Catalyzing Intersectoral Collaborations for Climate Displacement & Health

Report of Final Gathering (May 26-28, 2024)[1,2,3]

We are grateful to Anna West (MITACS GLOBALINK Intern), who created this graphic depiction of our one-year CIHR-funded project on Catalyzing Intersectoral Collaborations for Climate Displacement and Health.

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Executive Summary

In recent years, climate change-related extreme weather and wildfire events have had severe impacts on British Columbia (BC) (along with many other places in Canada and around the world), affecting individuals' and communities' well-being. Over the past year, researchers at the University of Victoria and Simon Fraser University worked with BC's Regional Health Authorities (RHAs) and an Advisory Circle[4] to catalyze conversations and intersectoral collaborations across jurisdictions. The goal was to advance and support innovative and transformative research, capacity building, knowledge sharing, and equitable action on the public health effects of climate-related displacement in BC. This report summarizes what we heard during the final gathering of this one-year project.

The final gathering brought our research team together with individuals working at the intersections of climate change, displacements and evacuations, and health together to discuss our preliminary findings, strengths and assets of the group, and future needs and priorities. There were several key themes that emerged:

1) **The professional is personal.** Climate displacement impacts individuals working in this space both professionally and personally - it affects their personal well-being.

2) **Upstream determinants of health need priority funding.** Public health aims to promote and protect health by addressing the upstream determinants of health; and yet, in the context of severe climate impacts, emergency response and the downstream factors usurp massive resources.

3) **A community of practice (COP) needs to be established.** The field of climate and health has rapidly evolved in recent years. We need a better understanding of what services are available, for whom, how they fit together, and who is responsible.

4) **Centring equity in climate displacement planning is critical.** Equity deserving groups know best what they need and how climate change impacts them; program and policy makers must directly engage them (or better yet, implement recommendations from previous engagements on related issues).

5) **Intersectoral access to displacement data is lacking.** There is a lack of accessible data related to climate displacement in BC. Researchers, practitioners and storytellers need access to the data to use it in evidence-based storytelling for policy makers.

We learned that there is enormous value and interest in bringing individuals together from different sectors and spaces, and this is a useful role that researchers can play. Moving forward, our project team is committed to supporting and creating space for dialogue for the emerging community of practice and the professionals, individuals, and communities working at the intersection of public health and climate in BC and beyond. We also encourage those working in this space to support and facilitate knowledge sharing within and across the communities and individuals with lived experience with climate displacement.

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[4] BC Ministry of Emergency Management and Climate Readiness (Amanda Broad and Lisa Slager); BC Wildfire Service (Justin Nicholas); First Nations Health Authority (Maery Kaplan-Hallam); First Nations Emergency Services Society (Kristopher Peters); National Collaborating Centre for Indigenous Health (Daniel Sims); Native Women's Association of Canada (Tiffany Walsh); Canada Research Chair in Indigenous Environmental Health Governance (Diana Lewis); and the Public Health Agency of Canada, Western Division (Jane McCarney, Courtney Smith, and Kris Kuruneri).

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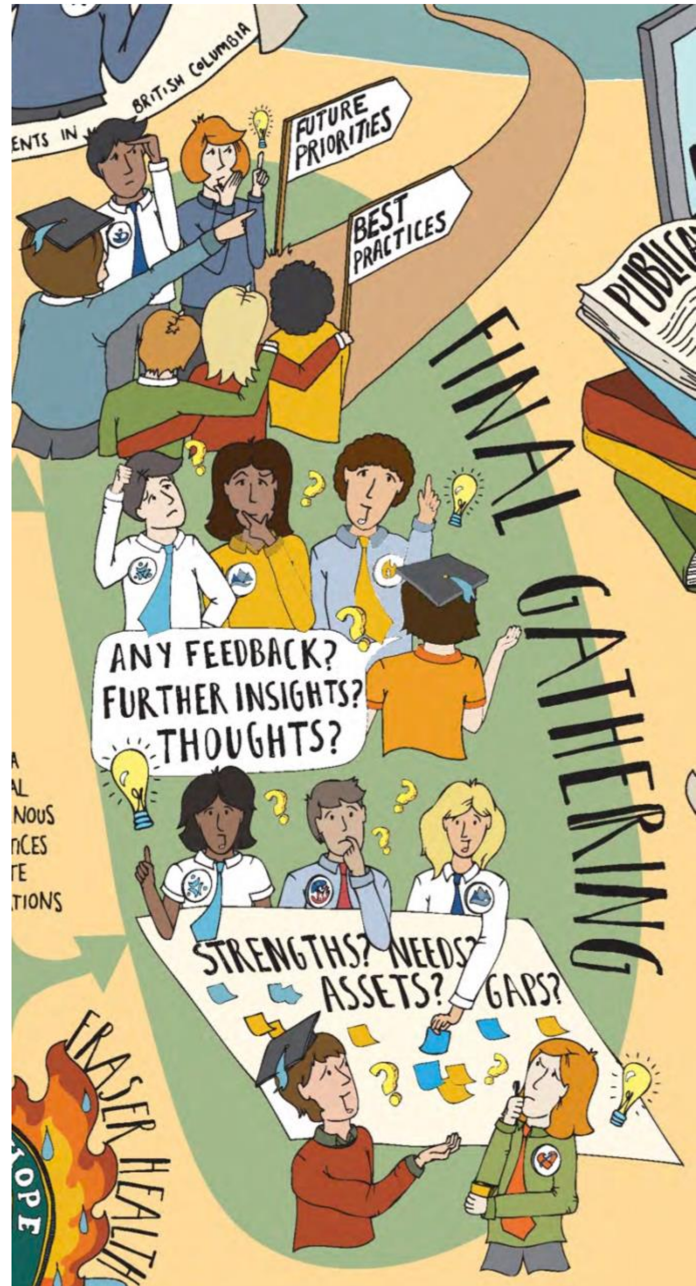
Introduction

This report summarizes what we heard during the final gathering of our one-year CIHR-funded research project *Catalyzing Intersectoral Collaborations for Climate Displacement and Health*. We hosted the gathering in lək̓ʷəŋən Territory (Victoria) on 26-28 May 2024 and brought together our research team, representatives from the five Regional Health Authorities (RHAs) in BC, members of our Advisory Circle (except BC Wildfire Service who were unable to attend), plus a few other invited guests (see Appendix A). While most of the 31 participants had engaged in some capacity prior to the final event, some participants were participating in the project for the first time.

Our objectives for this gathering were to:

1. facilitate intersectoral conversations,
2. build relationships and identify shared priorities,
3. workshop our findings,
4. amplify best practices, and
5. identify potential future research questions / needs



The goal was to advance equity-informed and proactive actions for the public health dimensions of climate displacement. To achieve these objectives, we intentionally organized tables with participants from different sectors or roles in the project, and we tried to provide ample time for relationship building both in formal sessions and at the margins of the gathering.

This report presents what we heard during the gathering. We organized the report by session and tried to balance brevity with respect for the rich conversations that took place. In the first session, we facilitated conversations based on some of the key questions from the interview phase of the project, and in second session we asked for feedback to augment our RHA research tasks. The third and fourth sessions duplicated a 'strengths mapping exercise' we hosted at the Canadian Public Health Association conference in Halifax in April (2024). Finally, the fifth and sixth sessions looked forward, thinking about future priorities, key stories from this project, as well as a sharing of good practices for maintaining care and well-being when working in climate change and health.

Session 1 – Stories & Insights from the Interviews

In Session 1, we first presented an overview of the interview process the research team conducted between January and May and some of the key themes that emerged during those interviews. We had also shared a summary of those findings prior to the final gathering. We then organized groups of about five-six participants to solicit insights on four of the questions we had asked during our interview phase. We present the prompt questions and then a summary of what we heard.

Personal. *To the extent that you're willing to share, what are some of the personal experiences of displacement that you know of or have experienced yourself?*

Few people shared that they had personally experienced climate displacement or evacuations, but nearly everyone mentioned that they knew people who had evacuated or that they had dealt with it professionally. For example, several participants mentioned how they indirectly experienced it because they had family, friends, and/or colleagues who were under wildfire or flood evacuation alerts or orders. The stress of seeing or supporting evacuated loved ones had a direct impact on people, even if they were not personally evacuated or under alert. There is a clear connection between the professional and the personal in this regard. Many of those who shared stories of their own evacuation and those observing others' evacuations remarked on how it altered their own thinking about preparedness, the urgency of their job, and the impact on their mental health.

Professional. *What are the three priorities your workplace needs to do to plan and prepare for displacements? Are these priorities being operationalized? If yes, how is it going? If no, what is making it challenging to operationalize these priorities?*

There was consensus in each group about the need for more data on climate displacement in terms of who gets displaced, to where, and for how long. Participants discussed how climate *preparedness* is difficult to prioritize, leaving us caught in a cycle of response and recovery. Participants also spoke about community engagement; the role and responsibilities of public health; proactive measures; and the distinct needs, risks, and strengths of equity-deserving communities.

- **Community engagement** is a priority for most working in this space, and yet many affected communities, particularly First Nations communities, have engagement fatigue. Community engagement needs to be culturally safe and authentic; and it needs to understand and be responsive to the different needs, priorities, and strengths of different communities. To do this, partners can (and do) work with organizations that support communities, revisit and learn from old engagements and past events (e.g. after-action reviews) before (re)burdening communities.

- Participants discussed a lack of clarity around the **roles and responsibilities** of the public health sector and other actors related to climate displacement. The ability to address this confusion would contribute to preparedness efforts, efficiencies across sectors and silos, continuity of services, and community well-being, and it would help to close knowledge gaps to ensure complementarity in this emerging community of practice. We need a better understanding of what services are available, for whom, how they fit together, and who is responsible.
- Participants spoke about prioritizing **proactive measures** to better enable climate preparedness and mitigate the impacts of displacement. While upstream social and ecological determinants of health are a priority for RHAs, they said it is difficult to address them when caught in response mode and resources are scarce, especially at the community level. Yet, some First Nations are leading collaborative cross-sector and multi-organizational efforts for wildfire preparedness such as cultural burns.
- **Equity-deserving communities** are a priority for participants. Climate displacement impacts communities and populations in distinct ways, and all have distinct strengths and assets for preparing and responding. As such, participants are thinking through how to employ equity-informed approaches for different populations, e.g. First Nations communities, precariously housed and unhoused neighbours, incarcerated individuals, women and gender-diverse people, newcomers to Canada, non-English speakers, elderly, youth, youth in care, people with diverse abilities, low-income, etc. (see Equity section below). Participants also raised concerns about reception centres as unwelcoming and inhospitable for certain populations such as those who are unhoused and/or those using substances – there is an immediate need to address these challenges.

Equity. *If/how are you / your organization engaging with equity-deserving populations and factoring in gendered considerations in how you're responding to / preparing for climate displacement? And if not yet, how might you?*

> ***Equity Deserving Populations.*** This term refers to historically and currently marginalized groups, such as unhoused or precariously housed folks, youth, people with mental and physical health support needs, women, 2SLGBTQQIA+ peoples, Indigenous women, Indigenous communities, people with disabilities, rural populations and individuals, incarcerated or other institutionalized persons, people in long-term care homes, people without citizenship and/or who are experiencing immigration precarity, and people who have been displaced and/or are refugees.

Equity was central when participants spoke about their professional priorities. We heard that public health has a natural affinity for equity approaches and often focuses on specific populations most in need of programs and services and not the general population. Someone else, however, gave an example of limitations in addressing equity issues: when we do not have an equity lens, we think about "displacement" as the opposite of "being placed" and the image of home and family. The reality is that many people are already displaced.

We heard about equity teams within organizations, while others spoke about the value of collaborating with service providers and other equity-focused organizations who work closely with equity groups and thus have existing relationships. Several participants spoke about how they incorporate culturally relevant gender-based analysis (CRGBA) or GBA+ into their

approach to climate displacement and climate impacts more broadly. For example, one participant noted the differentiated responsibilities for and impacts on families during an evacuation and how there is a particular burden on Indigenous women. Other groups that participants mentioned in this specific discussion were (Indigenous) youth, migrant workers, those with mental and/or physical health challenges, Métis peoples, and the elderly. Finally, we also heard concern for animals impacted by wildfires and displaced from their natural habitat.

Many participants noted that the general messaging around climate displacement from the BC government targeted middle-class, neuro-typical, able-bodied people with a vehicle and who have consistent access to high-speed internet. Information, resources, services, and programs should be designed for those most in need. Relatedly, several participants also voiced concern around the tension (stigma, disagreement, and disconnect) within and between government agencies and jurisdictions about who is (financially) responsible for targeted services and supports, particularly for unhoused populations.

Planetary Health / Indigenous Knowledges. *If/How are you/your organization engaging with the idea of planetary health and / or Indigenous Knowledges, protocols, and/or ways of knowing / being?*

> ***Planetary Health.*** The fundamental interconnection between peoples' health and the health of all living beings and ecosystems on the planet; not human-centric but considers all living beings; ecocentric; place-based. While this concept is new to health researchers, it has existed since time immemorial in Indigenous Knowledge systems across the globe.

> ***Place-based Indigenous Knowledges.*** Deninu K'ue planetary health researcher Nicole Redvers and colleagues (2022) define Indigenous Knowledges as "collective, holistic, community-based, land-informed ways of knowing that are inherently interconnected with people and the environment. In other words, traditional knowledges are contextual. As such, they can be a source of knowledge for environmental strategic management in distinct ecosystems. Therefore, attempting to globalize these knowledges can cause them to lose their meaning, purpose, and focus on understanding the relationships between knowledge making and knowledge applications regionally." (e156)

While we did not wish to conflate planetary health with Indigenous knowledges, we (authors and many participants) found it difficult to separate the two completely because Indigenous knowledge systems and ways of knowing are integral to a decolonial understanding of planetary health which we are committed to advancing.[5] We attempted to articulate these nuances and differences within our definitions, interviews, and gathering documents and discussions.

The conversations on this question ranged from conceptual insights around planetary health meaning and applicability, to concrete examples of how it is grounded in places in relation to food, land, animals. We heard how colonial systems limit the ability to fully embrace and operationalize a concept like planetary health. Western ways of knowing teach us to see things in silos and have distanced us from our environment, and as such, it is difficult to shift

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[5] Hoogeveen, Dawn, Clifford G Atleo, Lyana Patrick, Angel M Kennedy, Maëve Leduc, Margot W Parkes, Tim K Takaro, and Maya K Gislason. "On the Possibility of Decolonising Planetary Health: Exploring New Geographies for Collaboration." *The Lancet Planetary Health* 7, no. 2 (February 1, 2023): e179–83. https://doi.org/10.1016/S2542-5196(22)00334-5.

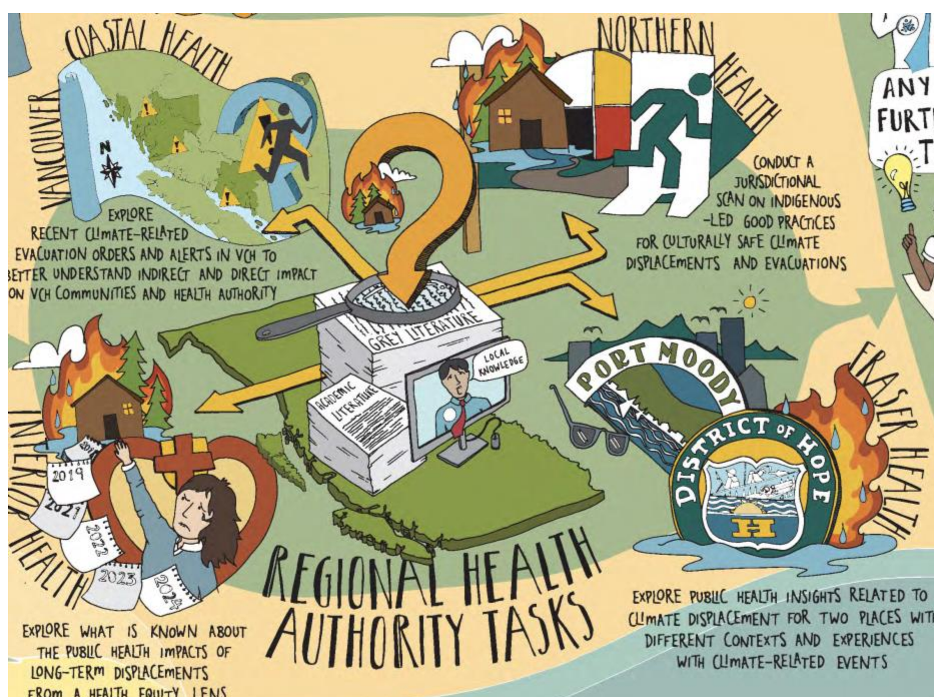
perspective to a more holistic and abstract view while also needing to operationalize that view. While some organizations are explicitly developing or implementing planetary health strategies or teams, others have deliberately chosen not to use that term.

Participants had mixed sentiments about the usefulness of a concept like planetary health. Some noted that it is poorly understood, opportunistic, and falls short compared to the nuances of Indigenous perspectives of health and wellness. Others noted that planetary health elevates and brings awareness to Indigenous knowledges; it helps people to understand that they are connected to, and that their actions have an impact on, a connected system of living beings. The best way forward is to listen, support, and respect First Nations protocols and knowledges.

Participants discussed how planetary health can story the interconnections on the ground between human health and other living beings. This storying can be mutually beneficial for public health, climate action, and Indigenous ways of knowing and being. We heard about the impacts of climate change on food, farming, agriculture, and fishing/game, and how food provides a narrative with which people from across the province can connect. A planetary health perspective understands the land as connected to identity and the past, and as living and needing protection. This understanding enables action such as prescribed burns; it also reframes the simplistic narrative about farmers, ranchers, and FN communities defying government orders to instead acknowledge that people with local knowledge and skills do not want to evacuate so they can protect land and animals.

A planetary health lens also highlights how protecting ecosystems protects human health, thereby shifting the focus upstream to the ecological and social determinants of health. And yet, regional health authorities and the ministry of health are not responsible for ecosystems. The challenge now is to decolonize organizations and structures to facilitate this shift and create space for the implementation of policies, programs, and services that respectfully acknowledge and enact Indigenous Knowledges rather than trying to fit them into colonial, siloed systems.

Session 2 – World Café – Feedback on RHA Tasks



In Session 2, we employed a world café methodology which involves groups rotating to four tables (Fraser, Interior, Northern, Vancouver Coastal). A facilitator briefed each table about the specific task for that health authority and then worked through a series of prompts to solicit feedback and insights for the final output for the RHA. We summarize those insights here and have incorporated them into the outputs for the RHAs.

Fraser Health. In Fraser Health we looked at two places with different contexts and experiences with climate-related events: The District of Hope and the City of Port Moody, to explore insights for public health from climate displacement. Our early findings suggest that Port Moody, as a place not yet directly impacted by climate displacement, is focused on high-level strategic planning, whereas the District of Hope, which has been directly impacted, has advanced pragmatic planning and community-level preparedness.

Conversations at this table often turned to the potential for knowledge sharing across communities within and between RHAs and the role of the RHAs in facilitating these conversations. For example, RHAs could play a role in using community and health partnerships to share knowledge, bringing different actors and sectors together. Furthermore, public health organizations could support local communities in various ways such as providing upstream support, supporting lower-resourced places (e.g. Hope sharing their community resilience volunteer program with Port Moody and/or other communities), and facilitating community-level planning. The message cannot just be "be prepared"; this is individualistic. The message should centre the power of collective action: "help everyone in your neighbourhood be prepared".

There was consensus across the different groups that we can learn a lot from specific places that have lived experience with climate displacement, and that they are often willing to share. For example, how to make reception centres more welcoming and better prepared for evacuees with diverse needs, such as those requiring harm-reduction programs. It may also be politically easier to share knowledge between places that are not too similar and thus not competitive with one another (e.g. Hope sharing with Port Moody). Participants mentioned Grand Forks and Nelson as communities with knowledge to share, and Nelson as a place simultaneously doing high-level upstream climate adaptation planning *and* pragmatic community-level emergency and disaster risk management planning.

Interior Health. For Interior Health, we examined, from a health-equity lens what, if anything, is known about the public health impacts of longer-term displacements and evacuations in Interior Health. Participants suggested that access to data may be a hurdle for knowing more about this topic. Participants had several recommendations for next steps on several different dimensions:

- Look to other places for insights and suggestions, e.g. Hurricane Katrina, New Orleans 2005; Winnipeg Floodway; California wildfires
- Go beyond literature, connect with municipalities or regional districts or ESS staff
- Not just individual data, but collective health impacts / impacts on system
- Need for clarity on what is "long-term" displacement? Range from 3 days to one month or more (and can often overlap with permanent displacement in the ways it is spoken and written about)
- Equity concerns raised related to gender-based violence, food and food insecurity, substance-use supports and safe supply access, women and gender-diverse people's specific health issues (maternal and childcare)

There is a large knowledge gap related to long-term displacement and its impacts on public health and community well-being. This gap is both quantitative and qualitative, but the lack of quantitative data creates an opportunity to mobilize stories, narratives, and lived experiences to inform policy. There is great concern about the mental health impacts from long-term displacement and the links to the social determinants of health.

Northern Health. We received the following feedback from participants regarding the Northern Health Task which was a jurisdictional scan of Indigenous-led promising practice examples of culturally safe displacement/evacuation strategies. Participants had the following comments:

- This is a good starting place – RHAs could use this work as a touch point to connect with communities; this could open the conversation and learning on how better to support Indigenous-led displacement/evacuations
- There is a lot to learn by speaking with people who live off the land (vs. documentation)
- Need in-person conversations
- First Nation (FN) Facebook groups (possibly closed) would be a practical source of info
- Rural / urban divide – be clear that this applies to rural communities
- Knowing best practices is one thing, knowing who does what is another
- Need to understand what implementation of actions means for each community
- There has been extensive engagement with FNs on related topics, review those reports
- It is helpful for the list of practices to be as specific as possible

Vancouver Coastal Health. The VCH task explored to what extent climate displacement is or should be a priority for the region, and reviewed how climate-related displacement impacted the region in recent years. Participants noted the following:

- Data that we do have does not allow us to track people over time or place, which prevents care and service provision in some instances
- The power of data is for resource allocation and funding, but also need stories to humanize the data and the impacts, especially when the quantitative data is so weak
- Continuity of care from displacement to return is very important for VCH (a receiving region)
- The heat dome is missing from the document which had a huge impact, but the connection to mobility / displacement unknown

Beyond feedback on the VCH output, participants had key insights on thinking about climate displacement and health and emergency management more broadly. These discussions included the challenges and opportunities of considering upstream factors related to climate change and health, the individualistic and fear-based messaging of preparedness (e.g. how are YOU prepared?) VS the many Indigenous knowledges that operate from an ontology of connectedness or empathy (e.g. how is what I'm doing going to impact my neighbour?), and the need to incite action and empower from a place of empathy instead of fear.

Session 3 and 4 – Asset Mapping

In response to feedback from our Advisory Circle and in our efforts to apply planetary health and CRGBA lenses, we wanted to move beyond gaps and problem definitions in this project and avoid what Eve Tuck calls "damage-centered narratives. As such, in Sessions 3 and 4, we facilitated an Asset Mapping activity that we rooted in appreciative inquiry to amplify existing

strengths. For example, we shifted our focus from 'how climate displacement is impacting public health' to also asking 'what are the strengths and assets in public health that can and do facilitate the promotion of healthy, inclusive, and climate-prepared communities?'

In this activity, we put participants into small groups and invited them to discuss how their work could or does relate to climate (displacement) and health. This step helped everyone at the table ground their reflections in their work and understand the perspectives represented at each table. Next, we asked participants to collectively discuss and record the different strengths and assets that they and their organization or community have related to climate (displacement) and health. This could include a range of human capacity and personal attributes, tangible skills or knowledge, connections and relationships, and/or access to resources. Participants then collectively discussed and recorded the needs or gaps that they and their organization or community have related to climate displacement and health. Next, we paired up two tables to share their groups' needs, strengths and assets and mapped out which of their shared strengths could address their shared needs. Participants then shared their maps and reflections with the larger group.

Common needs across all the tables included: gaining better data on historical and current climate displacement events and increasing data sharing; increasing resources (monetary and time) and infrastructure for climate adaptation and recovery; putting in place shared governance and collaborative processes across and within institutions; understanding the unique and intersectional needs of evacuees; increasing clarification on roles and responsibilities of people working in climate displacement; and strengthening capacity for employees and communities.

Participants shared myriad strengths and assets they had to fill these needs, including: access to money and resources; access to health data; relevant training and knowledge; networks and connections with relevant sectors; passion and commitment to health and equity and climate displacement; lived experience; community relationships and engagement experience; connections with decision-makers; influence; access to Indigenous knowledge and diverse knowledge systems; care and love for humanity; inter-level communication with intersectoral partners; and research experience.

Following sessions 3 and 4, there was an impromptu conversation in which participants identified the excess of assets compared to the needs presented and recognized the potential for effective collaborations. Participants noted, however, that communication and collaboration pathways are currently confusing, and questioned what this would look like on a larger scale. One promising example of successful communication from Fraser Health is a monthly emergency health-related table meeting, which could be implemented in other authorities. Participants discussed the challenge of bringing a climate focus into issues when the health of the climate and environment should innately be a foundational consideration to everything. In this sense, we need a worldview shift away from the institutional norm of compartmentalizing issues. Participants also found motivation by naming the passion of those present.

Session 5 – Identifying Future Priorities

In the fifth session, we facilitated group discussions to identify and explore future priorities following the final gathering. The main objectives of this session were to identify critical stories that had emerged throughout the project and final gathering, determine the target audience for sharing these stories, and devise the most effective ways to share the knowledge and stories. We also discussed potential future research questions and next steps for pursuing those collaboratively.

Across many groups in this session, participants spoke about the **lack of quantitative data** or general information readily accessible to support their understanding of climate displacement and evacuations. Data gaps related to duration of displacement, number of people evacuated, timelines of inhabitants' returns, or lack of returns concerned participants. Future research that addresses those gaps would be useful to obtain and share with the relevant regional health authorities and organizations. Participants also acknowledged that qualitative data, in the form of human stories, serve as a powerful and important tool that helps inform public health.

There is a need for **more clarity on roles and responsibilities.** A better understanding of "who's who in the zoo" could help to enhance future collaboration because this is a relatively new space that engages multiple actors from multiple sectors with differing mandates. Actors in this space need to establish and understand clear roles and responsibilities to foster a more cohesive and productive environment and aid collaboration across health authorities and organizations. Furthermore, participants voiced the inefficiencies in not knowing who is doing what in this emergent and rapidly growing field; they suggested some sort of live network analysis or a system mapping of the community of practice as a valuable reference tool.

Throughout the gathering, participants noted the lack of **Indigenous engagement** and made note of who was NOT in the room. Simultaneously, participants noted that the government has already done extensive engagement with First Nations on related projects, and there could be relevant information and insights applicable to climate displacement and health that could be reviewed without further burdening Nations.

There is a disconnect between generative space for working holistically on these topics and existing systems that are inherently colonial and unresponsive to decolonial or Indigenous ways of knowing. The new climate and health lead positions could be transformative, but the system limits them. Furthermore, incorporating CRGBA should become a priority for policy makers, as should the institutionalization of empathy within this work.

Participants noted that **sharing our research findings** with federal and provincial bodies, such as the Ministry of Health, other regional health authorities, and research institutions, would be beneficial for driving impactful change. Participants agreed that there is reason for further research to fill the gaps in knowledge and data surrounding climate displacement and health to help educate agencies working in public health and inform policy.

In terms of future priorities, we heard that gatherings like this, hosted by researchers (and not a specific organization or government agency) are valuable. The gathering created generative and neutral space and time for participants to connect across (and within) organizations and across (and within) sectors (although greater diversity of sectors would be valuable) and engage in important conversations for which day-to-day work responsibilities do not always allow. These gatherings are necessary for these kinds of conversations and would be an excellent mechanism to bring people together somewhat regularly.

Session 6 – Sharing Promising Practices on Well-being

The sixth and final session of the gathering provided a platform for all participants to engage in a meaningful discussion on promising practices for well-being for those working in this space. We facilitated this conversation as one large group so people could hear from everyone in the room. The goal was to foster a sense of optimism as participants shared how they and their organizations support mental well-being in often stressful working environments. By concluding the gathering with this discussion, we aimed to inspire participants with actionable strategies or tools that they can implement to improve their well-being moving forward.

Key emerging themes from this session included the need to culturally prioritize rest, prevent burnout, avoid overwhelming staff, and prioritize safeguarding staff well-being during seasonal events. Participants shared the following promising practices:

- Remove communication tools from devices while not working (e.g. silence your 'chat' channels and email)
- Schedule meetings off :00 or :30, e.g. :05 or :35; integrate rest breaks
- Start meetings with human connections; be interested in colleagues' well-being and lives
    - "What are you feeling in your body, and what are you feeling in your spirit?"
- Respect that not everyone works the same hours, and signal so in off-hours email/text:
    - "I work the hours that work for me, I don't expect you to respond now"
- Respect the workday: delay/schedule send emails when working outside work hours
- Celebrate people taking rest and time off – ask them about it (best from leadership)
- Create peer-to-peer supports and/or mandatory rest during extreme climate events
- Designate someone to be responsible for wellness / well-being of the team (examples exist from teams in RHAs who have experienced major displacements recently)
- Be supportive of colleagues and approach each other with reciprocal respect and appreciation - mutual aid is a powerful tool in this work, and it is sometimes easier to support colleagues than oneself

A crucial and concluding point from our discussions was the recognition that **our systems are inherently skewed against well-being**. The need for mutual care is a clear indication of the stress and urgency of this work coupled with the lack of well-being support within this line of work. Participants emphasized that **a deeper examination of the root issues of stress, burn-out and attrition, and a commitment to systemic changes are necessary -** rather than just relying on colleagues to be responsible for looking out for each other.

Conclusions and Next Steps

The final gathering offered an opportunity to bring our research team together with individuals working at the intersections of climate change, displacements and evacuations, and health together to discuss our preliminary findings, strengths and assets, and future needs and priorities. Looking across the two days and discrete sessions, there were several key themes:

1) **The professional is personal.** Individuals working in this space are impacted both personally and professionally by climate displacement and it affects their well-being. Institutionalising empathy in policies and response could mitigate the impacts on people.

2) **Upstream determinants of health need priority funding.** Public health seeks to promote and protect health by addressing the upstream determinants of health; and yet, in the context of severe climate impacts, emergency response and the downstream factors usurp massive resources. There is knowledge and political will within the profession to focus on the social and ecological determinants of health (perhaps using a planetary health lens), but institutional inertia baked into colonial systems impedes an upstream focus.

3) **A community of practice (COP) needs to be established.** The field of climate and health has rapidly evolved in recent years. There are more individuals and organizations engaged in this space with a lack of clarity on who is doing what and how. Clarity on the roles and responsibilities of actors would be invaluable to this COP.

4) **Centering equity in climate displacement planning is critical.** Health equity is a core value in public health. Equity deserving groups know best what they need and how they're impacted and thus program and policy makers must directly engage them (or better yet, implement their recommendations from previous engagements!). Desktop research was a good starting point, but community-based participatory research, particularly with those from disproportionately impacted and resourced groups, is more valuable for linking RHAs to communities.

5) **Intersectoral access to displacement data is lacking.** There is a lack of accessible data related to climate displacement in BC. We need to be able to access and use data in our storytelling to provide evidence ffor policy makers.

Moving forward, we are still working to finalize the final outputs for Fraser, Interior, Northern and Vancouver Coastal Health; we will share these with everyone (with the RHA's permission) once complete. We are talking with a few partners about a webinar series to share our insights, learnings, and results from the one-year project. The research team is exploring various lines of funding for future research grants to continue this work in a multiplicity of ways.

We will post all our outputs on the Health Environment and Communities (HEC) Lab website (heclab.com), so they are publicly available. Our team is committed to continuing to engage with the professional community of practice, and remain open to collaboration, responding to research gaps or needs, or facilitating connections across the community of practice.

While we engaged directly with regional health authority officials, there is rich and meaningful lived experience and knowledge at the community level. We need to respect that not all individuals and communities are willing to share the knowledge, but support and engage with those who are. We encourage those working in this space to facilitate that knowledge sharing.

In closing, we would like to voice our gratitude to all those who engaged in this project – to whatever degree – over the past year. We created this project to contribute to the urgent work needed in BC related to the disruptive impacts of climate displacement on health and well-being. While many of our conversations focused on evacuations and responses, our goal was always to emphasize the need for climate preparedness and community readiness, empowering and enabling the public health system to think proactively to prepare individuals and communities and identify ways we can support the needs of other-than-human life before, during, and after future climate emergencies.

Appendix A – Participant List for Final Gathering

The authors listed are responsible for the authorship of the final gathering report. Any errors are the authors' alone.

Participation List		
	Name	**Affiliation**
1	Amy Lubik	Fraser Health - Climate and Health Lead
2	Rajpreet Chahal	Fraser Health - Project Lead
3	Kady Hunter	Interior Health - Climate and Health Lead
4	Heather Deegan	Interior Health - Population Health, Director
5	Meaghan Hawes	Island Health - Climate and Health Lead
6	Raina Fumerton	Northern Health - Medical Health Officer
7	Diana Kutzner	Northern Health - Climate and Health Lead
8	Shya Harvey	Northern Health - HEMBC, Indigenous Liaison
9	Craig Brown	Vancouver Coastal Health - Sr. Scientist, Climate & Health
10	Michael Schwandt	Vancouver Coastal Health - Medical Health Officer
11	Jason Tockman	Vancouver Coastal Health - Sr. Policy Analyst
12	Kristopher Peters	First Nations Emergency Services Society (FNESS)
13	Tiffany Walsh	Independent - CRGBA Specialist (formerly with NWAC)
14	Jane McCarney	Public Health Agency of Canada (Western Division)
15	Maery Kaplan-Hallam	First Nations Health Authority
16	Daniel Sims	UNBC (formerly NCCIH)
17	Mary Cameron	Ministry of Health - Director of Resilience
18	Anna Bunce	Ministry of Health - Sr. Policy Analyst, Risk to Resilience Project
19	Sophia Huang	Métis Nation of BC, Policy Analyst, Ministry of Environment, Climate Change & Food
20	Blae Hansen	Métis Nation of BC, Policy Analyst, Health Governance
21	Angel Kennedy	Simon Fraser University
22	Dawn Hoogeveen	Simon Fraser University, First Nations Health Authority
23	Heather Castleden	University of Victoria
24	Jeff Masuda	University of Victoria
25	Kathryn Stone	University of Victoria
26	Nicole Bates-Eamer	University of Victoria
27	Sarah Wiebe	University of Victoria
28	Simi Kang	University of Victoria
29	Paul Sylvestre	University of Ottawa
30	Anna West	MITACS Global-link Student
31	Mariko Davies	MITACS Global-link Student