards to staffing and resources.</p> <p>It should be ensured that the initial and detailed project descriptions will include the information required for not only environmental issues and concerns to be identified but also those relating to social, economic, heritage and health pillars. For example, this should include the number of construction and operating jobs, a description and location of proposed workforce accommodations, etc.</p>
<i>Application Development and Review, pg. 21</i>	<p><b>Iterative and Participatory Approach</b></p> <p>We are supportive of the proposed iterative and participatory approach to the development of project applications. We agree that this will help to resolve issues proactively and reduce the need for detailed information requests during the review phase of the EA.</p>
<i>Decision, pg. 23</i>	<p><b>Criteria for Ministers' Decision</b></p> <p>We are supportive of developing clear criteria in legislation to inform the Ministers' decision. We recommend that criteria include:</p> <ul style="list-style-type: none"> <li>- The net contribution of a project to sustainability across the 5 pillars for present and future generations, including whether the project will benefit community wellbeing across the province.</li> <li>- Consideration of equity and whether a project will lessen or exacerbate existing health and social inequities. Research has shown that vulnerable populations (e.g. children and youth, individuals with chronic health conditions, Indigenous peoples and communities, women and girls, individuals experiencing socioeconomic instability) disproportionately experience the negative health impacts of development projects (Aalhus, Oke, &amp; Fumerton, 2018; Schmidt, 2014; Stienstra, Baikie, Levac, &amp; Manning, 2017; Irwin, et al., 2017).</li> </ul> <p>We also recommend that transparency be increased on the reasons for the Ministers' decision. We suggest that a requirement be instated for a publicly available Decision Statement to be developed outlining how benefits and trade-offs across the 5 pillars as well as input from communities and Indigenous nations have been considered.</p> <p><b>Decision-making Structure</b></p> <p>We recommend that the decision-making structure be evaluated to improve the inclusion of agencies with expertise in pillars other than environmental. Consideration should be given to a cross-governmental decision-making framework for integrative impact assessments that also includes referrals to ministers with mandates in health, heritage, and economic and social development. The sharing of administrative</p>

	<p>authority and management responsibility would support an expanded scope and more balanced approach, ensuring development maximizes environmental, health, social and economic benefits. Currently the narrow mandate of the regulator is a challenge in fully assessing and balancing impacts across all 5 pillars.</p>
<p><i>Post Certificate, pg. 24</i></p>	<p><b>Post-certificate</b>  We recommend that the EA process be re-envisioned and strengthened as a system that acts throughout the life of the project, confirms assumptions and ensures Conditions are not only being followed but continue to align with leading practices and/or contexts even once an approval has been granted. It should be recognized that social and most health VCs do not have follow-up permitting, and it is critical that social and health knowledge, expertise and resources are a part of post-approval processes.</p> <p>We also recommend that the public and Indigenous funding programs include sufficient resources to support participation throughout the life of the project including post-approval processes where appropriate.</p> <p><b>Community-based Monitoring</b>  We appreciate the proposal to include the opportunity for Indigenous nations to co-administer or participate in monitoring, compliance and enforcement. We recommend that similar opportunities be included for non-Indigenous communities. Literature highlights the importance of community-based monitoring processes for social impacts to ensure that selected indicators and mechanisms capture the unique values, interests and experiences of particular groups and communities that may be affected by a project (Aalhus, Oke, &amp; Fumerton, 2018).</p>
<p>All</p>	<p><b>Project Timelines</b>  It is our recommendation that project timelines allow for the clock to be stopped to account for project revisions, new information or circumstances, and ultimately to ensure quality, completeness and transparency. We suggest that criteria should be developed for circumstances where the clock may need to be paused, such as when significant methodological issues come to light (e.g. information is technically present but errors are identified), there is a significant change in circumstance or significant research update, etc. We also feel it is important that sufficient flexibility be maintained in project timelines to enable community participation and a thorough peer review. In the event that tight timelines inhibit meaningful community participation, this may only increase tensions, fear and anxiety amongst communities, increase the chance of legal battles and ultimately decrease the political/social acceptability, predictability and timeliness of project approval processes.</p> <p>It is indicated that all or a portion of the Application Development and Review phase may be subject to a set time period. We strongly recommend that the period that is taken by the proponent to conduct studies and respond to information requests is not counted in the timeline (as per the current federal EA process). Our experience under</p>

the BC EA process has found that “keeping the clock ticking” dissuades proponents from submitting timely and quality responses to information requests, limits the time available for issue resolution and/or agency review and can mean that Conditions need to be drafted to manage outstanding information requests and that decisions may need to be made based on incomplete or inaccurate information.

It should also be ensured that governments, allied agencies, rights holders and communities have sufficient capacity and financial support to be able to meet these timelines.

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