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Health and Social Impacts of Long-term Evacuation Due to Natural Disasters in First Nations Communities: A Summary of Lessons for Public Health

The National Collaborating Centres for Public Health (NCCPH) led a project to explore knowledge gaps and inform priorities for public health responses to long-term evacuations due to natural disasters. This included identifying issues related to the impact of natural disasters on First Nations communities. The long-term evacuees project led to the development of three knowledge products for public health professionals. See page 12 for more detail.

INTRODUCTION

When natural disasters occur, individuals, and sometimes entire communities, may be temporarily evacuated from their homes as part of the emergency response. For some communities, returning home can take weeks, months, or even years. A prolonged evacuation can have far-reaching consequences for health and well-being, particularly for populations and communities who live with inequities.

Evidence shows that First Nations peoples are disproportionately affected by natural disasters and emergency evacuations, which can be exacerbated by longstanding systemic and structural inequities.¹⁻⁴ However, the evidence falls short when it comes to determining how and to what extent First Nations peoples cope and recover after disasters and emergency evacuations.^{1,5} For public health decision-makers, questions also remain about their role in supporting communities and individuals affected by natural disasters, long-term evacuation and extended displacement.

Emergency preparedness and response is a core function of public health in Canada⁶, yet public health roles and responsibilities beyond the immediate emergency response remain unclear. Questions persist about where responsibilities for long-term evacuees lie and how to ensure the continued health and safety of individuals, families and communities throughout the periods of displacement, resettlement, return to home and community, and recovery. Amid the uncertainty, global climate change is expected to increase the intensity of weather events and the likelihood of natural disasters, creating significant public health needs and requiring greater support from public health agencies.⁷

In response to this emerging priority, the National Collaborating Centres (NCCs) for Public Health undertook a joint project to explore knowledge gaps and inform priorities for public health responses to long-term evacuations due to natural disasters. Beginning in 2017, the project has involved several activities to gather evidence and knowledge, including reviews of literature, interviews with key informants in public health, and in-depth community-based research⁸ with two

THE LONG-TERM EVACUEES PROJECT

The NCCs for Public Health lead a multi-component project focused on the effects of long-term evacuation resulting from natural disasters with the aim of clarifying the role of public health in supporting recovery. The following timeline provides an overview of project activities.

- 2017** Meetings with public health officials and initial project planning
- 2018** Comprehensive search of peer-reviewed and grey literature
- 2018** Environmental scan of federal, provincial and territorial government websites
- 2018** Informal interviews with public health decision-makers
- 2019** Review of First Nations-focused academic, government and grey literature
- 2019** Community-based research with two First Nations communities (Siksika First Nation & Ashcroft Indian Band)
- 2020** Case studies and summary of lessons learned

First Nations communities that were adversely affected by evacuations (See the project timeline in the text box). Drawing from this body of work, a suite of knowledge products comprised of two case studies and this summary of lessons learned have been prepared.

The two case studies, described separately, focus on the experiences of the Nlaka’pamux people of the Ashcroft Indian Band in BC following the Elephant Hill wildlife in 2017 and those of the Blackfoot people of the Siksika Nation, Alberta following the Bow River flood in 2013.^{9,10}

These accounts provide insights from lived experiences of disaster and evacuation, highlighting unrecognized priorities and needs, as well as underutilized and devalued knowledge of First Nations peoples that may inform public health approaches. This ‘lessons learned’ document summarizes the findings from the case studies and preliminary research^{8,11,12} to identify areas where public health organizations and personnel can play a role to ensure the long-term health and safety of First Nations peoples and communities following natural disasters.

WHO IS THE SERIES FOR?

This suite of knowledge products are intended for use by a variety of public health audiences, including medical officers of health, health authority analysts, emergency measures coordinators, policy makers, frontline health care providers, and others working to support First Nations communities through community evacuations due to natural disasters.

LESSONS LEARNED FROM LITERATURE REVIEWS AND CONSULTATIONS

Long-Term Evacuations and Public Health: Key Gaps in the Literature

Some preliminary research and consultation helped to establish the importance of public health considerations for long-term evacuation, and to frame project activities. In 2018, the NCCs commissioned a review of literature on public health priorities and knowledge gaps concerning long-term evacuations, resulting in a plain language description of the standard course of a public health emergency response.¹¹ The search was guided by two questions: What is known about the public health needs of individuals and communities evacuated from their home and community for a prolonged period due to natural disasters? How are the public health needs of long-term evacuees assessed, monitored, and addressed?

The results of the literature search were both surprising and illuminating: No relevant literature was found that explicitly considered the public health roles to address the long-term needs of evacuees. This was identified as a significant gap in the available evidence and, potentially, in public health policies and practices related to long-term emergency management.¹² The literature search did, however, uncover three key findings:

- Studies that broadly consider the long-term health repercussions of natural disasters directed little or no attention to the effects of evacuation, prolonged or otherwise.
- Even when focused attention was directed to the detrimental effects of natural disasters and emergencies on health and safety, particularly on mental health, the potential effects of prolonged versus short-term evacuation were seldom considered.
- Research that explicitly considered the role of public health in disaster response tended to focus on emergency preparedness, evacuation decisions and processes, and the management of health, during and immediately after disaster, but not for any long-term period after those stages.¹²



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A scan of federal, provincial, and territorial government websites showed similar results—that publicly-available information on long-term evacuation and its implications for public health is limited. Across government websites and frameworks reviewed, greater attention appeared to be paid to planning, preparing for, and responding to emergencies rather than to recovering from them. Most of the websites reviewed either did not explicitly refer to public health considerations in long-term emergency management and response or only addressed specific roles, such as those pertaining to infectious disease prevention and control or environmental conditions that pose a threat to public health.¹²

Building on the review of literature and the environmental scan, a consultation with several public health decision-makers across Canada was held to determine the extent to which government and other emergency management agencies were aware of and responsive to the public health needs of long-term evacuees. Key informants recognized long-term evacuation as an important issue and identified mental health as the number one public health issue for long-term evacuees, particularly post-traumatic mental disorders and addictions. In addition, public health decision-makers recognized the following key concerns:

- Long-term evacuation, particularly for individuals dislocated from rural, remote and Indigenous communities and evacuated to cities, heightens risks of developing addictions.
- Long-term evacuation appears to be associated with increased chronic physical health conditions such as asthma and diabetes, and chronic infectious diseases such as tuberculosis and sexually-transmitted and blood-borne infections.
- Long-term evacuation seems to have an adverse effect on family dynamics, with notable increases in relationship break-down and intimate-partner violence.
- More extensive consequences of evacuation tend to fall on Indigenous peoples and communities due to colonization and structural inequities, and the cultural dislocation associated with geographic displacement.¹²

Public health decision-makers acknowledged that limited attention is paid to the long-term public health effects of evacuation in specific jurisdictions because it is not a common experience. Respondents commented that governments are reluctant to take on the management of the long-term needs of evacuees due to past and potential criticism around emergency management, and because the matter is complex, expensive, and multi-sectoral. Some also commented that policymakers may be working behind-the-scenes on public health and other needs of long-term evacuees, but that this information is not made publicly available, primarily due to resource constraints.¹²

The consultations raised several important questions, including: How is long-term evacuation defined, particularly in terms of duration, which may influence the experiences and needs of evacuees? How does long-term evacuation differ from short-term or acute evacuation? When are evacuated individuals no longer considered evacuees, and who decides they are no longer eligible for government aid? Is the readiness of long-term evacuees to return to the community taken into consideration, and who makes this decision? Does exposure to trauma contribute to long-term adverse psychological effects, regardless of whether evacuees return quickly or slowly to their homes?

Consistently, public health decision-makers viewed Indigenous populations to be a priority, recognizing that Indigenous peoples are more likely to be negatively impacted by natural disasters than other Canadians, and are more likely to be evacuated long-term because of the rural and remote locations of their communities.¹²

Evacuations in First Nations Communities in Canada

Building on the priorities identified during the consultation, a review of academic, government, and grey literature was conducted to look more closely at information about First Nations evacuations, specifically. The findings of this review were consistent with the initial literature search and environmental scan in that available studies on First Nations emergency evacuations tended to focus on immediate and short-term evacuation processes and conditions and did not address long-term health effects of natural disasters and emergency management processes.

Across disaster-related studies concerning First Nations populations in Canada, there was strong evidence that the way emergency evacuations are carried out and subsequently managed greatly influences health outcomes for evacuees. While there are general guidelines on primary areas of responsibility for emergency response in Canada, a lack of clarity persists for public health roles and responsibilities during and after a natural disaster emergency response, in the short, medium, and long terms. Roles and responsibilities in First Nations emergency management are not well-defined, exclude First Nations involvement, and dismiss First Nations knowledges and cultural expertise.^{2,13-15}

The federal government's responsibilities to First Nations peoples and communities concerning emergencies are to fund emergency management on reserve and reimburse First Nations communities for emergency-related costs. However, First Nations peoples and communities experience significant challenges in applying for and collecting federal reimbursement of emergency-related expenses. This causes undue hardship for First Nations communities who are already living with structural inequities following a disaster.

The lack of First Nations involvement in emergency management processes and disregard for First Nations knowledges and cultural expertise in emergency management has been shown to worsen the outcomes of disasters and emergencies for First Nations evacuees.^{2,5,16,18} Honouring and respecting self-determination helps to facilitate more effective responses for the continued health and well-being of First Nations peoples following disasters and emergencies.^{5,19-21}

The research evidence also showed that evacuations of First Nations communities are generally not well executed.

Culturally insensitive public health responses are often far more detrimental to the health and safety of First Nations peoples and communities than are the direct effects of disaster. Concerns identified in the literature include forced child and family separation; overcrowded, unsanitary, and precarious accommodations; evacuation to unfamiliar and unsafe environments; vague communication and unacceptable information sharing; and logistical hurdles around registration processes and requirements for support.^{1,2,5,13,16,17}

Another important issue raised in the literature was concern for evacuation processes that mirror a legacy of historical injustices imposed on Indigenous peoples in Canada, such as residential schools and the Sixties Scoop. The adverse emotional and mental health effects of evacuation may be significantly reduced through purposeful consideration of First Nations cultures, perspectives, histories, and current realities.^{2,5,16,20,22} Provincial standardization and reliance on top-down, centralized approaches to evacuation prevent community influence on disaster planning and fail to address the unique needs of First Nations peoples and communities. This, in turn, leads to family and community separation; unmet physical, mental, and cultural needs; emotional turmoil; and frustration with the lack of acknowledgement and utilization of First Nations peoples' local and traditional knowledge and expertise.⁵

Exposure to disaster is an important risk factor for post-traumatic stress,²³ particularly as it relates to loss. First Nations peoples have experienced tremendous loss due to colonization which, in turn, has had a profound effect on their physical, emotional, spiritual, and mental well-being.^{22,24,25} Several studies note that First Nations peoples and communities endure intense grief in the wake of disasters, not just with regard to the loss of infrastructure, pets, homes, other personal belongings, but also with respect to losing their independence, traditional lands, and cultural connections to the land.^{1,4,5,16,20,21,26,27}

Finally, the literature has called attention to the importance of First Nations self-determination in emergency management. First Nations populations are best-positioned to identify the threats they face, as well as the most suitable approaches to effectively address their needs and minimize the adverse effects of evacuation following disasters and emergencies.^{20,28} However, further evidence is needed to confirm the value of these approaches to response and recovery in alleviating the effects of emergency evacuation on First Nations peoples and communities.

CASE STUDIES: SUMMARY OF LESSONS LEARNED

Community-Based Research Methods

The community-based research that informs this document, and others in the series, was conducted in 2019. The research aimed to generate new insights for public health responses to the evacuation of First Nations peoples and communities by exploring the experiences of the Ashcroft Indian Band following the Elephant Hill wildfire in 2017, and the Siksika Nation following the Bow River flood in 2013. Grounded in Indigenous-based and participatory approaches, the research was carried out by a team of Indigenous contractors who had knowledge of, and relationships with, the two communities studied.⁸

Ethical considerations around informed consent, confidentiality, and accountability were formalized through ethics review and community approval processes. Individual interviews and a sharing circle were used to gather information from evacuees. The information collected was audio recorded for richness and accuracy. The recordings were later transcribed into written format and verified by research participants. Thematic coding was used to identify and analyze key themes that emerged from the research data. Figure 2 provides additional information on the methods employed.

The initial phase of the community-based research concluded with a report on findings entitled, *Voices of Long-term Evacuees Following Natural Disasters in Ashcroft Indian Band and Siksika Nation*,⁸ and a presentation shared with members of the study communities. Subsequently, a secondary analysis of the

report's contents (i.e. quotes and themes) was performed by another research analyst, resulting in the current report. Care was taken to accurately reproduce quoted content and to apply an interpretation that was consistent with that of the initial research contractors.

Lessons from the Case Studies

The interviews and discussions with members of the Ashcroft Indian Band and the Siksika Nation led to important insights into the evacuation experiences of First Nations peoples and communities, which are detailed in the two case studies.^{9,10} Reflection on the implications of their experiences suggest some opportunities to mitigate the consequences of evacuation and long-term displacement. The following is a summary of key lessons learned from the community-based research and secondary analysis of the findings.

First Nations knowledges and expertise need to be respected and used to develop emergency plans.

Respecting and honouring First Nations self-determination is important and can improve emergency management practices. As this research and other studies of evacuations have shown, First Nations peoples, Elders, and other knowledge keepers carry a wealth of traditional knowledge and cultural experience, including how land and waters are affected by and heal from natural disasters. More importantly, First Nations peoples know about their community and what is best for the members of their community.^{2,5,16,18} First Nations peoples must be included in emergency management discussions and decisions. Their involvement in the emergency management processes of their communities can minimize the adverse effects of emergency events on First Nations peoples and communities.²⁸

Figure 2. Summary of methods for individual case studies⁸

	ASHCROFT INDIAN BAND	SIKSIKA NATION
Data Collection	Sharing circle, individual interviews; audio-recorded	Individual interviews; audio-recorded
Interview participants	7 evacuees, incl. 4 community members and 3 Band administrators	9 evacuees, incl. 7 community members and 2 Band administrators
Interview location	Band Office	Participants' homes
Duration of Interview	25-100 minutes	2-4 hours
Language	English	English, Blackfoot
Data Analysis	Thematic coding of transcribed data	Thematic coding of transcribed data

Emergency preparedness, response and recovery training and practice guidelines require development and regular updating.

In both the Ashcroft and Siksika evacuations, Band staff were inadequately prepared for and supported in leadership roles in emergency response. The staff took on ad hoc responsibilities for managing the emergency event at short notice, *“pulling it together at the last minute”*, with little formal disaster-relief training, and without formal policies and designated roles and responsibilities in place.¹⁰ Although the type of emergency, size of community, and number of evacuees differed, both communities experienced similar issues with a lack of information and gaps in communication, a lack of familiarity with logistical operations and other duties, and staff burnout.

Emergency preparedness, response and recovery protocols must ensure the self-care of emergency responders.

First Nations emergency responders play an important role in evacuations, yet without support codified in formal policies and protocols, they may be undermined and incur harm. Examples from the Siksika Nation and Ashcroft evacuations illustrate evacuees’ feelings of frustration, mistrust, and broken promises of needed services. They directed these feelings not only toward government, but also toward First

Nations emergency responders. First Nations responders are often directly and personally affected by natural disasters and evacuations, yet they lack the distinct support these circumstances call for. These issues highlight the need for formal disaster preparedness and response policies to provide guidance on how responders manage distraught evacuees, as well as ensure self-care and peer support. This, in turn, may help to avoid high staff turnover among emergency responders, and improve continuity and trust in the delivery of support services to evacuees.

Information sharing protocols and communication strategies for evacuation and all stages of response and recovery are needed.

The evacuation process was described by several evacuees as *“chaotic”* and *“confusing”*.^{9,10} Without access to clear, timely, and appropriate information, evacuees felt unable to make informed decisions, not just during the evacuation, but at each stage of emergency response and recovery. In addition to the lack of essential information from emergency management authorities, evacuees described concerns about unsuitable methods adopted to inform community members about available services. *“People were advertising on Facebook ... many of them had no exposure to computers ... They just didn’t have those kinds of access or information”*.¹⁰



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Accessibility and continuity in services must be ensured and proactively facilitated.

Siksika evacuees commented on the unacceptable decisions made about the locations for services and supports offered to evacuees, which affected service accessibility. Limited access to services was, in turn, a barrier to service continuity. Support from a consistent and coordinated team can benefit evacuees in the long process of their recovery by helping to alleviate stress and preventing added harm that may be caused by delays in accessing services. A suggestion from one Ashcroft evacuee describes the high value placed on ongoing support and proactive outreach: *“It is critical that there be a continuity of health services to support immediate response during and after disaster. This could be a holistic crisis response team. I think it would be great to have a mobile unit. (...) That is something that would have helped.”*

Culturally appropriate support services must be included in emergency preparedness, response and recovery training and practice guidelines.

Recognizing the importance of reaching the most vulnerable community members, Siksika evacuees described the importance of their recovery centre for supporting integrated social, mental, and physical health services. A high value

was placed on these services being offered in the Blackfoot language by Indigenous emergency responders, and through outreach and in-home supports. One Siksika evacuee who provided services reflected, *“They saw me more as somebody coming in to visit and checking in on them. In a much safer, non-intrusive way”*.¹⁰ Although the emergency response in Ashcroft did not involve similar service delivery practices, Ashcroft evacuees asserted the need for *“culturally-safe navigation”* and an *“evacuee navigator”* to support First Nations evacuees through their interactions with the health system.⁹

Situational factors affecting vulnerability and risk need to be accounted for in emergency preparedness, response and recovery plans.

Although mainstream policies and practices generally take a categorical approach to defining vulnerability and risk, such as in relation to age or physical abilities, First Nations peoples also consider situational factors.⁵ For instance, during the emergency response by Siksika Nation, Elders were deemed to be at risk, not on the basis of age, but in relation to situational factors, such as language barriers, special dietary needs, unfamiliarity with a relocation environment, or separation from traditional foods, medicines and practices.



Source: iStock

Depending on their situation, evacuees in both First Nations communities described themselves as feeling vulnerable and at risk at different times during their evacuation, and even after their return home. Evacuees disclosed situations when serious risks went unaddressed and the consequences included intense fear, social isolation, depression, and addiction. Their stories call attention to the need for situational check-ins with evacuees to ensure their continued health and well-being over the course of an evacuation and recovery, as well as after the return home.

Community-based perspectives on concepts of value and loss must inform emergency management plans.

First Nations peoples' perspectives on concepts of value and loss in evacuation circumstances are distinct from the principles that underlie emergency management. Mainstream emergency management policies and practices generally define value in monetary terms, such as in relation to the loss of infrastructure. However, First Nations peoples and communities also place inherent value on the environment, traditional lands and waters, traditional food sources, and related cultural practices.^{1,4,5,16,21,26,27} For instance, for the Siksika Nation, the flood resulted in situations where people were afraid and anxious about the uncertainty of “*long-term contamination*” to the land, which posed a tremendous threat to “*Seasonal harvests, the berries, the mints, and the medicines. Some of the people that would pick in these areas didn't want to pick anymore*”.¹⁰

The significance of home is a core consideration for emergency preparedness, response and recovery plans.

For Ashcroft and Siksika evacuees, the loss of home was especially hard-felt and grievous, with a range of negative consequences for the physical and mental health of evacuees. Evacuees whose houses were destroyed often alluded to the meaning they placed on the home and its loss. Their words conveyed many values, including a sense of identity, pride, independence, security or inclusion. Even after their return home to the community, the sense of loss remained prevalent. This was especially significant for Siksika evacuees who were displaced for many years, only to return to rebuilt and relocated homes, leaving many evacuees feeling isolated and forgotten by the community. The impact that housing

relocation had on Siksika Nation evacuees reflects a failure to account for the traditional land occupation patterns of the First Nation whose housing layout had reflected clan relations. Public health can help ensure the continued health, safety, and well-being of evacuees by giving due consideration to what the loss of a home means for evacuees, and to the significance of its location and environmental setting.

Unique circumstances and real-world experiences need to be considered in the provision of supports for evacuees.

For several Siksika evacuees, temporary accommodations and new permanent housing arrangements meant new or added responsibilities, such as arranging utilities or resolving billing issues. One evacuee explained, “*This is the first time I'm on my own. I am now responsible for the home*”.¹⁰ In the unfamiliar circumstance, evacuees described stress and uncertainty that they could maintain a home. The evacuees' stories highlight the importance of understanding the unique circumstances of First Nations peoples' daily lives and real-world experiences, and point to the need to address the individual and familial challenges encountered during transition points in evacuation. Advanced planning for social services, follow-up supports and mentorship in the areas of transportation, dietary and incidental requirements, mental and emotional health, and physical needs may help to ensure the successful transition of First Nations evacuees between temporary accommodations and their return to home and community.

Cultural and historical considerations must provide the basis for the development of support services and emergency preparedness, response, and recovery training and practice guidelines.

A fundamental lesson learned from the research spoke to the need for appropriate consideration of longstanding systemic and structural inequities. First Nations peoples have survived a tumultuous history in Canada, with a legacy of colonial policies and historical injustices that remain a key source of contention today. Evacuations of First Nations communities have been shown to dredge up painful memories of past injustices experienced by First Nations peoples, particularly Elders.^{16,15,2,17,5} Ashcroft and Siksika evacuees who were residential school survivors spoke about similarities between some of the emergency management processes and memories

of residential schools, such as lengthy line-ups, unacceptable food provisions, callous treatment, unaddressed medical needs, and institutional lodging. The triggered memories provoked grief, stress, anxiety, frustration, and displaced anger.

Siksika evacuees also talked about the regimented environment created by some evacuation policies and practices, such as imposed curfews and security check-ins, and the negative effects these had on their health. The environment was reminiscent of policies like the Indian Act and the ‘pass system’,²⁹ whereby the movement of First Nations peoples was controlled and restricted to reserves. One evacuee stated, *“I just felt like I’m in prison there”*.¹⁰ Some associated the psychological stress of being monitored in temporary housing with increases in alcohol use, addictions, violence, and vandalism, as well as worsening health conditions. Evidently, these sorts of response measures reflect the inherent power imbalance that continues to exist between First Nations peoples and mainstream populations.⁵ These perceptions and avoidable harms call attention to the necessity of cultural sensitivity training and cultural considerations that need to be made in all aspects of disaster response and recovery.

IMPLICATIONS FOR PUBLIC HEALTH PRACTICE

A number of implications for public health practice came out of the NCCPH long-term evacuees project. Several areas are identified where public health plays an important role to minimize the long-term effects of evacuation and better support the needs and priorities of First Nations peoples and communities through evacuation and recovery.

1. Approach First Nations evacuations with an understanding of the continued effects of colonialism on First Nations peoples and communities (e.g. provide cultural sensitivity training, anti-racism training).
2. Train public health practitioners and other evacuation personnel to deliver and facilitate trauma-informed care that acknowledges First Nations peoples’ history of trauma and recognizes the existence of trauma symptoms in First Nations evacuees.
3. Define clear lines of communication to support transparent and timely provision of information to First Nations peoples, communities, leadership and support personnel throughout all stages and phases of evacuation.



Source: iStock

4. Provide opportunities for First Nations evacuees to participate in community-based, culturally-specific, and land-based activities that are coordinated and facilitated with guidance and direction from First Nations Elders and other knowledge keepers, including individuals who have experienced evacuation and leadership.
5. Foster social connectedness, interpersonal relationships, and community cohesion among First Nations evacuees through group activities such as shared mealtimes, community gatherings, learning and networking opportunities, and support groups.
6. Establish community-led, integrated and wraparound mobile crisis response and recovery support teams for First Nations evacuees throughout all stages and phases of evacuation.
7. Ensure emergency supports for First Nations evacuees are provided by Indigenous practitioners and service providers who speak the languages of evacuated communities.
8. Implement culturally appropriate home visiting outreach support services for First Nations evacuees.
9. Approach all stages of First Nations evacuations with an understanding of the different cultural beliefs and practices, unique age-specific requirements, and diverse needs of different family structures among First Nations evacuees.
10. Utilize and incorporate the knowledges, lived experiences, and worldviews of respective First Nations peoples and communities in all response and recovery plans.

AREAS FOR FURTHER EXPLORATION

The NCCPH long-term evacuees project raised questions about the role of public health in response to long-term evacuations due to natural disasters. Several areas emerged as requiring further investigation. Exploration of these issues could identify a path forward to further clarifying public health's role and function to ensure the continued health and safety of individuals, families, and communities who are evacuated long-term from their homes and communities due to natural disasters. Suggested areas for further exploration include:

- When do post-disaster emergency-relief services end?
- How are First Nations evacuees and communities affected when emergency response centres are dismantled?
- Who decides when First Nations evacuees are ready to return to their community, and to what extent is individual and community readiness to return considered?
- How do emergency management structures need to change to ensure that these decisions are made by First Nations peoples and communities rather than for the communities?

CONCLUSION

The NCCPH long-term evacuees project aimed to explore knowledge gaps and inform priorities for public health responses to long-term evacuations due to natural disasters. The work took its direction from reviews of literature and consultations with public health decision-makers, which showed a significant gap in available evidence on policies and practices related to long-term emergency management, and uncertainties about the role of public health in supporting the recovery of individuals and communities. Although there is much to learn about the public health considerations for long-term evacuation, there is a clear priority to assess impacts on First Nations communities, which are disproportionately affected by natural disasters and long-standing evacuations.

The stories of evacuees from the Ashcroft Indian Band and the Siksika First Nation have provided insights into First Nations peoples' experiences of natural disasters and long-term displacement. Their experiences suggest significant health and social impacts of these events, which are exacerbated by systemic and structural inequities. Reflecting on numerous experiences shared by evacuees has also led to several critical insights on the factors that influence and mitigate harms, and opportunities for public health to support improved recovery of First Nations peoples and communities affected by natural disasters and displacement. Many of the opportunities for improving public health responses to disasters and long-term evacuation rely on greater recognition of First Nations knowledges and expertise, improving knowledge and awareness of cultural and historical considerations that influence impacts, and building respectful partnerships with First Nations peoples and communities.

ABOUT THE LONG-TERM EVACUEES PROJECT

The National Collaborating Centres for Public Health (NCCPH) led a project to explore knowledge gaps and inform priorities for public health responses to long-term evacuations due to natural disasters. This included identifying issues related to the impact of natural disasters on First Nations communities, which are often hardest hit by such events. As well, the project sought to establish evidence needs and identify public health roles and emergency management practices that can improve recovery for communities and individuals affected by natural disasters, long-term evacuation and extended displacement. As a reflection of the growing public health significance of natural disasters and the complexities of recovery, all NCCs supported the project, each contributing distinct expertise on the topic area.

The Long-term Evacuees Project exploration of communities' experiences was led by Dr. Lilia Yumagulova, a Bashkir woman from the Ural Mountains, Darlene Yellow Old Woman-Munro, a member of the Siksika First Nation, and Dr. Emily Dicken, a researcher-practitioner of Cree descent. The research team formed strong relationships with the people and leaders of Ashcroft Indian Band and the Siksika First Nation. Through dialogue, researchers and community members established mutual trust and created space for participants to be central to the development of knowledge. From their work together comes a series of knowledge products for public health professionals, which include:

- [*Case Study 1: Out of the Ashes: Ashcroft Indian Band and the Elephant Hill Wildfire*](#)
- [*Case Study 2: From the Floodwaters: Siksika Nation and the Bow River Flood*](#)
- [*Health and Social Impacts of Long-term Evacuation Due to Natural Disasters in First Nations Communities: A Summary of Lessons for Public Health*](#)

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