

ÉTUDE SUR LA SANTÉ DANS LA RÉGION DE
Belledune
AREA HEALTH STUDY

Belledune • Petit-Rocher • Pointe-Verte

Appendix C - Report on Community Consultations



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1.0 Introduction

The purpose of this document is to present a summary of the community consultations that were conducted as part of the Belledune Area Health Study. One key aspect of this study is the effective communication and meaningful participation of the affected communities and key stakeholder groups. To effectively engage communities and stakeholders in the study process, the research team undertook a series of consultation activities during the initial phase of the study (February, 2004 – June, 2004).

The objectives of this consultation process were:

- 1) To collect input from individuals and groups with respect to the study; and,
- 2) To provide an opportunity for the study team to explain study objectives and proposed approach.

The areas of input sought from the consultations included:

- The expectations of the study by groups and individuals
- Particular issues they would like the study to address;
- How they would like to be kept informed of study progress; and,
- Any additional information they believe might assist the team in meeting the study objectives.

In this summary report, we provide an overview of the methods and instruments used for the consultation process, and main findings with respect to the current study. We have structured the findings with respect to the main questions asked of the various groups, such as:

- 1) *How important is it to conduct a health study?*
- 2) *What are the main issues and concerns of the community?*
- 3) *What are specific health concerns?*
- 4) *What should the research team specifically do/not do in conducting the study?*
- 5) *How should the research team keep stakeholders informed?*

2.0 Approach to consultations

The majority of consultations occurred during the February to May time period in 2004, as the research team was working on the study design. Consultations took one of three forms:

- 1) participation in *open houses* held at community centres in Belledune, Pointe-Verte, and Petit-Rocher;
- 2) *questionnaires* mailed out to approximately 4,300 households in the study region; and,
- 3) *interviews/meetings* with individuals or small groups who had been identified by the Steering Committee and/or other stakeholders as likely having an interest and/or information that would be useful for the study.

Open houses were held between April 5th to April 7th in the afternoon and evening (1PM to 8PM) with one day in each community of Belledune, Pointe-Verte and Petit Rocher. Another round of open houses with similar format were then held between April 27th to 29th (4PM to 8PM). The intended format for the open houses was to provide an opportunity for individuals or small groups to speak one-on-one with a research team member as they went through a description of the proposed study. A number of large posters in both French and English were displayed in the open-house area. The posters provided information on the proposed research questions for the study, the proposed approach, and an overview of the study process. In addition, small handouts summarizing the information on the posters were available to visitors. For some of the open houses, groups of residents preferred that a presentation by the study team be given followed by a group question and answer period. The study team accommodated these requests. Please refer to Appendix A for copies of materials presented at the open houses

In total, approximately 100 people attended the first set of three open houses, and approximately 70 people attended the second set of three open-houses. It should be noted some people chose to attend more than one open house.

Questionnaires were sent to approximately 4,300 households in the study area (Belledune, Pointe-Verte, Petit Rocher, and surrounding Local Service Districts or LSDs). Please see Appendix A for a copy of the questionnaire and cover letter. The questionnaire was designed to be answered by one person in each household, and covered the main consultation questions outlined in Section 1.0. Given that there was not a standard survey frame available (e.g., contact information for each household), questionnaires were sent out to each household unaddressed (unsolicited bulk mailing). The questionnaire package consisted of a bilingual questionnaire, a cover letter, a notice for open houses, and a postage-paid, self-addressed business reply envelope to return the questionnaire. The research team did not ask any identifying information on the questionnaire in order to protect anonymity of respondents.

As of June 15th, the research team had received 1,016 completed questionnaires that were processed for analysis. This return rate of approximately 24% is higher than what was initially anticipated by the study team. Often questionnaires that are delivered by unsolicited bulk mail with no active follow-up are considered successful if they receive a 5-10% response rate.

The data from each questionnaire were captured through a 100% verification data entry technique (double-keyed), and then entered into a statistical package software (SPSS). Responses to open-ended questions were captured in an Excel spreadsheet and analysed according to main trends and ideas. For some questions, the open-ended responses were coded using a rolling code system for major groupings.

The returned questionnaires came from a variety of settings within the study area. Belledune residents returned approximately 21% of the questionnaires, while Pointe-Verte residents returned 12%. Residents from Petit Rocher accounted for 37% of the returned questionnaires. The remaining 30% of questionnaires were received from surrounding LSDs (e.g., Nicolas-Denys, Robertville) and neighbouring communities (e.g., Nigadoo, Beresford). A few questionnaires (less than five) were received from former residents who now live in other areas of the province or in other areas of Canada.

Interviews and meetings were conducted with a number of groups and individuals that had been identified by members of the Steering Committee and/or other stakeholders. These people were identified as having a likely interest in the study and/or may have some data or information that would assist the study team in conducting the study. Often these interviews or meetings took place at the group or individual's place of business or an alternative location. Main groups consulted in this fashion included local industries, local environmental groups, health authorities, and other community groups. It should be noted that some groups identified chose to take the opportunity of the open houses to meet the research team and discuss the study. For a list of those who participated in meetings and interviews, please refer to Appendix C.

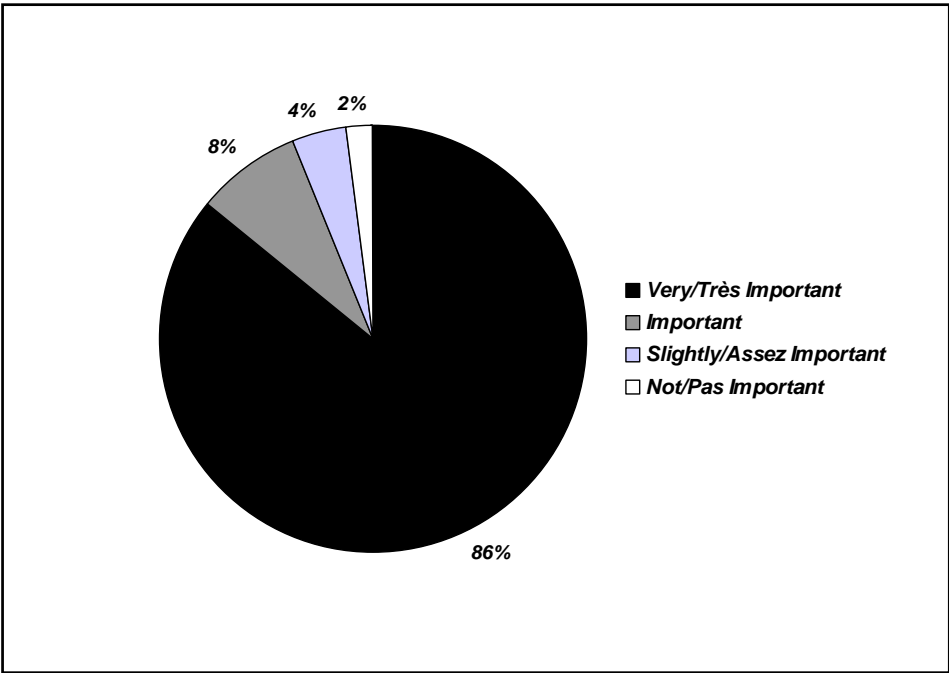
3.0 Main findings

For this summary, we present the main findings according to the questions posed in Section 1.0. Under each question, we summarize the findings across the different approaches used in the consultations (i.e., questionnaires, open-houses, meetings).

3.1 How important is it to conduct a health study?

Across the different consultation approaches, there was a strong indication that a health study is important for the area. While there were often differences or variations among respondents with respect to the focus of the health study, the vast majority of those who participated in the consultations indicated that a health study is important. For example, approximately 94% of respondents to the questionnaire reported that a health study was “very important” (86%) or “important” (8%) to them.

Exhibit 3.1 – How important is it to conduct a Health Study? (n=1,003)

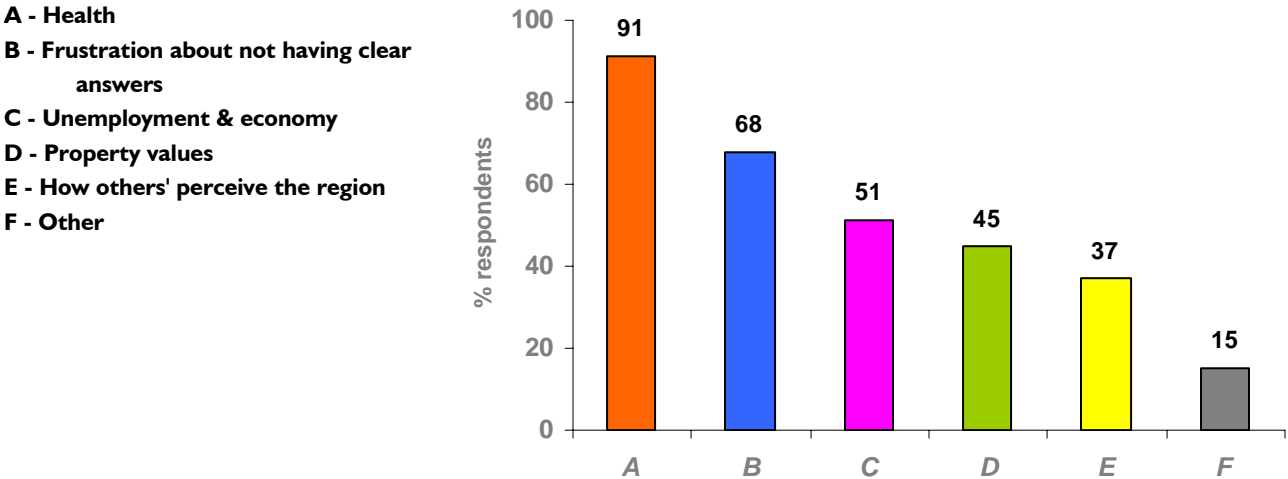


Source: Questionnaire on Residents' Issues and Concerns

3.2 What are the main issues and concerns of the community?

One of the main objectives of the consultations was to determine what were the main concerns and issues of residents. During the open houses there were many visitors who indicated that health was a top priority with respect to the concerns they had for the region and industrial activity. The top concerns coming out of the first round of open houses were posed on the questionnaire for respondents. As illustrated in Exhibit 3.2, the two areas that were endorsed most frequently as being of concern were health (91%), and frustration over not having clear answers to their questions (68%). For this question, respondents had the option of multiple responses (e.g., could endorse both health and frustration).

Exhibit 3.2 – Main areas of concern (n=1,013)



Source: Questionnaire on Residents' Issues and Concerns

When respondents were asked to indicate their “top concern” with respect to the concern areas, the area of highest concern among residents remained health (84%). The other areas received much lower levels of endorsement when magnitude of concern was considered. “Frustration and worry about not having clear answers” was a top concern for approximately 6% of the respondents, while “unemployment and the local economy” was the top concern for a similar proportion of respondents (7%). The other areas were of top concern for 1% or less of respondents.

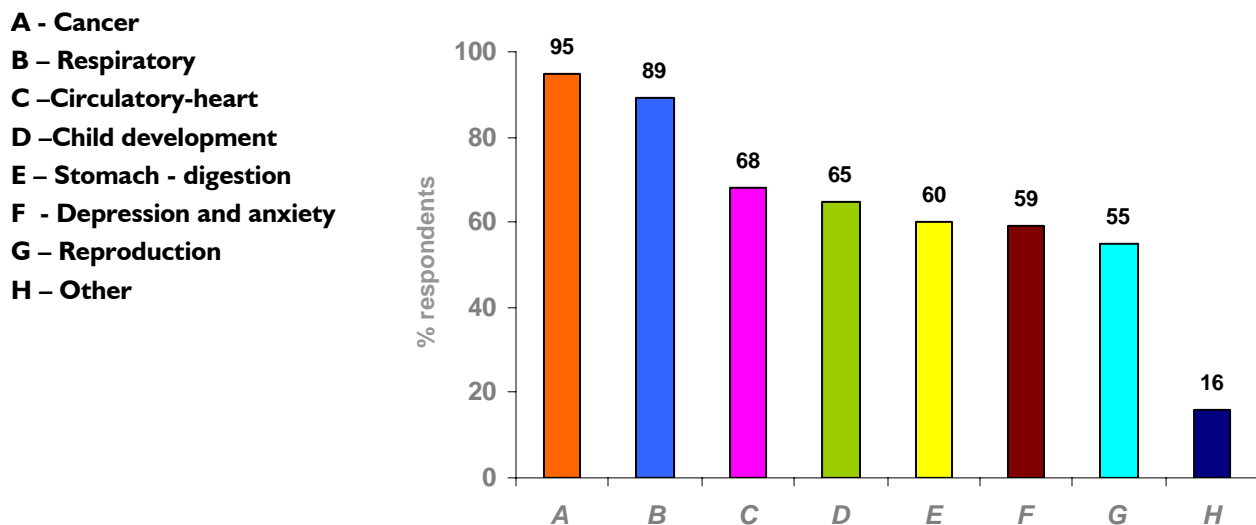
In the open comments of the questionnaires, and among many of the visitors to the open houses, concerns were also expressed with respect to:

- The decision-making process with respect to local industrial development for the area; and,
- The perceived quality of previous studies with respect to assessing health risks.

3.3 What are specific health concerns?

Many of the participants in the various consultations identified specific health concerns that they would like to see addressed in the study. As illustrated in the results from the questionnaires (Exhibit 3.3), the top two health concerns were primarily with cancer and respiratory conditions. Many visitors to the open houses indicated that child development issues were of particular concern due to the presence of lead, and through observations they had made in the community. A number of other health conditions were identified by respondents on the questionnaires and through the open houses as areas to consider in the study including thyroid problems, specific cancers, and specific respiratory illnesses.

Exhibit 3.3 – Specific Areas of Health Concerns (n=992)



Source: Questionnaire on Residents' Issues and Concerns

3.4 What should the research team do/not do in conducting the study?

Respondents to the questionnaires, visitors to the open houses, and participants in meetings and interviews were asked various questions with respect to study process. The comments received were plentiful, and varied in detail from very specific suggestions to overall process issues. For the purposes of this report, we have grouped the responses according to major themes and briefly discuss the feedback received on each of these themes.

3.4.1 Reliance on secondary data sources

In our consultations and on the questionnaire, some respondents expressed concern over the exclusive use of readily available data for the study. The reservations took various forms but included the validity of the data that is collected by those who have been responsible for emissions, the gaps in data that might be present in trying to answer the research questions, the role of government departments in providing data to the study team, and the need for the study team to collect its own data to verify that of secondary sources. Many different areas for additional data collection were suggested such as environmental media (e.g., soil, air and water), food chain exposures (e.g., gardens, seafood, wildlife), in-depth health status questionnaires with individual residents, specific chemicals of potential concern (e.g., dioxins and furans), biomarker testing, health status testing, etc.

3.4.2 Integrity and expertise of the study team

In many instances, the team was asked to verify that it had the necessary expertise to conduct a study such as that proposed, and to ensure that it could maintain its 3rd-party distance and independence from various stakeholder groups. Many respondents reported that this was a crucial aspect to ensure a successful study that would assist the community in addressing its concerns.

3.4.3 Transparent and honest study process

Many respondents reported that much of their frustration in not having clear answers to their concerns was the result of various other study processes not being open and transparent. Many indicated that particularly with issues of health, it is important to have processes that will assist in enhancing honesty and trust among the concerned individuals and groups. Some respondents recommended the use of a peer review approach for the study.

3.4.4 Quality study

Many of the open comments on the questionnaires and the comments made by visitors to the open houses focused on the quality of the study, and the need to ensure that the research questions are answered in a scientifically appropriate manner. Many indicated that this is one of the most important aspects of the entire process.

3.4.5 Study Steering Committee

Some of the issues raised by respondents with respect to the composition of the Study Steering Committee were the rationale for having local mayors sit on the Committee, lack of regular citizen representation on the Committee, the level of expertise that is on the Committee that could steer the more technical aspects of the study, how decisions will be made by the Committee, and the interaction process between the study team and Steering Committee members.

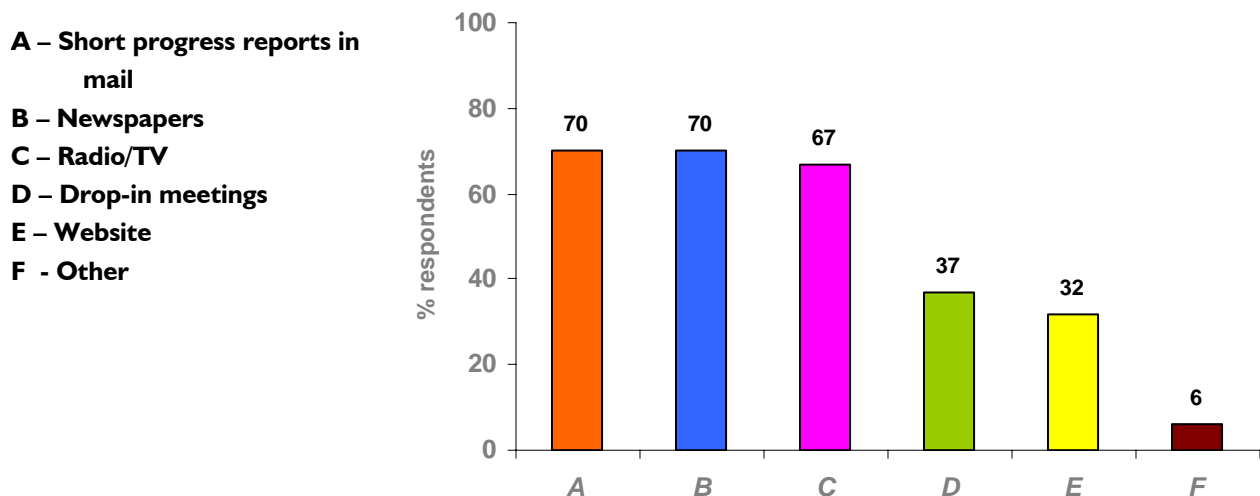
3.4.6 Communications and meaningful input from residents

The final main area of comments received from respondents focused primarily on communications with the community and stakeholder groups. Many comments were received with suggestions on how the community would like to be kept informed (see section 3.5 for specifics), how residents could provide meaningful input to the study, and how they would like to remain involved in the different stages of the study. Many pointed towards the need for “clear” answers, timely communications, and transparency in the communication process.

3.5 How should the research team keep stakeholders informed?

As previously mentioned, one of the main areas that attracted many of the open comments on the questionnaires was communication with residents. A specific question asked on the questionnaire was how the research team should keep stakeholders informed of the study’s progress. As illustrated in 3.4 below, the top preferences that received endorsement from similar proportions of respondents were progress reports in the mail (70%), newspapers (70%), and radio or television (67%). Other choices included drop-in meetings (37%) and website (32%).

Exhibit 3.4 – Preferred Communication Approaches (n=1,007)



Source: Questionnaire on Residents’ Issues and Concerns

It should be noted that at the open houses, some visitors indicated that they preferred the one-on-one format that was initially delivered, while many others indicated that they preferred a meeting-style format with a more formal presentation and question and answer period.

Appendix A

Questionnaire Package

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RESIDENTS' ISSUES AND CONCERNS

- ✓ The team of researchers hired to conduct the Belledune Area Health Study **needs to hear** what are the main issues and concerns of residents. The team will be able to design a better study overall if we have the input and feedback from as many residents of Belledune and surrounding communities as possible.
- ✓ We have designed this brief questionnaire (13 questions) to collect information to help us design and implement the study. We have distributed copies of the questionnaire throughout Belledune, Petit-Rocher, and Pointe Verte to **collect information on the issues and concerns** that could be addressed in the study.
- ✓ Please take the time to **provide the research team with your feedback**. Once you have completed the questionnaire, place the questionnaire in the envelope and place it in any mailbox. Postage is already paid. All responses will remain confidential. We do not ask you to provide your name or address. If you prefer, you may drop it off at any municipal office in Belledune, Petit-Rocher, or Pointe Verte, and they will forward it to the study team.
- ✓ We have provided a brief description of the study plan and other important information on the green sheet included in this package.

**If you have any questions, please feel free to contact
Celine Pinsent, the Project Director at: 237-2220.**

(français au verso)

1. In which community do you currently live?
- 1 Belledune
 - 2 Pointe Verte
 - 3 Petit-Rocher
 - 4 Other (specify) _____
2. How long have you lived in this community? ____ years ____ months
3. How long have you lived in this general area of New Brunswick (between Bathurst and Dalhousie)? ____ years ____ months
4. Do you rent or own your current residence?
- 1 Rent my current residence
 - 2 Own my current residence
5. From your perspective, **how important** is it to conduct a Health Study for the Belledune Area? (*Please check one only*)
- 1 Very important to conduct a study
 - 2 Important to conduct a study
 - 3 Slightly important to conduct a study
 - 4 Not important to conduct a study
 - 5 Don't know
6. What are the **main concerns and issues** you have in living in one of the communities listed above? (*Please check all that apply*)
- 1 Health concerns and health risks
 - 2 Concerns about property values
 - 3 Concerns about other people's perceptions of the area
 - 4 Frustration and worry about not having clear answers about health risks
 - 5 Concerns about unemployment and the local economy
 - 5 Other (*please describe*)
- _____
- _____
- _____
- _____
7. Of those concerns you identified above (question #6), which is your **TOP** concern?
- _____
- _____
8. What are the main things **you want to learn** from the Health Study?
- _____
- _____
- _____
- _____

9. What **types of health concerns** should we try and study? (*Check all that apply*)

- 1 Cancer
- 2 Respiratory or breathing problems (e.g., asthma, emphysema)
- 3 Reproductive problems (e.g., difficulties conceiving a baby, miscarriages)
- 4 Child development concerns (e.g., birth defects, delayed walking)
- 5 Circulation and heart problems (e.g., stroke, heart attack)
- 6 Depression and anxiety
- 7 Stomach/digestion problems
- 8 Other (*please describe*)

10. From your perspective, **what should the research team DO** to make certain that the study **addresses the communities' concerns?**

11. From your perspective, **what should the research team NOT DO** to make certain that the study **addresses the communities' concerns?**

12. How would you like to **be kept informed** of the Study's progress? (*Check all that apply*)

- 1 Short progress reports in the mail
- 2 Drop-in meetings with the researchers at a community centre
- 3 Newspapers
- 4 Radio/TV
- 5 Website
- 6 Other (*please describe*)

13. To assist us with estimating how exposed residents are to certain contaminants, it is important for the study team to know what types of *local vegetables, fruit, seafood and wildlife* are eaten by residents on a regular basis.

Which of the following types of *local food* do *most members of your household eat* ?

Type of Food	How often eaten?	Where was it grown/caught?
Local <i>garden</i> vegetables, fruits and berries	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Local <i>wild</i> fruits and berries	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Local <i>wild</i> mushrooms	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Local lobster, shrimp, crab	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Local clams, oysters, mussels	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Local ocean fish	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Local wild rabbit	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Local deer or moose	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Local wild birds	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 1 to 6 times per year <input type="checkbox"/> 3 more than 6 times per year	
Other _____		
Other _____		
Other _____		
Other _____		

Please provide any additional comments below.

Return the questionnaire using the postage-paid envelope provided by May 1st, 2004.

THANK YOU FOR YOUR TIME AND FEEDBACK

Appendix B

List of Stakeholders Consulted

Health Authorities

- Regional Health Authority, Region 6 - VP
- Regional Health Authority for Region 5 – VP

Environmental and Community Groups

- Regional Roundtable on Development and Economy
- Belledune Sustainable Development Group (representative attended an open house)
- Bathurst Sustainable Development Group (representative attended an open house)
- Belledune Environmental Monitoring Group
- NB Conservation Council
- Environnement Vie (environmental group) (representative attended an open house)

Local Industry, Planning and Business Groups

- NB Power - local staff at Belledune Station
- Noranda Smelter - local staff at smelter
- Canadian Gypsum Company - local staff at plant
- Chaleur Mills - owners
- Local Dairy Farm - Belledune
- Representative from Local Fisherman's Association (representative attended an open house)
- Port of Belledune
- Belledune Business Group
- Belledune Planning Commission – (representative attended an open house)
- Bennett Environmental Inc. – (representative attended an open house)

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