WOMEN'S PERCEPTIONS OF HEALTH AND WELL-BEING IN A RURAL, REMOTE, AND RESOURCE-DEPENDENT COMMUNITY: STRENGTHS AND OPPORTUNITIES

by

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ABSTRACT

This research sought to explore the perceptions of health and well-being for women in a rural and remote northeastern British Columbia community experiencing intense social, ecological, and economic change as a result of its dependence on natural resource extraction. Designed as a qualitative inquiry into the health of local women, this research is informed by social constructivism, feminist theory, and ecosystems approaches to health. Engagement with participants and data collection was heavily influenced by Appreciative Inquiry, a strengths-based approach that identifies assets within a given system with the aim of contributing to positive change. Findings indicate that equitable access, perceptions of people and place, and leadership, communication, and collaboration are factors that strongly impact women's health and in this context. The insights gained through the research suggest that integrative approaches to equity for women's health and well-being can lead to improved health and well-being for women and their communities.

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ACKNOWLEDGEMENTS

This thesis research would not have been possible without the support of the incredible research participants in the community of Fort Nelson, BC. Thank you for believing in me, engaging in the research process, and contributing your invaluable perspectives. I look forward to continuing to advocate for the health and well-being of women in the community alongside you.

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CHAPTER 1: INTRODUCTION

Health is influenced by natural resource extraction and development through interrelated socioeconomic, ecological, cultural, and gendered pathways (Gillingham, Halseth, Johnson, & Parkes, 2016). This is particularly evident in northern British Columbia (BC) where the economy is tightly linked with the extraction and development of natural resources (Gislason et al., 2017). This dependence on resource extraction coupled with the large scale of social and environmental change occurring in rural and remote communities has unique contextual impacts on women's health and well-being. Women in such communities face challenges in maintaining and improving their health and well-being when compared to both men and those living in urban settings, experiencing worse overall health (British Columbia Centre of Excellence for Women's Health, 2004; Leipert, Leach, & Thurston, 2012; United Nations, 2016), multiple compounding responsibilities of work and family (Reid & LeDrew, 2013; Peters et al., 2010), and higher rates of poverty and violence (Aalhus, 2018; Amnesty International, 2016).

Fort Nelson is a prime example of a community dealing with the challenges that exist at the intersection of gender, place, and natural resource extraction and development. Located in the northeastern corner of BC, Fort Nelson is the largest community in the Northern Rockies Regional Municipality. The economy has historically been built on natural gas, oil, and forestry and has experienced several iterations of the "boom and bust" cycle that is characteristic of natural resource extraction (Northern Rockies Children and Family Action Committee, 2017). In 2016, the population of the community was 3366 people (Statistics Canada, 2016). Between the years of 2006 and 2016 the population decreased by 25.4%, largely due to the most recent "bust" of the economy. Fort Nelson has a fairly even split of self-reported females (48.5%) and males (51.5%) (Statistics Canada, 20176). In 2016, 760

individuals self-identified as having Aboriginal Identity (First Nations, Metis, Inuit), which is 22.6% of the total population.

Literature on health issues affecting women in remote northern communities dependent on resource extraction has been increasing in recent years but remains limited in scope. Such inquiries have traditionally treated categories of gender, place and resource extraction as distinct entities explored separately (Dhamoon & Hankivsky, 2011; Parkes, 2016). This research sought to address this gap by exploring the connections among themes of gender, place, and resource extraction and development.

Concerns regarding the negative impacts of resource extraction on women's health and well-being have been raised by several activists, researchers, government organizations, and non-government organizations (Baikie & Dean, 2016; Caron-Beaudoin et al., 2018; First Nations Health Authority & Northern Health, 2015; Women's Earth Alliance & Native Youth Sexual Health Network, 2016). This is well articulated in the 2016 Amnesty International report *Out of sight, out of mind: gender, indigenous rights, and energy development in northeast British Columbia, Canada.* The report aimed to shed light on the largely ignored "serious- and sometimes deadly consequences for women's wellness and safety" that accompanies oil and gas extraction in rural and remote communities (p. 4). This thesis seeks to explore both: 1) the interrelated pathways that make women vulnerable to the negative health impacts associated with resource extraction, and 2) the mechanisms that women use to maintain their health and well-being in this context.

Addressing issues that impact the health of humans, non-human species, and the environment can be facilitated by participatory and collaborative approaches that incorporate a variety of different knowledges and disciplines (Buse, Oestreicher, & Ellis, 2018; Oestreicher et al., 2018; Parkes, 2015). Rather than seeing the health of individuals and

communities as separate from that of the environment, holding space for the consideration of how multiple systems interact and influence each other can lead to more sustainable and equitable action (Gillingham et al., 2016). Northern Health's 2012 *Position on the Environment as a Context for Health* calls for the recognition of the environment as a key factor in the health of individuals and communities. Exploring the interrelationships between environment, community and health within a given context can help to design effective and sustainable interventions to address challenges in maintaining and improving health and well-being for all (Hanlon & Halseth, 2005). Ultimately, those who live, work, and play in a community are the best equipped to identify, explore, and act on issues that impact their health. Reid, Brief, LeDrew, and the Women's Health Research Network (2009) articulate this powerfully, stating:

> Using Community Based Research in women's health research forges links between groups who ought to talk to each other, but rarely do. That is the challenge, the richness, and the power of Community Based Research (p. 64).

While the site for this research was small, it can not be assumed that residents and organizations have had opportunities to connect on issues arising at the intersections of gender, place, and resource extraction. An intent of this research was to facilitate such opportunities in order to explore such intersections in relation to women's health and well-being.

1.1 Research Goal, Questions, and Objectives

The goal of this research was to engage in a co-learning experience with women in Fort Nelson to identify and explore the aspects of the community that promoted their health and well-being. To help achieve this goal I spent prolonged periods of time in the community with the intention of both building on existing relationships and creating new connections to

help add voice to the experiences of women in the community regarding their health and well-being. Existing relationships proved to be very advantageous to the overall research process as they provided a foundation of familiarity and trust to work from.

With this goal in mind and informed by interactions in the community (see Section 1.2) I developed the following research questions:

1. What do women in a rural, remote, and resource-dependent community perceive as contributing to their health and well-being?
2. Which factors are most prominently identified by women as contributing to their health and well-being? (Social, ecological, economic, etc.)
3. What are the strengths and limitations of using an appreciative inquiry approach to research involving women's perceptions of health and well-being?

To answer these research questions, I developed the following objectives:

I. To complete a literature review that explored issues affecting women in a rural, remote, and resource-dependent community
II. To explore the connections between gender, resource extraction, and place
III. To share in the exploration of local knowledge on the strengths and opportunities for health and wellness in the current context of the community

Designed to address these questions and objectives the research was informed by social constructivism, feminist theory and ecosystems approaches to health. The research design included a series of complementary methods that aimed to engage local women in a co-learning experience exploring the factors that impact their health and well-being. Engagement with participants and data collection was heavily influenced by Appreciative

Inquiry, a strengths-based approach that identifies assets within a given system with the aim of contributing to positive change.

Specific data collection methods included individual interviews, group interviews, demographic questionnaires, post interview questionnaires, and field notes. Participants were recruited through partnerships with four community organizations that serve a diverse range of women. While these elements are examined in Chapter 4, this introduction places these approaches in the context of researcher positionality and motivation.

1.2 Researcher Positionality

Who you are and where you are impacts the knowledge that you produce (Reid, Greaves, & Kirby, 2017). Referred to as "positionality" (p. 48), one's place in a social hierarchy has the potential to both limit and broaden an understanding of others. Researchers that share participants' backgrounds and experiences must be careful to not make assumptions that can interfere negatively with the production of knowledge. I am a 33-year-old Caucasian woman born and raised in Fort Nelson, BC. Having been born and raised in Fort Nelson, I consider myself part of the community, however I have been largely absent for the last ten years while attending post-secondary education. My father's parents came to the Fort Nelson area in the early 1950s and my mother's parents in the early 1970s. I was fortunate enough to be raised in a community with my grandparents, many aunts and uncles, cousins and extended family. My family has a history of being engaged in the community through business, volunteerism, recreation and leisure, and engagement in local politics.

This dual "insider and outsider" (p. 50) position has required me to be particularly attentive to the decisions made throughout the research process and the impact that my positionality may have on data gathered and interpretation of findings. This research could

not have occurred without the support of the organizations, partners, and participants. I believe that my positionality as a researcher and community member is an asset and helped to achieve an exploratory yet nuanced documentation of women's perceptions. In October of 2018, I was hired by the Northern Rockies Regional Municipality in Fort Nelson to lead their Community Health Plan. The Health Plan can be found here https://www.northernrockies.ca/EN/main/residents/health/CommunityHealthPlan.html. The potential impacts of my positionality on the research process is discussed further in Section 4.7.3 (Reflexivity) and Section 6.3 (Study Limitations).

1.3 Motivation for Research Topic

After graduating high school in 2003 I attended several years of post-secondary school, taking a variety of courses in different disciplines. This eventually led to me obtaining a Bachelor's degree in Therapeutic Recreation and Health Promotion from Douglas College in 2013. I was drawn to the program's focus on a holistic view of health combined with opportunities for both practical and research-based training. In the third year of the program I took the required research methods course which involved designing a research project of my choice. I chose to explore an issue that was becoming increasingly more prevalent in my home community of Fort Nelson: the repeated absence of women's partners due to their employment in the oil and gas industry.

My undergraduate thesis titled "Alone, Together: The Experiences of women whose significant others are repeatedly absent due to their employment in the oil and gas industry" is the product of my introduction to the research process and was the first time I systematically explored issues related to women's health in the context of a rural and remote northern community. This undergraduate research began in December of 2011 and the

literature reviewed focused on the various negative effects (physical, social, emotional) women experience when their partner works away from the home for extended periods of time (Diamond, Hicks, & Otter-Henderson, 2008; Forsyth & Gauthier, 1991; Kaczmarek & Sibbel, 2008; Morrison & Clements, 1997). At the time I had many friends and family that were experiencing this situation and had heard many anecdotes of related negative health impacts. Having spent prolonged periods of time working in an industrial camp in the area of Fort Nelson I already had a keen interest in the social and psychological health impacts of the resource industry that I had grown up immersed in.

The findings of my undergrad research project signaled a need for a deeper exploration of the health and well-being of women living in this context. Having used literature from many researchers based at the University of Northern British Columbia, I looked into the university's Masters programs and was excited to see the that Community Health Sciences program focused on health issues in northern, remote and First Nations communities. I applied to the program and was placed with Professor Dawn Hemingway as a supervisor. I had read much of Professor Hemingway's work while conducting the literature review for my undergraduate thesis and had been following the development of the Northern Feminist Institute for Research and Evaluation (FIRE). Shortly after starting my graduate studies I was introduced to Dr. Margot Parkes. After being employed as research assistant by Dr. Parkes I was exposed to several new areas of health research, including ecosystems approaches to health. This opened my eyes to an even broader view of health that integrates the environmental and social determinants of health within the economic context of system (Charron, 2012). This led to Dr. Parkes becoming co-supervisor for my thesis.

Reflecting on my undergraduate research work, I can see that my initial interest in the impact that place, resource extraction and gender on women's health was focused on

individuals. I used a problem-based approach, asking participants to share the negative aspects of their experience. It was not until I began to think of recommendations prompted by the research that I began to consider these factors at the community level. To me, the most impactful finding from this project was women's desire to share their experiences and how doing so made them feel validated and empowered. This led me to consider graduate studies in order to further explore women's health in a rural, remote and northern context. Recognizing the limitations that a problem or deficit-based approach had, I knew I wanted to explore alternative approaches to exploring the factors that were impacting women in the same community several years later.

Throughout my graduate studies I have had the opportunity to gain insight into the issues affecting northern rural and remote communities, particularly as it relates to the health impacts of resource extraction and development. My work as a research assistant with the *ECHO Network (Environment, Community, Health Observatory): Strengthening intersectoral capacity to understand and respond to health impacts of resource development* is one such opportunity. This 5-year research program, funded by a Canadian Institutes of Health Research Team Grant, is focused on working together across sectors to take notice of- and respond to- the influence of resource development on health and well-being, with specific emphasis on rural, remote and Indigenous communities and environments (Parkes et al., 2019). More information on the ECHO Network is available here https://www.echonetwork-reseauecho.ca/.

In addition to my research assistant work I have also sought out volunteer opportunities in Prince George to gain further knowledge on issues affecting women in northern communities. I have been a board member of the Prince George New Hope Society for the past 3 years (http://princegeorgenewhopesociety.ca/). New Hope is a drop-in centre for self-

identified women working in the sex trade and serves those in Prince George and surrounding communities. I have also been a member of the organizing committee for the Girls Rock Camp North since its inception in 2017 (https://www.girlsrockcampnorth.com/). This volunteer work has given me the opportunity to share ideas and resources from initiatives in Prince George with service providers in Fort Nelson and contributed to discussion both in the individual and group interviews.

1.4 Outline of Chapters

The research process that was designed to address the objectives and research questions listed above is presented as a thesis with the following structure. Chapter two provides an overview of the primary areas of literature that I drew upon on to inform the research. The themes of gender, place and resource extraction are discussed as they relate to women's health and well-being. Chapter three introduces the study context and provides a brief history of the community of Fort Nelson and important historical events in resource extraction and healthcare. Chapter four explores the methodology and methods, beginning with the theoretical and philosophical assumptions that framed the research. Also detailed are the methods used to recruit participants, collect and analyze data, and ethical considerations. Chapter five presents findings from the various data collection methods with excerpts from participant interviews. Discussion on the study findings in relation to the literature and recent community developments is presented in Chapter 6. This final chapter also provides methodological insights and recommendations for service providers, those in leadership positions, and areas for future research.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The first objective of this research project was to complete a literature review that explored issues affecting women in rural, remote, and resource-dependent communities. Building on the introduction in Chapter 1, this chapter provides a review of interrelated literature and how it informed the research process.

It is difficult to put strict parameters on the timeframe of the literature review as I have been attuned to information on this topic since my undergraduate studies in 2011. Literature that fuelled my interest in this topic is presented in the next section. The formal literature review process for this thesis began in September of 2014. I used both academic and grey literature to help inform the research process. I accessed electronic databases through the University of Northern British Columbia library, including CINAHL, Science Direct, Academic Search Complete, and Google Scholar. Using the key search terms of "women", "gender", "northern", "rural", "remote", "health", and "resource development, I located relevant journal articles and books. The same terms were used in Internet searches to include relevant information not found in academic databases. A snowball approach was used for gathering information for the literature review, ending in September of 2018.

The following chapter explores literature on women's health in relation to gender, place, and resource extraction and the need for a more integrative approach to address the health impacts of intersections between them. Figure 1 (p.11) provides a simple framework to depict and prompt consideration of the interrelationships discussed in the following sections. Section 2.2 provides an orientation to women's health issues in northern BC, profiling foundational research conducted over the past forty years. Section 2.3 reviews the ways in which place (2.3.1), gender (2.3.2), and resource extraction (2.3.3) impact women's health

and well-being. Section 2.4 provides an overview of the need for more integrative approaches to addressing inequities that exist for women at the intersection of place, gender, and resource extraction. It also briefly discusses health equity in relation to the social and ecological determinants of health (Section 2.4.1).

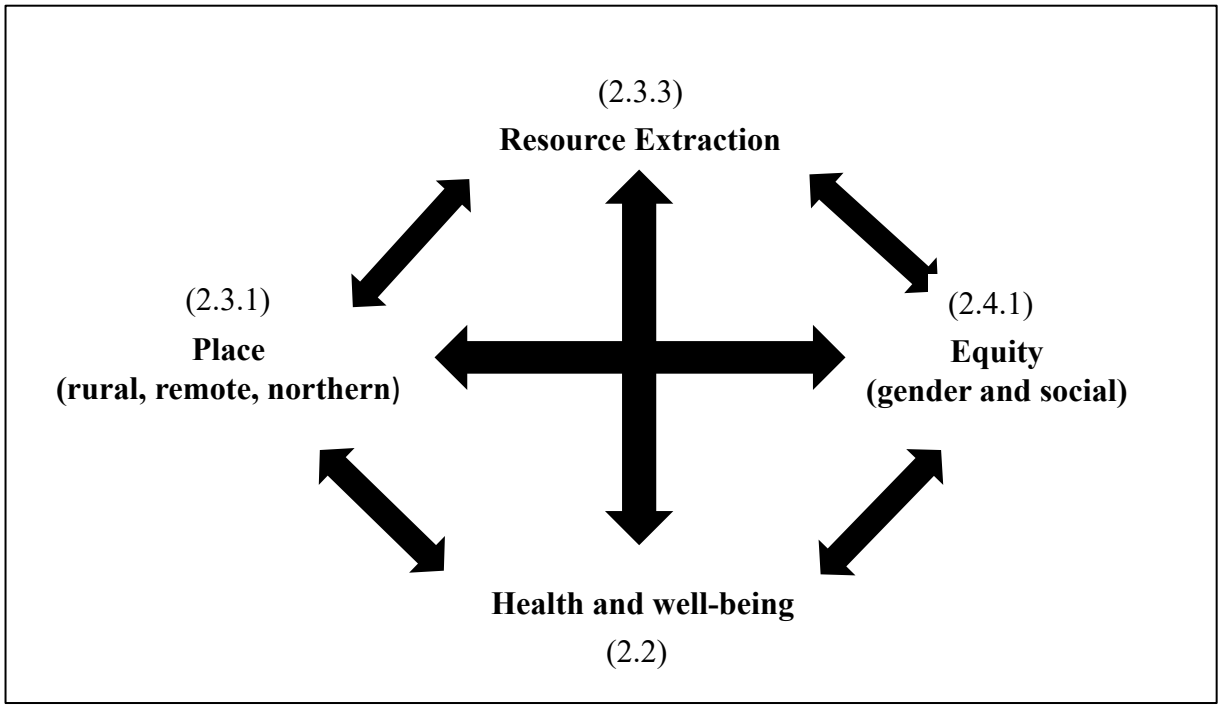

Figure 1: Framework depicting interrelationships among literature review themes (with links to relevant section of Chapter 2).

2.2 Orienting to Women's Health Issues in northern BC

This section provides an orientation to women's health issues in northern BC by profiling foundational research conducted over the past forty years. The following research projects all touch on one or more themes of gender, place, and resource extraction and sought to explore how they impact women's health and well-being (see Figure 1). It is important to note that the work described in the following section is not indicative of the full scope of each organization's work. A complete history of the contributions of the centers and

institutes mentioned in this section is beyond the scope of this thesis. Instead, this review profiles projects and reports most relevant to the research. Note that names of relevant projects or reports are italicised in the text.

The *Northern British Columbia Women's Task Force Report on Single Industry Resource Communities* was published by the Women's Research Centre in 1977. The report documents research conducted in the northern British Columbia communities of Kitimat, Fraser Lake, and Mackenzie. The goal of the task force was to assist women in identifying their needs, and to increase women's participation in the planning, governing and evaluating processes taking place in their single industry communities. The authors state that life for women in such communities was difficult, particularly because "as women we are taught that our role should lie in the home and that community involvement should be non-political and non-challenging" (Women's Research Centre, 1977, p.2). Recommendations of the task force focused on increasing access to services related to transportation, obstetrics and gynecology, childcare, employment, and training.

In 1979, the Women's Research Centre conducted a study titled *Beyond the Pipeline*, based in Fort Nelson, British Columbia, and Whitehorse, Yukon. The study aimed to identify the socio-economic concerns of women related to the proposed construction of the Alaska Highway gas pipeline project. Substantial oil and gas discoveries were made in Prudhoe Bay in Alaska in 1968, and the Alaska Highway gas pipeline was designed to transport the Alaskan gas and oil to U.S. markets by passing through Canada. At the time, it was increasingly being recognized that communities along related transportation corridors are impacted by development. Therefore, researchers sought to explore related concerns of women in both communities.

The three main recommendations made from the 1979 report (Women's Research

Centre, 1979) were the need for impact assessment in economic development planning, the need for increased service provision in both communities (whether the pipeline was built or not), and the recommendation that construction not begin until the necessary social services are in place. In discussing the challenges in accessing adequate social services the report's authors explain,

> Apparently, the fact that Fort Nelson and Whitehorse are northern communities is accepted as justification for low standards of service. Northerners are expected to accept the romantic mystique of the north. They are told they must be tough to endure. They are told to move to southern cities if they want higher standards of service and care. However, geographic isolation is not an acceptable justification for inadequate goods and services (Women's Resource Centre, 1979, p. xv)

Due to competitive foreign markets and high construction costs the Alaska Highway pipeline was never built.

Established in 1996, the *Northern Secretariat of the BC Centre of Excellence for Women's Health* was a part of a national network of Centres of Excellence. This northern node was based out of the University of Northern British Columbia (UNBC) and sought to address health issues impacting women in northern BC and contribute to decision making influencing health care services and policy. In 2001, the Northern Secretariat became *Northern FIRE: The Centre for Women's Health Research*. Since then Northern FIRE has undergone changes in leadership and has experienced funding challenges, with UNBC researchers, students, and community members working (often voluntarily) to conduct research on women's health (Women North Network/Northern FIRE, n.d.).

An early initiative of Northern FIRE was the *Women North Project*, funded by the Status of Women Canada. From this community-based research project came the *Women North Network* (WNN). WNN is a primarily web-based network of more than 400 women

and organizations in various northern communities that facilitates sharing information and resources. The development of the network is discussed in the 2005 article *Harnessing Information and Communication Technology to Build an Online Community of Northern/Rural Women* (Hemingway & McLennan, 2005). Northern BC women that participated in the network explained that challenges in accessing health and social services were exacerbated by geographic, social, and cultural isolation and that WNN provided a mechanism for them to come together as women and share experiences, information, and resources.

Currently, members of Northern FIRE continue to conduct research and support community work relating to the health of women in northern BC. In March of 2018 Northern FIRE held their first symposium at UNBC. Titled *Addressing Gendered Violence: Local and Northern Perspectives*. The symposium brought together provincial, local, and northern perspectives on various forms of gendered violence (Slack, 2018). The recent 2019 Northern FIRE symposium was focused on gendered realities in northern BC and how gender and life stage can affect how women experience their bodies, health and relationships.

Building on the early work of Northern FIRE, the *Northern Women's Wellness Information Centre* (NWWIC) was established in Prince George, BC in 1998. Spurred by women's concerns about their health and accessing healthcare services, the organization received non-profit status in 2000. The organization started by providing support and resources to existing service agencies and later offered clinical outreach health services facilitated by nurses and mental health counsellors. The NWWIC also facilitated health initiatives and research projects, engaging women in Prince George and rural communities located further north (including Fort Nelson).

In particular, and funded by the Vancouver Foundation, *Planning from Strength* was a project led by the Northern Women's Wellness and Information Centre (NWWIC), based in Prince George, BC (Madrid, 2003). Designed to identify unique healthcare needs of northern BC women and implement initiatives, the qualitative research project occurred in two phases, *Planning from Strength* and *Mobilizing from Strength*. *Planning from Strength* found that women in the north face considerable challenges and must be resourceful in developing creative solutions to maintain and improve their health. Women voiced that they needed support to advocate for a women's centered model of care.

The second phase of the project, *Mobilizing from Strength: Assisting Young Women through Participatory Action Research and Community Involvement*, took place from January to December of 2005 (LeBreton, 2005). The project partnered with communities across northern BC to design, develop and implement strategies to empower women in relation to their health. The purpose of the project was to mobilize young women to identify health issues of concern to their community. Mechanisms to do so included participatory action research workshops, scholarships, and the development of research manuals to bring awareness to young women's health and wellness needs. By focusing on and building capacity within local young women, the project was designed to create a legacy of strength and empowerment within each community.

In 2014, the Fort St. John's Women's Resource Society released the report *The Peace Project: Gender based analysis of violence against women and girls in Fort St. John* (Eckford & Wagg, 2014). The report presented findings from a three-year, community-driven project aimed at reducing violence against women and girls. Funded by the Status of Women Canada, the project took place in the community of Fort. St. John, the largest city centre north of Prince George, located 380 kilometres south of Fort Nelson. The gender-based

analysis found that many aspects of resource development contribute to violence against women in the community. For example, in March of 2012 87% of the total number of industrial work camps in northern BC were located near Fort St. John (Eckford & Wagg, 2014, p. 24). Participants spoke of the influence that the hypermasculinity and sexism present in "rigger culture" has on their health and well-being. A lack of access to counseling services, childcare, affordable housing and transportation were mentioned as well.

Out of sight out of mind: Gender, indigenous rights, and energy development in Northeast British Columbia, Canada was released by Amnesty International in 2016. After being approached by Indigenous leaders and community members in Fort St. John, BC, Amnesty International conducted two years of research into the human impacts of large-scale energy development. As the title indicates, the report focuses on the negative impacts resource development has on Indigenous women and how a failure to acknowledge and act on these impacts is having serious- and sometimes deadly consequences for women. Recommendations are targeted towards the federal and provincial governments, the RCMP, local governments in northeastern BC, and private industry.

2.3 Resource Extraction, Gender, Place, and Women's Health & Well-being

The following sections provide an overview of the literature in terms of how place, gender, and resource extraction impact women's health and well-being. I recognize that these are not discrete concepts, but they are divided into sections to provide the reader with a clear overview of relevant literature. After conceptually disassembling these interrelated concepts, I discuss the need for and examples of integrative approaches to equity for women's health and well-being in Section 2.4.

2.3.1 The impact of place on women's health and well-being

The rural and remoteness of many northern BC communities has several impacts on residents' health (Canadian Institute for Health Information, 2006). Compared to those in urban areas, those living in rural areas are more likely to experience poorer socio-economic conditions, have lower education attainment, and engage in less-healthy behaviours. These conditions all contribute to the higher overall mortality rates found in rural areas.

One of the first Canadian books focused specifically on rural women's health was published in 2012 (Leipert, Leach, & Thurston, 2012). The multiple case studies included in the book demonstrate the critical role that women play in rural contexts in relation to the health of their families and communities. Despite the many challenges experienced by women living in a rural community they provide invaluable insight and actions, often at the expense of their own personal health and well-being. Leipert et al. (2012) explain that those in urban centers tend to dismiss rural Canada as either an idyllic vacation destination or as problem areas besieged with deficits and lacking infrastructure and environmental degradation. These perceptions can influence the ways in which both locals and outsiders understand such places and decisions made.

2.3.2 The impact of gender on women's health and well-being

Prior to the 1970s the term "gender" was rarely found in the biomedical and public health literature (Krieger, 2003). The Gender, Sex and Health Research Casebook published in 2012 by the Canadian Institute of Health Research provides the following definition of "gender": "Socially constructed roles, relationships, behaviours, relative power, and other traits that societies ascribe to women and men" (p. x). Their definition of biological "sex" is: "The biological and physical characteristics that distinguish females from males" (p. x). CIHR states that this distinction between gender and sex is made cautiously and contextually

as the two concepts are interrelated and sometimes inseparable.

In British Columbia, as elsewhere, women's health research has been continually underfunded, leading to a male-bias in both health care policy and practice (Northern Secretariat of the BC Centre of Excellence for Women's Health, 2001). Although there are an increasing number of studies being done on health issues affecting northern communities, research specifically focusing on women's health is limited.

The research to date has shown that women in rural and remote northern BC communities face unique challenges (Dhamoon & Hankivsky, 2011). The impact of gender on one's health is influenced by the ways in which other social determinants of health interact (Northern Secretariat of the BC Centre of Excellence for Women's Health, 2001). Factors that are known to more likely affect women than men include: lower education levels, multiple responsibilities of work and family, lower income and higher rates of poverty, underemployment, social and geographic isolation, and all types of violence. These factors are intensified when placed in the context of a rural and remote Northern BC community. Women in such communities have reported the following factors to be particularly challenging: both physical and emotional isolation, the often-transient populations, seasonal employment, and limited access to transportation.

The situation becomes even more complex when the heterogeneity of women is considered. Aboriginal women, lesbians, young women, elderly women, women with disabilities, and women living with a substance use issue have been shown to experience intersecting inequities that negatively impact their health (Anderson, Healy, Herringer, Issac, & Perry, 2001). Many services specific to women's health are not available in communities in northern BC Specialist gynecological and maternity services are often limited and women must travel to access them. If services are available in community, the choice is limited and

wait times are long (Northern Secretariat of the BC Centre of Excellence for Women's Health, 2001). The small size and remoteness of communities in northern BC can lead to issues surrounding confidentiality and anonymity. Many women seeking health care may be put in danger due to the lack of privacy available. Women dealing with complex health issues, such as HIV/AIDS or addiction are at a much higher risk of stigmatization, stereotyping, and both physical and emotional abuse (Hughes, 2010; Northern Secretariat of the BC Centre of Excellence for Women's Health, 2001).

Due to the lack of needed health services for all populations in northern BC, women are disproportionately tasked with the majority of caregiving (Peters, 2010). This unpaid work can contribute to increased physical and psychological ill health due to the stress of balancing multiple roles (Williams et al., 2011). Formal work outside of the home can also creates situation of inequity. Women in rural and remote resource extraction communities do not have equal access to the high paying jobs available (Reid & LeDrew, 2013). The lack of childcare present in many communities further contributes to this increased burden. Women also report limited access to training and education along with increased violence and discrimination.

2.3.3 The Impact of Resource Extraction on women's health and well-being

Scholars have documented various health issues associated with resource extraction communities in northern British Columbia (Goldenberg, Shoveller, Koehoorn, & Ostry, 2010; Hanlon & Halseth, 2005; Northern Health, 2013; Shandro et al., 2011). A recent report of the Fraser Basin Council to the BC Ministry of Health identified a range of health issues, grouped into the categories of physiological, psychological and social/cultural (Fraser Basin Council, 2012). Health issues experienced are influenced by one's demographics and the history of resource development in the community. Research has identified several

significant issues associated with resource extraction communities, including an increase in the prevalence of substance use and communicable diseases, occupational health and safety concerns for employees, and negative health effects on employees' families (Goldenberg et al., 2010; Northern Health, 2012; Kaczmarek & Sibbel, 2008). These health issues are further exacerbated when placed in the context of a rural and remote northern community in which healthcare resources and services are limited (Fraser Basin Council, 2012; Grzybowski, 2011).

Research conducted on impacts of oil and gas development in BC has shown that changes to the community are of concern to residents (Fraser Basin Council, 2012; Petkova et al., 2009; Shandro et al., 2011). Factors that contribute to changes in community include a large transient workforce, disruption to traditional cultures, rapid population growth, economic inequity, reduced social cohesion, and demands placed on existing infrastructure. Citizens in such communities often have different perspectives and relationships to the oil and gas industry. These differences can lead to conflict within communities, adding increased stress and negative health effects (Garvie & Shaw, 2014).

The oil and gas industry in northern British Columbia contribute heavily to both the provincial and federal economy (Hemingway & Margolin, 2016). Despite this contribution the majority of the funds generated by resource extraction is sent to industry owners, shareholders, and governments that know little about what residents in northern communities need and desire. This "rip it and ship it" practice (para 2) has contributed to chronic underfunding of the health care resources.

Harder (2016) contends that the psychological impacts of resource extraction such communities face are rarely considered. A recent bulletin from the Canadian Medical Association Journal reports an alarming rise in the number of people seeking mental health

care in response to the economic insecurity spurred by low oil prices in Alberta (Colburne, 2015). By adopting a wider view of impacts, beyond the usually identified environmental hazards, communities can become better equipped and work towards "honouring the Earth and its resources" (Harder, 2016, p. 140).

2.4 Integrative Approaches to Equity for Women's Health & Well-being

This research project focused on the three themes of gender, place, and resource extraction as they relate to the health and well-being of women in the community of Fort Nelson. As discussed previously, exploring and addressing issues at the interface of social and ecological health requires an integrative approach that incorporates a variety of perspectives, disciplines and collaboration (Gillingham et al., 2016; Gislason et al., 2017; Parkes, 2015). The following section discusses such approaches and how they connect to health equity (Section 2.4.1).

The term "intersectionality" was originated by Kimberlé Crenshaw in the late 1980s in the seminal work *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics (*1989). Since the publication of this paper, intersectionality theory has been used in a variety of different disciplines and contexts. Intersectionality can be used as a framework for research that explores how multiple interacting "social locations" (such as sexuality, gender, ethnicity) shape people's individual and collective identities (Reid et al., 2017, p. 31). Hankivsky (2012) explains that while intersectionality is a widely acknowledged theoretical construct, it has not been well integrated into research, policy, and practice.

While intersectionality is still a relatively new concept, there is a growing body of literature around how to operationalize its theoretical aspects through quantitative and

qualitative research. Gislason et al. (2017) advocate for the use of intersectionality when conducting research linking social and ecological determinants of health of women and children in communities experiencing intensive resource extraction. The authors (Gislason et al., 2017) explain that intersectionality can help to reveal and understand how discrimination and resulting health inequities are reflections of wider systems of power and oppression.

Published in 2016, *The Integration Imperative: Cumulative Environmental, Community and Health Effects of Multiple Natural Resource Developments* is a response to the inadequacies of current environmental assessment processes of the cumulative impacts of resource development (Gillingham, Halseth, Johnson, & Parkes, 2016). The authors, all based at the University of Northern British Columbia, advocate for an integrative approach to identifying and responding to the cascade of impacts communities, families, social systems and local cultures are faced with when exposed to multiple natural resource development. Halseth et al. (2016) explains that despite rapid changes in the health of the world's species and environment, current environmental assessment processes have not significantly changed in over 40 years.

Research on women's health in relation to resource development conducted over 30 years ago clearly indicated the need for such assessment processes to include what are now referred to as the social determinants of health yet inclusion of such determinants is still not common practice (see Section 2.4.1 for more information on the social determinants of health). There now exists a substantial amount of evidence of the harmful impacts of resource development, both biophysical and social (Aalhus, 2018; Goldenberg et al., 2010; Northern Health, 2013; Reschny et al., 2018). Badenhorst, Mulroy, Thibault, & Healy (2014) report findings from a collaborative workshop hosted by the Health Officers Council of BC and Northern Health looking at the socio-economic impacts of proposed natural resource

development projects in northern British Columbia. The authors explain that such developments drastically change the demographics of communities and impact already strained services and infrastructure. Opportunities for community members to get engaged and share their experience is essential, challenging the notion that negative impacts of boom and bust cycles are inevitable and that "it doesn't have to always be this way" (Badenhorst et al., 2014, p. 5).

2.4.1 Health equity in relation to social and ecological determinants of health

The previous sections include literature on the impacts that resource extraction, gender, and place have on women's health and well-being and how integrative approaches can help to address such impacts. This section introduces social and ecological determinants of health and how consideration of a range of health determinants can contribute to health equity. The National Collaborating Centre for Determinants of Health (2013) explains that health equity

> means that all means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance (p.1)

While it has long been recognized that disparities in the above social determinants impact health, the intersections between social and ecological determinants of health have not adequately been explored (Commission on Social Determinants of Health, 2008).

Gender inequalities are pervasive in societies around the world, and impact women's health and well-being. In 2005, Leipert and Reutter conducted one of the first studies that looked specifically at how geographic location affects women's health in a northern Canadian setting, with emphasis on determinants of physical and social environments and gender. Since then the necessity of considering both social and ecological determinants of

health when addressing issues of health equity has continued to be advocated for. As Parkes (2016) explains, an integrative approach to assessing the cumulative impacts of natural resource development challenges the "long-standing false dichotomy" between the social and ecological processes that impact the health of individuals and the community (p. 117).

The social determinants of health are social and economic factors that strongly influence an individual's health and well-being (Mikkonen & Raphael, 2010). One's education, housing, employment, Aboriginal status, and gender interact to influence how healthy or unhealthy you are and have the potential to be. For example, women worldwide experience more adverse social determinants of health when compared to men (p. 44). This can be explained by several factors, such as women bearing more work in the home, having less access to education and employment, and the wage gap. A report prepared for Northern Health and the Provincial Health Services authority directly addresses the social determinants of health impacts of resource extraction and development in rural and northern communities (Aalhus, 2018). The report calls for intersectoral action and research as mechanisms to further understand, prevent and mitigate negative impacts of resource development.

The ecological determinants of health are "Earth's life supporting systems" that determine the health of humans and other species and include oxygen, water, food, waste decomposition and recycling and climate stability (Hancock, Spady, & Soskolne, 2015, p. 2). There is plenty of evidence showing the negative impacts that resource development can have on the environment (Fraser Basin Council, 2012; Reschny et al., 2018) yet attending to these impacts while maintaining a healthy economy has proven to be a highly complex issue that continues to be debated. Often, when impacts of resource development are discussed in relation to the environment, the ecological determinants of water and land are viewed as potential conduits for hazards and disease (Parkes, 2015). This contrasts to a more

integrative view of the environment and ecosystems as a source of health and well-being, as has been the way for most Indigenous cultures around the world (Gislason et al., 2017). Resource development has the potential to drastically alter the landscape and the living systems we depend on and, impacting physical, mental, and cultural health.

2.5 Conclusion

The review of literature in this chapter began with an overview of some of the research done with women in northern BC over the last forty years. This body of research helped me to inform and refine my research questions and associated research design process. Sections on the impacts of place, gender, and resource extraction on women's health and well-being sought to highlight the ways in which such categories are each relevant in isolation but have also been segregated in research and practice. The final section of the literature review discusses integrative approaches to health equity and how social and ecological determinants of health contribute to overall health and well-being. Figure 1 (pg.11) provides a visual representation of the above literature review. The next chapter will provide contextual information about the community of Fort Nelson, a brief history of resources extraction in the area, and an overview of health service delivery for the community.

CHAPTER 3: STUDY CONTEXT

3.1 Introduction

Chapter 2 provides a review of relevant literature as it relates to gender, place and resource extraction and its impact on women's health and well-being. In this chapter, I provide a brief overview of Fort Nelson, natural resource extraction and development in the area, and health service delivery. This provides important contextual information about the community in which the research took place. A comprehensive and detailed history of resource extraction in Fort Nelson is beyond the scope of this thesis. Instead, key events have been presented in order to provide readers with a sense of the temporal and spatial scale of resource extraction in the area.

3.2 Fort Nelson

The town of Fort Nelson is located in the northeastern corner of British Columbia near the confluence of the Fort Nelson, Muskwa, and Prophet Rivers (Northern Rockies Regional Municipality, 2015) (see Figure 2 on p.26). The first book published about Fort Nelson was titled "The Fort Nelson Story: The story of how a town grew out of the wilderness". Published in 1980 and written by local historian and librarian Gerry Young, the terrain is described as:

> …generally gently rolling plateau, an extension of the great Interior Plains. From the rivers the wooded slopes rise steeply until they level out on this this plateau. All the rivers flow east and north to the Arctic (Young, 1980, p.9).

Figure 2: Map of northern BC from Basemap: Esri, USGS, NOAA; other spatial data: BC Government.

The original inhabitants of the Fort Nelson area were Aboriginal people from the Beaver, Sikanni, Granlaker, Nahanni and Dog Rib nations. The Slavey band arrived in the area around 1775 from the Great Slave Lake area in the Northwest Territories. Those of Cree lineage came to the area from the East. Initial conflict arose but the Cree were soon part of the "Fort Nelson Indian Culture" (Young, 1980, p. 17)

There is evidence to support the existence of five different sites bearing the "Fort Nelson" name that were either burned or abandoned (Fort Nelson Heritage Museum, 2016). The first Fort Nelson was founded in 1805 by the North West Fur Trading Company (Young,

1980). This brought the first non-Aboriginal people to the area. The company fur traders travelled via the Mackenzie River to Fort Simpson and then on the Liard and Fort Nelson Rivers.

A second Fort Nelson located further south along the Fort Nelson River was destroyed in 1813 when a massacre against the First Nations people occurred (Young, 1980). Abandoned until 1865, a third Fort Nelson was established by the Hudson Bay Company. The series of connected river systems made the location an ideal fur trading post. The small community was destroyed by a flood in 1890. The fourth Fort Nelson was located further upstream and on higher ground, known today as "Old Fort". Old Fort Nelson had a trading store, post office, restaurant, a Catholic Church and "homes for the fur traders, Indians, white trappers, and the priests" (Young, 1980, p. 57).

Life in Fort Nelson in the 1920s was no easy feat. An isolated community of "less than 200 Indians and a handful of white men" navigated survival among trap lines and the freezing and unfreezing of the many rivers in the area (Young, 1980, p. 31). Although the 1930s factory closures affected those in the southern portion of the country, those in the northern BC were kept busy with the "struggle to stay alive" (Young, 1980, p. 41).

Women in Fort Nelson during this time period were characterized as hard-working counterparts to "their men". This hard work helped to ensure that there was no time to feel "isolated or cut-off from civilization" (Young, 1980, p. 41). Recent research by Leipert (2005) has shown this "hardiness" persists today and can be a resilience characteristic of women living in northern geographically isolated settings.

The development of Fort Nelson as it is known today in 2019 was spurred in large part by the Japanese attack on Pearl Harbour in December of 1941 (Young, 1980). President Roosevelt made the decision to commission the building of a highway that could be used to

transport equipment and supplies to Alaska in case of another attack. The U.S. Army brought much infrastructure and services to the isolated northern community including a bridge over the Muskwa River, telephone wires, and water drainage holes. The U.S. Army was in command of Fort Nelson from 1942 to 1946 during the construction of the Alaska Highway.

Because the Old Fort was never designated as a reservation, the community was forced to move in 1959. A reservation was designated at Mile 295 and Old Fort residents were told to move with little notice. This harsh cultural change included a move to an area with poor soil for growing food, no direct access to the river, and close proximity to the busy highway. Local elder Mary Loe recounted:

> It was just awful, people were crying, thought it was the end of the world. They were used to the River, they were part of the river (Young, 1980, p. 97).

In 2009, the Northern Rockies Regional Municipality (NRRM) was incorporated, combining the town of Fort Nelson with the Northern Rockies Regional District (Northern Rockies Regional Municipality, 2015). The area governed by the NRRM encompasses approximately 10% of the province's total landmass but only 0.12% of the province's total population (Statistics Canada. 2017). Communities in the NRRM include Fort Nelson, Fort Nelson First Nation, Prophet River First Nation, Tetsa River, and Toad River. Fort Nelson is also the main service community for those in the northeast region of the province and the southern Yukon and Northwest Territories. Fort Nelson is the largest community in the municipality, with a population of 3366 people (Statistics Canada, 2017). Additional demographic information is presented in Table 1 (on pg.30)

Table 1: *Fort Nelson demographic information from Statistics Canada (2016)*

Total population	3366 people
Median age of population	35 years
Females	1630 people (48.5% of total population)
Median age of female population	35.5 years
Males	1735 people (51.5% of total population)
Median age of male population	34.6 years
Individuals with Aboriginal Identity	760 (22.5% of total population)
Visible Minority population	330 (9.8% of total population)

Fort Nelson is located approximately 380km away from the closest city of Ft. St. John, BC (Hanlon & Halseth, 2005). A history of resource exploration, extraction, and production has led to several fluctuations in population, due in large part to the transient workforce. With the current economic down turn the community is facing the current population is estimated to be much lower than that of the 2016 census.

The Fort Nelson economy is built on natural gas, oil, forestry, tourism and agriculture. The 2016 unemployment rate was 13.7%, the highest in 10 years of available data (Northern Rockies Children and Family Action Committee, 2017). This is over twice as high as the 2016 provincial unemployment rate of 6%.

Put simply, natural gas, or "shale gas" as it is often referred to, is extracted from rocks beneath the earth's surface that are rich in organic plant and animal matter (Northern Rockies Children and Family Action Committee, 2017). The decay of this material over millions of years creates the natural gas that has been extracted, processed, and transported in the Fort Nelson area. Fort Nelson is in close proximity to several natural gas deposits, including the Horn River and Liard basins (see Figure 4 below):

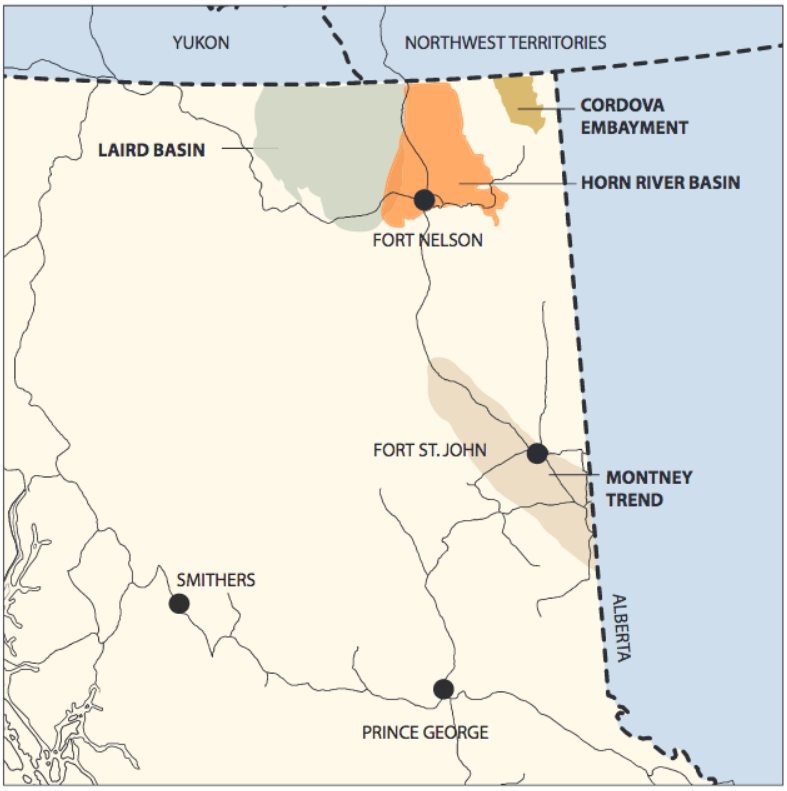

Figure 3: "Shale gas play areas from British Columbia" from Ministry of Energy, Mines and Petroleum Resources (2010, p. 16).

Classified as an "upstream" region, inhabitants of Fort Nelson have been involved in the exploration, extraction and production of natural gas, providing this resource to communities downstream in the rest of the province and country. The recent downturn in the community's natural resource economy is due to distance from markets, the type of shale gas present, and decreasing global oil prices (Northern Rockies Children and Family Action Committee, 2017).

Forestry has a long history in the community and is a focus for improving the community's economy. Despite recent years of forestry inactivity (due to Canfor being the major tenure holder and not operating in the area) the Municipality has begun to see interest from both foreign and domestic investors. In terms of tourism, Fort Nelson is referred to as the "Gateway to the Northern Rockies" and boasts "thousands of square miles of mountain

wilderness as its backyard" (Northern Rockies Children and Family Action Committee, 2017, p.6). Hiking, wildfire viewing, fishing, camping and hunting opportunities bring many visitors to the region each year. In terms of agriculture, the Northern Rockies region has land that is suitable for agriculture, however the distance from outside markets makes it a less viable economic option. In recent years there has been an increase in local farming and agriculture to supply the community with better access to fresh food, which has been a long-standing challenge due to its geographic isolation. Many individuals in the community continue to trap and hold trapline licenses in the area. Aboriginal and non-Aboriginal residents use this method to support themselves financially and as a means to stay connected to traditional culture and the land. Traplines are governed by the Ministry of Forest, Lands and Natural Resource Operations.

Fort Nelson is often referred to as a family centered community. In 2016 there were 950 families in the community (Northern Rockies Children and Family Action Committee, 2017). This is an 11.6% decrease from 2011 when there were 1075 families listed as residing in the community. Of the 950 families, 81% are couples and 18.9% are lone parent. Of that 18.9%, 75% of lone part households are run by women (n=135). This is particularly relevant given my focus on women for this research.

A fulsome overview of the community of Fort Nelson should not exclude acknowledgement of Fort Nelson First Nation (FNFN). The community of FNFN is located approximately 7 kilometers South from Fort Nelson. Band members were historically known as the Fort Nelson Slavey Band and have been residents of the region for thousands of years (Fort Nelson First Nation, 2015). The FNFN reservation was established in the early 1960s. FNFN has a total registered population of 951 members (on and off reserve), with 450 people listed as living in the community in 2016 (Statistics Canada, 2017). Of those members who

live off reserve, it can be assumed that some are part of the 760 individuals reporting Aboriginal identity in the 2016 census for Fort Nelson (see Table 1). FNFN became a Treaty 8 community in 1910 and has traditional territory overlaying the Horn River Basin. The Horn River Basin is one of the largest collections of unconventional gas fields in North America (Garvie & Shaw, 2014).

3.3 Brief Overview of History of Resource Extraction in the Fort Nelson Area

Boom and bust economic cycles in rural communities have been occurring for decades (University of Alberta, 2016). Fort Nelson is unique in that rather than oil, gold, railways, or timber fueling the first "boom", Fort Nelson's first boom was brought on by the influx of American soldiers in WWII. (Young, 1980). When the war ended in 1945 the U.S. Army transferred the Canadian portion of the highway to the Canadian Government.

In 1946, the first sawmill was opened (Young, 1980). By 1979, three mills were in operation, employing approximately 750 people in the community. Once logging and lumbering began a major economic driver of the community, reforestation became a concern. In 1980, the average age of spruce trees being logged was 125 years (Young, 1980). During the early 1960, Pacific Petroleums Ltd. began large scale drilling in the Clarke Lake area which led to the 1964 development of a natural gas treatment plant constructed by Westcoast Transmission Co. (Young, 1980). The gas plant increased its processing capacity throughout the 1960s and is still one of the largest gas processing plants in the world, located about 24 kilometers south of Fort Nelson. It continues to send processed natural gas to BC.'s lower mainland and the United States.

Fort Nelson has historically been a community dependent on natural resource extraction (Hanlon & Halseth, 2005). The next noticeable "boom" of resource development

occurred between 1971-1981, with the forestry industry. This included one of the world's largest oriental strand board plants, along with a major sawmill and significant natural gas exploration. By the year 2000, the oil and gas industry was a leading employer, with the Fort Nelson gas plant contributing over 25 percent of the province's total gas royalties. The discovery and exploration of the Horn River Basin in 2004 resulted in another "boom" of activity as major companies began to heavily invest in Shale Gas development (Adams, Janicki, & Balogun, 2016).

Recently however, there has been a downturn in the oil and gas economy in the community. This is due in large part to the price of oil decreasing, caused by competition between global producers (Bennett, 2015). An article from the CBC in June of 2016 details the economic downturn (the "bust" of the boom and bust cycle) in the community with their article "Gas Industry downtown devastating Fort Nelson BC" It is reported that over 200 people have lost their jobs in the oil and gas sector over the last 18 months. Effects include the closures of over 50 local businesses and families being split up over the need to move for employment while family homes fail to sell (Larsen, 2016).

Although British Columbia produces relatively little oil when compared to Alberta and Saskatchewan, the province has multi-million dollar proposals underway for oil pipelines and refineries. Uncertainty over the liquefied natural gas (LNG) industry in the province came to an end in October of 2018 with the announcement of approval for a 40 billion-dollar LNG Canada project (Schmunk, 2018). This project involves the building of the 670 kilometre Coastal Gaslink Pipeline, which will ship gas from Dawson Creek in northeast BC to the coastal community of Kitimat BC.

While many believe this project to be a "much needed linchpin" for the economic well-being of the province (and country), it is not without opposition (Seskus & Bakx, 2018,

para. 7). Those in environmental organizations and government have voiced concerns over the negative impacts to human, environmental, and animal health. The planned Coastal Gaslink Pipeline runs through traditional Wet'suwet'en territory, located west of Prince George, BC. Although the nation's elected band council had approved the pipeline, the hereditary chiefs of the five Wet'suwet'en clans have not (Jeong, 2019). In early January of 2019, the RCMP set up a roadblock near a Wet'suwet'en clan checkpoint, turning away media and members of the public before arresting 14 people.

Given that the Coastal Gaslink Pipeline begins in Dawson Creek, the project will not bring work directly to those in Fort Nelson but proponents of industry are hopeful that the decision will spur other projects to go ahead (Schmunk, 2018). This largest private sector investment in Canadian history is projected to employ as many of 10,000 people in construction and up to 950 full time jobs. As one optimistic Fort Nelson resident stated, "My town has just been saved" (Kurjata, 2019).

3.4 Health Service Delivery in Fort Nelson

In terms of healthcare, the northern BC region is served by both the Northern Health Authority (NHA) as well as the newly established First Nations Health Authority (FNHA). Both organizations operate using similar health service delivery areas (HSDAs). The HSDAs include: The Northern Interior with 141,700 residents, the Northwest with 73,103 residents, and the Northeast with 68,102 residents (Northern Health, 2017).

Northern Health was formed during the provincial regionalization process in 2001. This included the creation of 5 main health authorities and 16 health service delivery areas (Northern Health, 2017). Northern Health has more than 7000 employees who provide services to 300,000 people, with a budget of $724 million reported for the 2012-2013 year.

The First Nations Health Authority was established in 2013 (First Nations Health Authority, 2017). The FNHA is responsible for providing programs and services that were previously organized by Health Canada's First Nations Inuit Health Branch- Pacific Region. This is the first province-wide health authority in Canada that is both run by and organized specifically for First Nations populations. There are 54 First Nations communities in the Northern BC region, representing 35.6% of the First Nations population in British Columbia (Aboriginal Affairs and Northern Development Canada, 2011). The FNHA works in collaboration with both the Ministry of Health and the Northern Health Authority to deliver effective health care to First Nations populations. For a detailed discussion of the ways in which Northern Health and the First Nations Health Authority have partnered to support the health and well-being of First Nations in northern BC (Johnson, Ulrich, Cross, & Greenwood, 2016).

A major focus in terms of local health service delivery is access to maternity services (stated as a community health priority below). Starting in 2010, maternity and surgical services offered at the Fort Nelson General Hospital were drastically reduced. This was due to a local physician phasing into retirement (and thus reducing his services), the lack of obstetrical competency of remaining physicians, and the geographical distance to health services needed in cases of emergency. In 2014, local women who were pregnant and seeing their doctor in Fort Nelson began to be referred to physicians and hospitals outside of the community. Women had to (and still do) sign a form with their doctor stating they understand they are not able to deliver in the community and must leave several weeks before their expected due date, releasing doctors of liability in the case of an emergency. Costs associated with waiting to give birth outside of your home community are substantial and only subsidized for women with recognized Aboriginal status (Northern Rockies Children

and Family Action Committee, 2017). In 2016, 62 babies were born to women who had to access maternity services outside of the community.

There are several negative health outcomes associated with women having to leave their communities to give birth (Kornelsen & Grzybowski, 2004). Such women report extreme stress, feelings of isolation, and a lack of psychosocial support. A 2011 article summarized a research project that aimed to document newborn and maternal outcomes as they related to distance travelled to access the nearest surgical maternity centre (Grzybowski, Stoll, & Kornelsen, 2011). Their conclusion, and title of the article, is "Distance Matters". Rural women and their newborn babies who have to travel to access maternity services have increased rates of adverse health outcomes. These impacts may be further intensified when experienced by Indigenous women who perceive birth as being an event inextricably tied to kindship and traditional lands (Kornelsen, Kotaska, Waterfall, Willie, & Wilsons, 2011).

In March of 2018, a community health plan for Fort Nelson was released (Okenden, 2018). The report details a consultation process that took place in the Fall of 2017 that involved public questionnaires, facilitated meetings and interviews. The community health plan process was led by the Northern Rockies Regional Municipality, Northern Health, Fort Nelson First Nations and local physicians. Representatives and staff from each of these organizations comprise the Steering Committee that was responsible for guiding the consultation process as well as the implementation of the health plan.

More than 500 residents provided input that, along with previous documents, culminated in the identification of six priority areas for action. The consultation process and report were conducted by Gary Ockenden, lead consultant with Withinsight Services. Withinsight Services is based in Nelson, BC and has worked on several projects for Northern Health.

The six priority areas identified by the Ockenden (2018, p.3) report are as follows:

- Increase efforts to recruit and retain health care providers
- Improve health care travel services: improve support for people who have to travel for health care and improve emergency response and transfers
- Improve maternity care locally, from pre-natal registry to birthing to post-care
- Increase visiting health services and the use of telehealth (to provide local services and to reduce travel)
- Improve cancer care locally

The report states that at the time of its release, the Steering Committee was investigating the feasibility of hiring a contracted part-time employee to move the priority areas forward. In October of 2018, I was hired as the Project Implementation Lead for the Fort Nelson Community Health Plan.

3.5 Conclusion

This chapter has provided context in terms of the community of Fort Nelson, its history of resource extraction, and its current health service delivery. The next chapter will outline the methodology and methods used in the research, from theoretical and philosophical assumptions that guided the research, to specific data collection methods.

CHAPTER 4: METHODS & METHODOLOGY

4.1 Introduction

To introduce how this research was designed, it is helpful to distinguish between methodology and methods. A clear distinction between these two ideas is presented by Carter and Little (2017). The authors state that "methodology shapes and is shaped by research objectives, questions, and study design" (p. 1316). The methodologies chosen help dictate which methods are best suited to gather data to answer the research question(s). Methods can be thought of as the "practical activities of research" (p. 1317), such as participant recruitment, data collection, and analysis (Carter & Little, 2017). This chapter begins with a discussion of the theoretical and philosophical assumptions that guided this research, followed by an overview of the overall research design, community partners, sampling strategy and recruitment, data collection, analysis, and research quality.

4.2 Theoretical and Philosophical Assumptions

Individuals engaging in research bring with them a deeply rooted set of theoretical and philosophical influences and approaches that dictate everything from the research question chosen to the research design and data gathering methods used (Reid, Greaves, & Kirby, 2017). The influences and approaches used are an accumulation of one's life experiences, educational and academic training, and interactions with different living and non-living systems (Creswell, 2013). The following sections provide a brief explanation of influences on the methodology of this research in relation to social constructivism, feminist theory, and ecosystem approaches to health.

4.2.1 Social constructivism

In designing a study, the researcher must be explicit about the philosophical worldview that they bring to the inquiry (Creswell, 2014). This qualitative study is informed by social constructivism. Social constructivism is built upon the premise that individuals make sense of the world based on their subjective experiences and through interactions with others (Patton, 2015). An individual's reality is influenced by the historical and social context in which they operate (Lincoln, Lynham, & Guba, 2011). Using broad and open-ended questioning the researcher documents the various meanings that participants ascribe to certain topics and things as well as the interactions among participants. The researcher then interprets these various meanings acknowledging that their interpretation will be influenced by their own personal, cultural, and historical experiences (Creswell, 2014).

The goal of this research study aligns strongly with social constructivism; to engage in a co-learning experience with women in Fort Nelson to identify and explore the aspects of the community that promote their health and wellbeing in the community at a given point in time. Social constructivism is based on the premise that individuals construct meaning socially and historically through interactions with those around them. The information gathered from participants cannot be analyzed in a vacuum, but rather in relation to the time, place and environment in which data was collected. If this research was conducted by a different person, with different participants, in a different place and at a different time, the data would likely be different, and findings must be interpreted with this in mind.

4.2.2 Feminist theory

This study is informed by feminist theory. Feminist theory challenges the view that knowledge is created solely by those in privileged positions (Hesse-Biber, 2014). Hesse-

Biber contends that research can be described as "feminist" when it is designed to seek and value women's issues, voices, and lived experiences" (p. 3). It is not the specific methods used that classify research as feminist but rather the process and overall intent of the research. Such research explores gendered experiences and makes gender a main focus of inquiry (Frost & Elichaoff, 2014). Researchers informed by this theoretical perspective must work to balance the power between the researcher and participants, and not reinforce hierarchies. The goal of feminist research is to both explore and work towards remediating gender inequities that exist in a given context (Pini, 2002; Wickramasinghe, 2010).

As discussed in the literature review, women are impacted by resource extraction and development differently and arguably more intensely than other populations (Gislason et al., 2017). In order to address the health impacts of resource development in an effective and sustainable way, data from such vulnerable populations needs to be gathered (World Health Organization, 2010). Feminist theory prompted me to continually consider how I could best collect, analyze and disseminate the data in a way that privileges women's voices.

4.2.3 Ecosystems approaches to health

Another influence on the approach to research is Ecosystems approaches to health, also known as "ecohealth" research. Ecohealth prioritizes the integration of environmental and social determinants of health within the economic context of the given system (Charron, 2012). Ecohealth is one of several approaches that looks at the relationships between the health of ecosystems, humans, and non-human species (Buse et al., 2018; Oestreicher et al., 2018). While the use of such approaches has gained popularity in recent decades, the foundational concepts are not new. Ecosystems approaches to health draw upon several different knowledges, including public health, environmental and occupational health, and Indigenous knowledge systems that have guided Aboriginal people since the beginning of

time (Parkes, 2011).

Charron (2012) describes ecosystem approaches to health in relation to six principles formulated through experiences in ecohealth research and practice. The six principles described by Charron include three that pertain to the *process* and *methodological aspects* of conducting ecohealth research (systems thinking, transdisciplinary research, and stakeholder participation) and three that pertain to *goals* and *conceptual aspects* of ecohealth research (sustainability, gender and social equity, and knowledge to action). This research project has been especially informed and analyzed according to the principles of systems thinking, stakeholder participation and gender and social equity.

Systems thinking can help to reveal the drivers of a particular issue by taking note of the connections between social and ecological health (Charron, 2012). Oestreicher et al. (2018) point out that traditional public health research and practice has been based on siloed and linear conceptualizations of human and environmental health. Viewing challenges that impacts health as existing within changing nested spatial and temporal scales, as opposed to static states, can lead to more effective and sustainable solutions (Buse et al., 2018). Systems thinking is closely tied to Appreciative Inquiry, another approach that shaped this thesis research and will be described in the following section.

Facilitating the participation of a diverse group of stakeholders of a given research project helps to "share power, reconcile conflicting priorities and intentions, and develop more inclusive and equitable intervention strategies" (Buse et al., 2018, p. 423). Stakeholder participation was crucial to this project. In order to elicit information from women in the community I spent prolonged periods in the community building relationships with service providers and their clients. Not surprisingly, meaningful stakeholder participation increases the likelihood of developing effective and sustainable outcomes that will benefit research

participants and the wider community (Charron, 2012). Oestreicher et al. (2018) calls for a “re-centering” of communities in the research process to disrupt established power imbalances between researchers and those being researched (p. 54). In discussing stakeholder participation Parkes et al. (2012) explore the relationship between “research” and "participation” and emphasize the role of reciprocity. The guiding questions of “for whom?” and “with whom?” were useful guideposts as I navigated the research process (p.120).

Being attentive to participation in research is a principle of its own, but also a means to promote gender and social equity (Parkes, 2015). This thesis research was designed in a way to facilitate the participation of women who are experiencing the intersecting impacts of place, gender, and resource extraction on their health and well-being. Gender and social equity were considered throughout the research process, but particularly when making decisions regarding participant recruitment and developing the interview guides.

4.3 Appreciative Inquiry

As discussed in Section 1.3 (Motivation for Research Topic), the decision to use a strengths-based approach to qualitative inquiry was made early on in the research design process. During the scoping phase of this research (described further in Section 4.4), conversations with women in the community centered around the negative aspects present in the community and ended with a sense of despair and hopelessness. After being introduced to Appreciative Inquiry I framed scoping conversations by inquiring about the strengths present in the community and the focus of the conversations immediately changed. Since the approaches used in health research related to resource extraction has been predominantly problem-based, the decision to use a strengths-based approach was made.

Appreciative Inquiry operates from the premise that every group, organization,

community, etc., has positive aspects that "give life" to the given system (Finegold, Holland, & Lingham, 2002). Appreciative Inquiry (AI) was initially developed by David Cooperrider in 1985 as part of his doctoral work at Case Western Reserve University in Cleveland, Ohio (Whitney & Trosten-Bloom, 2003). Originally designed as an action research technique for organizational change, the use of AI quickly spread to other disciplines and has been increasingly used as a method to discover the successes and strengths within systems (Finegold, Holland, & Lingham, 2002; Grant & Humphries, 2006). Appreciative Inquiry is one of several asset-based approaches commonly used in ecohealth research (Parkes et al., 2012).

Appreciative Inquiry fits well within the social constructivism paradigm as it operates on the premise that communities are socially constructed and molded by the imagination and beliefs of its members (Bushe, 2011). Constructivist theories see language to be central to action, with meaning being constantly negotiated between participants (Grant & Humphries, 2006). Appreciative Inquiry is also well suited for use in feminist research. When used thoughtfully, Appreciative Inquiry offers a non-confrontational and inclusive way for those who would not typically participate in community development work to contribute their thoughts and experiences (Whitney & Trosten-Bloom, 2013). Traditionally, Appreciative Inquiry has been used to move people from oppression to liberation through the recognition that individuals can contribute to community change through creative interaction.

I designed the Interview questions based on the core question of "What's going right and how do we get more of it?" (Finegold, et al., 2002, p. 135). In contrast to traditional problem-solving approaches used in community-based research, which can often create more of the problems the inquiry seeks to solve, the use of Appreciative Inquiry works to create new ideas, opportunities and partnerships. An Appreciative Inquiry begins with the selection

of an affirmative topic. For this project the overarching topic was "What are the factors that contribute to health and well-being for women living in a northern community dependent on resource extraction". From this topic I led participants through the 4D Cycle (see Figure 4 below):

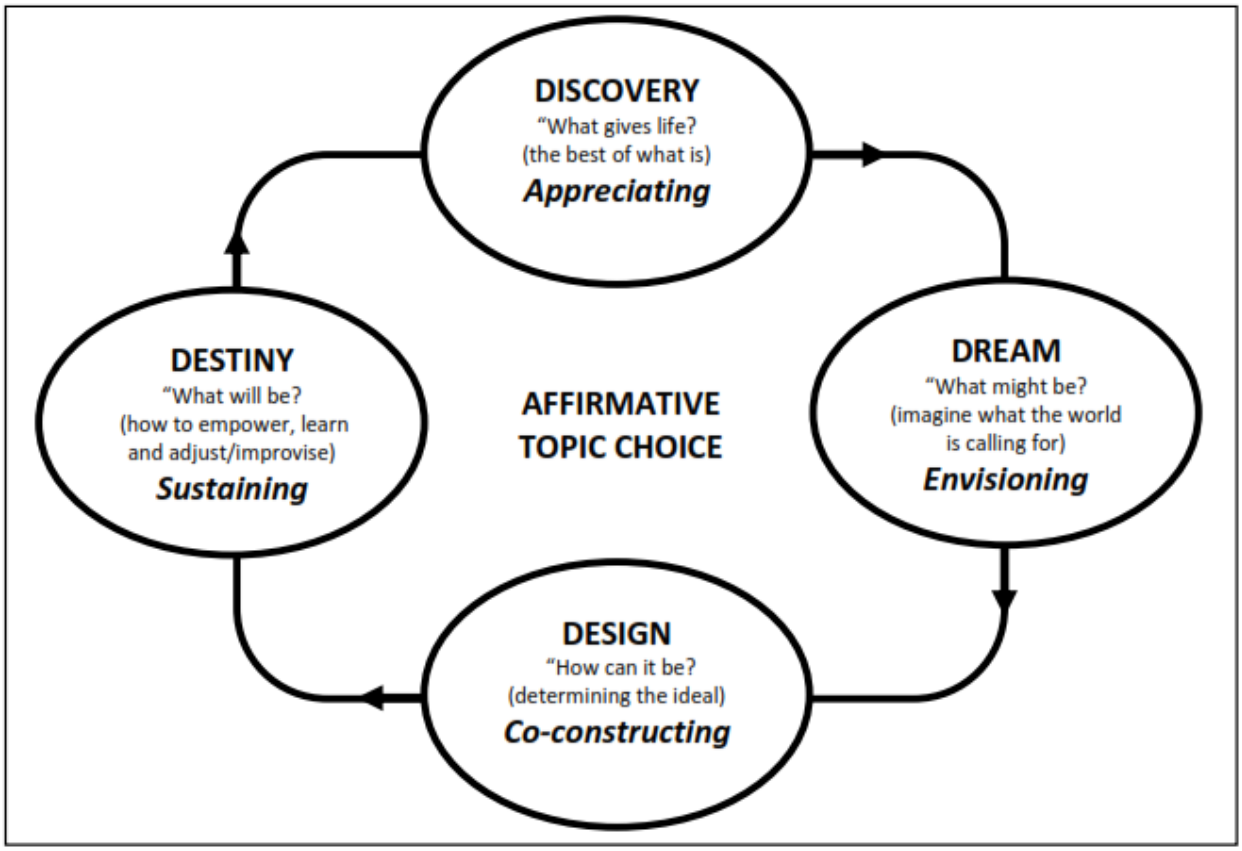

Figure 4: "The 4D Cycle of Appreciative Inquiry" from Cooperrider & Whitney (1999, p. 252).

4.4 Research Design and Phases

The focus of this research is on women's health and well-being in the context of a rural and remote community experiencing intense social, ecological and economic change due to its dependence on natural resource extraction. In order to elicit an in-depth exploration of participant knowledge, I used a qualitative approach to inquiry (Creswell, 2014). Informed by social constructivism, feminist theory and ecosystem approaches to health the research

design was developed based on Appreciative Inquiry. Methods used to collect data were chosen for their ability to gather information in a variety of contexts.

In order to access a diverse range of women in the community I chose to contact four different organizations that serve women. Once I began to discuss the research with a staff member at each organization it became apparent that they themselves had valuable perspectives on women's health and well-being, both as women and as service providers. As our discussions progressed, staff members voiced their desires to be interviewed as part of the research. Therefore, staff members at organizations had the dual role of being individual interview participants and a crucial liaison between myself and their clients as potential group interview participants. Each organization I worked with during this scoping phase wrote a letter of support for the research (see Appendices A-D), which was submitted as part of the application to UNBC Research Ethics Board (see below and Appendices E to I).

Group interviews were conducted with patrons of each organization to gather information in a collective setting while also giving women a chance to provide input on their individual experiences. The research was also supported by field notes taken throughout the research process, as well as by participant demographic questionnaires, and post-group interview evaluation questionnaires.

Table 2 (pg. 47) the different research phases, activity, types of data gathered, date, and locations of activity:

Table 2: *Research activity timeline*

Phase	Research Activity	Types of data gathered	Date Conducted	Location
1	Scoping work and relationship building with community partners	- Field notes (See Appendices A-D)	Began Sep 2014	Fort Nelson
	Developed research proposal	- Field notes	Jan 2015-Aug 2016	Prince George
	Defend research proposal and seek ethics approval from UNBC REB (See Appendix I)	(led to REB approvals, see Appendix E-1)	Aug 2016	Prince George
2	Travelled to community to coordinate with community organizations re: recruitment, dates for data collection, etc.	- Field notes (see recruitment poster Appendix J)	Dec 2016-Feb 2017	Fort Nelson
3	Conduct Individual interviews and group interviews	- Individual interviews - Group interviews - Participant demographics - Post group interview evaluations - Field notes (see Interview Guides Appendix K-L)	Feb 2017-Mar 2017	Fort Nelson
	Transcribe audio recordings of interviews and group discussions - Organized data	Field notes Participant checking in community and by mail	Apr 2017-Oct 2017	Fort Nelson/Prince George
	Analysis activities - Became familiar with data - Generated initial codes - Reviewed themes		Apr 2017-Sep 2018	Prince George
	Presentations	UNBC Grad Student Conference Northern FIRE symposium NRAWS Gala	Feb 2018 Mar 2018 April 2018	Prince George Prince George Fort Nelson
4	Writing		Oct 2017-Feb 2019	Prince George
	Chapter review with supervisors		Jul 2018-Feb 2019	Prince George
	Thesis defence		Mar 2019	Prince George

4.4.1 Research ethics protocol and research design

All research conducted by students at the University of Northern British Columbia must be reviewed by the Research Ethics Board. The research must adhere to the guidelines set out in the UNBC Policy on Research Involving Human Participants, which is guided by the Tri-Council Policy Statement on the Ethical Conduct for Research Involving Human Subjects. Applications can be submitted as either "minimal risk" or "above minimal risk", depending on the vulnerability of participants and the risks involved in participating in the research.

The research ethics board application for this research was submitted as "minimal risk" (see Table 2 Phase 1) since there was no greater risk in participating in an interview than the participant would encounter in their everyday life (see Appendix I). However, due to the current context of the community at the time I did acknowledge that participants may be experiencing high levels of stress and uncertainty. There were several ways in which the research design was well suited to address these factors. First, the study adopted a strengths-based approach (Appreciative Inquiry) which provides a basis to explore the opportunities and assets present in the community, as well as to hear and validate negative emotions and reactions. Second, the interviews took place at four different community organizations in Fort Nelson that serve women in the community (The Fort Nelson Community Literacy Society, the Northern Lights College, the Northern Rockies Aboriginal Women Society and The Fort Nelson Aboriginal Friendship Society). Participants were recruited from within these organizations and as such were familiar with the supports available. As a further measure, a list of community support resources was made available to all participants and discussed at the beginning of each interview. The details provided to research participants were provided in Information Letters and Consent Forms (see Appendix E, F, G, H). These materials were submitted, revised and approved through UNBC Research Ethics Board

review processes, leading to approval of the research protocol in January 2017, with the REB number of E2017.0103.001.00 (see Appendix I).

4.4.2 Community partners

This project involved collaboration with four different community organizations. I had worked with each organization in various capacities (past employee and/or volunteer) but the formal research partnerships were not established until September of 2014 during Phase 1 (see Table 2) of the research process. As mentioned previously, I worked closely with staff members at each organization to inform their respective clients about the research and invite them to be participants in a group interview. Staff members were instrumental in helping to design the group interviews as they offered existing program time and/or their facilities to host the group interviews (see Table 2 Phase 2). Each organization wrote a letter of support for the research (see Appendices A-D).

One of the community partners was the Fort Nelson Aboriginal Friendship Society (FNAFS). The FNAFS was established in 1975 to assist Aboriginal people with the transition to the community (Fort Nelson Aboriginal Friendship Society, 2018). The Society's mandate is "To provide holistic services to all people, promoting unity and health in the rural and urban areas in a collaborative effort to address the needs of Aboriginal and non-Aboriginal people" (Fort Nelson Aboriginal Friendship Society, 2018). The society serves both Aboriginal and non-Aboriginal people, of all ages and genders. Programs and services include mental health and addictions awareness and advocacy, family violence awareness and counseling, women's outreach, youth outreach, a food bank program, a women's transition house, a men's shelter, a youth centre, elders programming, and special community events.

The second community partner was the Fort Nelson Community Literacy Society (FNCLS). The non-profit organization opened in 2007 and provides family, adult and English as a second language programming (Fort Nelson Community Literacy Society, 2018). I became familiar with the society when I was employed as their Family Literacy Coordinator over a one-year contract in 2007. Since that time the society has had a complete turnover in staff. I contacted the Executive Director of the Society during the scoping phase of this project and she agreed to advertise the focus group with clients and provide space to hold the focus group. The Society serves community members of all ages, ethnicities and genders however their client base is predominantly female foreign workers new to the community who speak English as a second language.

The third community partner was the Northern Lights College (NLC). Opened in 1966, the Fort Nelson campus provides a wide range of services to residents (Northern Lights College, 2018). Programming includes Career and College Preparation, University Arts and Sciences, Applied Business Technology, and certain Trades and Apprenticeship programs.

The fourth community partner was the Northern Rockies Aboriginal Women Society (NRAWS). The organization's mandate is to "provide culturally appropriate, safe and empowering options for women, children, and all families" (Northern Rockies Aboriginal Women Society, 2018). NRAWS aims to preserve and promote Aboriginal culture, language, heritage, traditions and customs through strengthening families.

4.4.3 Sampling strategy and recruitment

Qualitative research involves purposefully identifying participants and sites that will enable the researcher to explore their area of study (Creswell, 2014). Since it was my intention to explore perceptions of women's health and well-being in the community, I

wanted to engage a diverse range of women using two different methods, individual and group interviews (see Table 2, Phase 2 and 3). Eligibility criteria for participation in both focus groups and interviews included those that were 19 years of age or older, identified as being female, and were currently living in the community of Fort Nelson. Staff members at each organization were initially approached to assist with recruitment but as discussed above, it became clear that they themselves wanted to be involved as interview participants. I initially planned to interview one staff member at each organization (for a total of four individual interviews), but an additional staff member at two of the organizations asked to be interviewed as well. This resulted in six individual interviews with six staff members at four different organizations in the community. Four of the six women that participated in individual interviews also acted as liaisons between myself and potential group interview participants.

I initially thought of these staff member liaisons as "gatekeepers". Gatekeepers are defined as "individuals at the site who provide access to the site and allow or permit the research to be done" (Creswell, 2016, p. 188). It soon became clear that while access to the organizations and their clients was indeed required, the staff members were providing far more than just formal access. Wanat (2008) draws an important distinction between gaining access to a research site and gaining the cooperation of those at the site. Staff members went far beyond just providing access to their organizations and clients and therefore the term "community partner" is more suitable than "gatekeeper".

Posters advertising the group interviews were posted at each organization and staff members invited their clients to each group interview (see Appendix J). Women interested in participating were asked to notify the organization contact and/or call myself. I continually

checked in with the community organization staff members to follow up with potential participants. This led to using existing program time for focus groups as well as scheduling special events to collect data.

Sampling strategy and recruitment design were strongly influenced by the methodology (see Section 4.2). Social constructivism posits that individuals' knowledge, beliefs and opinions are constructed based on their interactions with others (Patton, 2015). Therefore, it was necessary to not only elicit information in individual interviews, but through group interviews where women could openly engage with each other. Informed by feminist theory to guide the research, I worked with community organizations to reach a diverse range of women with the intent of seeking and valuing women's voices that otherwise may not be heard. The decision to have individual interviews in addition to group interviews was made in order to allow women to explore sensitive topics that they may not feel comfortable doing in a group environment.

4.5 Data Collection

Qualitative research uses several data collection methods in order to elicit enough information to yield the "thick, rich description" it is known for (Patton, 2015, p. 533). Data for this project included transcripts from individual interviews, group interviews, field notes, demographic questionnaires and post group interview evaluations (see Table 2 Phase 3).

In total, 37 women from the community participated in this research. There were 6 women who engaged in individual interviews and a total of 31 women who engaged in 4 different group interviews at different community organizations (see Table 3 on pg. 53):

Table 3: *Participant demographics for the primary data collection methods*

Method	Number of Participants	Age range	Ethnicity	Years spent living in the community
Individual Interviews	6	29-67 years	3 participants identified as First Nation 3 participants identified as Caucasian	5 years-67 years
Group interviews - FNAFS - NLC - NRAWS - FNCLS	31	19-63 years	9 participants identified as First Nation 12 participants identified as Caucasian 7 participants identified as Metis 3 participants identified as Other	6 months-43 years
Acronyms: - FNAFS (Fort Nelson Aboriginal Friendship Society), FNCLS (Fort Nelson Community Literacy Society), NLC (Northern Lights College), NRAWS (Northern Rockies Aboriginal Women Society)				

All interviews took place within a two-week period in February of 2017. Individual interviews and group interviews were staggered accordingly to the availability and preferences of participants. I wanted to ensure that all interviews took place within a short time frame so that external variables (time of year, weather, current economic situation, etc.) were consistent across participants.

4.5.1 Field notes

Reid et al. (2017) state that field notes document "the path you take and your thinking about that path" (p. 90). By recording thoughts, feelings and observations throughout the research process, the researcher can document important contextual information that otherwise may be lost, as well as deepening their understanding of their personal biases. I took field notes by hand throughout the research process. Following interactions with community partners, participants, and my thesis supervisors I dedicated time to reflect on the

interactions and recorded observations, questions and insights. Field notes were also taken after seeing various forms of media on the internet concerning the community, particularly on facebook. Seeing what community members were posting while I was away from the community helped to keep a "finger on the pulse" of recent events and showed the diversity of opinions regarding topics of concern in the community. The recorded field notes have been helpful throughout the writing process but particularly in the analysis of findings and writing of discussion chapters.

4.5.2 Semi structured individual interviews

Interviews are used in qualitative research to gather the views and opinions of research participants (Creswell, 2014). Semi-structured interviews involve using an interview guide of pre-determined questions but allowing for flexibility according to the flow of the conversation and information that arises (Patton, 2015). Using examples from *The Appreciative Inquiry Handbook: For Leaders of Change* (Cooperrider, Whitney, & Stavros, 2008) I drafted questions pertaining to each stage of the 4D cycle presented in Section 4.3.

The interview guide included introductory, content, and evaluative questions (see Appendix L for interview guide). Introductory questions were designed to elicit demographic information about the participant. Evaluative questions sought to gain feedback on the use of Appreciative Inquiry in exploring women's health and well-being. This set of questions helped to answer Research Question #3, "What are the strengths and limitations of using an Appreciative Inquiry approach to research involving women's perceptions of health and well-being?"

All individual interviews took place at the participant's place of work on a date and time chosen by them. Individual interviews were only completed by those employed at one of the four community organizations. The implications of this decision will be discussed in Chapter 6 (section 6.3 Methodological Insights). Interviews ranged in length from 45 minutes to 1.5 hours. As outlined in my Research Ethics Board application, participants were given a $10 IGA grocery store gift card as a token of my appreciation.

4.5.3 Semi structured group interviews

As noted above, the decision to use both individual and group interviews was made in order to gather a diversity of perspectives in different formats. The group interviews took place at each of the four community organizations. The group interviews were designed using literature about focus groups. A focus group is defined as a facilitated group discussion revolving around a certain topic (Munday, 2014). Focus groups originated in the 1920s as a means to collect data in the social sciences, however the data collection method began to be widely used by those in market research in the 1950s. In recent years, more attention has been paid to the utility and validity of focus groups in health and social science research and they have become a widely used tool for collecting data in qualitative research (Liamputtong, 2011).

Group interviews are informed by the premise that meaning is generated and expressed when individuals engage with each other in a social context (Patton, 2015). Information gathered in a group differs from that of a traditional one-on-one interview as individuals are provided with the opportunity to consider their opinions in relation to others through discussion and debate (Wilkinson, 1999). This situates group interviews within the social constructionist paradigm as knowledge is formulated through the interaction of

participants' multiple realties as opposed to a singular objective source. Although no research method can be said to be "inherently feminist", several characteristics of a group interview make the method well suited for research using a feminist approach (Munday, 2014). By having the focus of data collection be information gained through interaction between participants, the balance of power can be shifted from the researcher to participants (Wilkinson, 1999). The use of group interviews helped to achieve the goal of this research, which was to engage in a co-learning experience with women in Fort Nelson to identify and explore the aspects of the community that promote their health and well-being in a community experiencing intense social, ecological and economic change due in large part to natural resource extraction in the area (see Section 1.1).

Group interviews can provide a much-needed space for women to share their experiences, and to receive support from each other (Peek & Fothergill, 2007). Pini (2002) argues that this is particularly valuable for women in rural communities where women are often relegated to the domestic sphere and experience feelings of isolation. In this way, the very act of research can bring about benefits associated with the valuing of women's perspectives and experiences.

The Group interview content questions were the same as those used in the individual interviews. An additional step in the group interview process was to include participant demographic and evaluative questions were asked using a paper questionnaire (see Appendix M and N). Participants were instructed not to put their names on the questionnaires to protect their anonymity (See Appendix K for the Group Interview Guide). Group interviews took place at each of the four community organizations and ranged from 50 minutes to 1.5 hours. All participants were given a $10 IGA grocery store gift card as a token of my appreciation. I also provided a meal for each group interviews and childcare for those who needed it.

4.6 Data Analysis

At its core, data analysis answers the deceptively simple question of "what do the data say?" (Reid et al., 2017, p. 240). It is deceptive in that analysis is often written about passively, making it seem as though once the data is collected the codes and themes effortlessly sort themselves. In qualitative research the researcher her or himself is the instrument used to analyze the data in order to answer the research questions (Braun & Clarke, 2006). As such, the researcher must make a series of decisions that each affect the outcome of the research (Creswell, 2013). There are various data analysis methods that can provide a framework to guide and assist the researcher. While qualitative methods vary in epistemological and disciplinary background, the process of organizing data into themes through some sort of coding process is common among many of them (Creswell, 2013). Data analysis conducted for this research was informed by Braun and Clark's (2006) 6-phase process of thematic analysis and the process outlined in Reid et al.'s (2017) *Experience, Research, Social Change.*

I chose to use thematic analysis because it is considered a foundational method for use with qualitative research (Braun & Clarke, 2006). This method is particularly suited for researchers who are new to analysis as it is a flexible approach that does not require the same degree of theoretical and technical knowledge that many other approaches do (Nowell, Norris, White, & Moules, 2017). Thematic analysis is a method of "identifying, analyzing, and reporting patterns within the data (Braun & Clarke, 2006, p. 6). This fits well with the exploratory nature of this research and the goal of identifying and exploring the health and well-being of women in a given context.

Reid et al.'s 2017 text *Experience, Research, Social Change* is written for aspiring researchers interested in contributing to research with the goal of social change. The authors

guide the reader through the research process using accessible language and many real-world examples. The method of data analysis presented in the book is described as an analytical approach that cycles between both inductive and deductive thinking. The concept of "intersubjectivity" is presented as a central component of critical social research. Intersubjectivity is defined as "an authentic dialogue between all participants in the research process in which all are respected as equal knowing subjects" (Reid et al., 2017, p. 241). This aligns well with the goals and methodology of this research.

A core feature of qualitative analysis is the iterative nature in which it is conducted (Braun & Clarke, 2006; Creswell, 2013; Nowell, 2017). In contrast to a fixed linear approach, researchers move back and forth between the data, concepts, and possible explanations informed by the literature. This "iterativity" is the process used to build the analysis by repeatedly moving between analytical steps (Reid et al., 2017, p. 241). Braun and Clarke (2006) describe thematic analysis as a "recursive" process with the researcher moving between phases as needed (p. 86). Cyclical diagrams are often used to illustrate this process. Figure 5 (pg. 59) is adapted from Creswell's (2013) Data Analysis Spiral (p. 183).

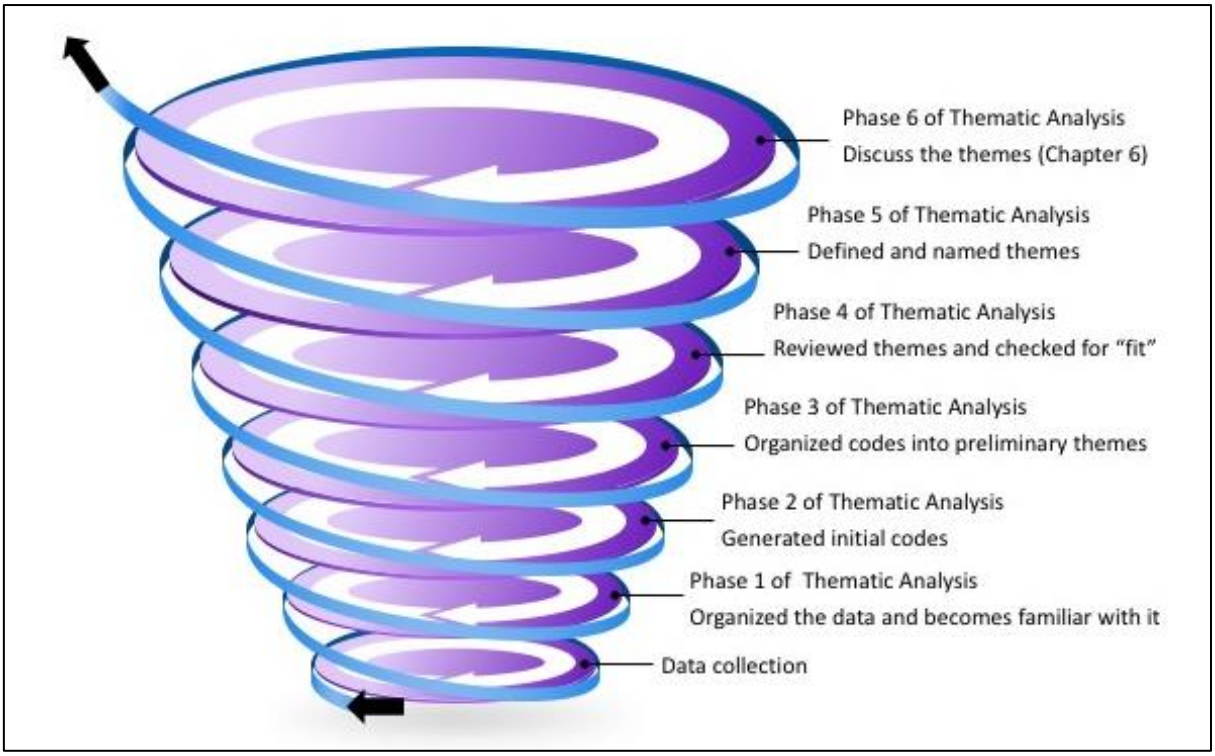

Figure 5: "Data Analysis Sprial" adapted from Creswell (2013, p. 183).

Data analysis requires the organizing and managing of data as a way to increase the researcher's familiarity with it (Creswell, 2013). This is Phase 1 of Braun and Clarke's (2006) 6-phase process of thematic analysis. I personally transcribed the audio from the digitally recorded individual and group interviews verbatim. Any editing or "tidying up" of the transcripts was avoided as it can alter the data and inaccurately portray what was actually said (Liamputtong, 2011, p. 174). I had several data sources that were designed to gather information relating to the three research questions (see Table 4 pg. 60). Reid et al. (2017) suggest analyzing different data sources separately to start, and then consider how they should be integrated.

Table 4: *Research question and associated data sources*

Research Question	**Data source**	**Research Phase** (see Table 2)
1. What do women in a rural, remote, and resource-dependent community perceive as contributing to their health and well-being?	Individual interviews Group interviews Field notes	Phase 3 Phase 3 Phase 1,2,3
2. Which factors are most prominently identified by women as contributing to their health and well-being?	Individual interviews Group interviews Field notes	Phase 3 Phase 3 Phase 1,2,3
3. What are the strengths and limitations of using an Appreciative Inquiry approach to research involving women's perceptions of health and well-being?	Individual interviews Post group interview questionnaire Field notes	Phase 3 Phase 3 Phase 1,2,3
Provided information on the diversity of women who participated in the research	Demographic questionnaire (group) Demographic interview questions (individual)	Phase 3 Phase 3

After organizing the data, I listened to all of the individual and group interviews separately, stopping to take notes of anything that would not be recognizable through simply reading the transcripts. I then read and re-read all of the individual interview transcripts, and then all of the group interview transcripts. Starting with the individual interviews, I created a spreadsheet that organized the data by participant and interview question (which corresponded to the Appreciative Inquiry 4D cycle). I extracted the salient pieces of text from each transcript as "bits" in order to divide the mass of information into more manageable parts (Reid et al., 2017, p. 244). This process allowed me to see how each participant answered each question, in relation to other individual participants.

I then began to descriptively code the extracts of text by adding a word or phrase that summarized each bit. Braun and Clarke (2006) classify this as Phase 2 of the 6-phase process of thematic analysis in which initial codes are generated. I was careful to tag each extract of text to ensure it could continue to be traced back to its original source and re-contextualized when needed (Reid et al., 2017). Moving into Phase 3 of Braun and Clarke's (2006) process I began to organize the codes into preliminary themes. Phase 4 involved reviewing the preliminary themes, continually checking to see if the coded extracts "fit" with the themes. Reviewing the codes and themes is an important step as they may expand, contract and shift as you work with the data (Reid et al., 2017). To do this I wrote down all codes on sticky notes and organized them into the preliminary themes. As a way to further test the themes I completely re-organized the data by interview question and theme (as opposed to participant and interview question) to see themes across questions. This helped to complete Phase 5 of the 6-phase process of thematic analysis in which themes are defined and named (Braun & Clarke, 2006). The same process described above was used to analyze the data from group interviews.

Critique of thematic analysis is often focused on the same qualities that make it an attractive option for novice researchers-- it's accessible and flexible nature. When compared to grounded theory or phenomenology, there is much less written about exactly how to conduct a rigorous thematic analysis (Nowell et al., 2017). Braun and Clarke (2006) acknowledge the "potential pitfalls" (p. 94) of thematic analysis, most of which center around either not analyzing the data enough or a mismatching between data and analytical claims. Nowell et al. (2017) state that in order for any qualitative analysis to be trustworthy, the research must demonstrate that the analysis was carried out systematically and consistently.

The next section will further explain how trustworthiness in data analysis and thus findings was achieved.

4.7 Research Quality

Assessing the quality of research is dependent on the knowledge available at the current time as well as the context in which the research is conducted. Methods and techniques to assess quality have increased over the last decade, demonstrating the "creative complexity of the qualitative methodological landscape" (Tracy, 2010, p. 837). The following section discusses research rigor, ethical considerations and reflexivity as central components of this research.

4.7.1 Research rigor

There has been considerable debate about the most effective way to assess the quality of qualitative research (Elo et al., 2014). While guidelines for assessing quality have continued to be updated in recent years (Tracy, 2010), most qualitative researchers still reference Lincoln and Guba's criteria for "trustworthiness", published in 1985. Simply put, trustworthiness is a way that researchers can feel confident that their findings are accurate (Nowell et al., 2017). Lincoln and Guba (1985) proposed four criteria that can help assess the trustworthiness of findings: credibility, dependability, confirmability and transferability. These components of trustworthiness will be defined below along with examples of how they were incorporated into the research.

Credibility involves the accurate identification and description of research participants' contributions (Lincoln & Guba, 1985). To enhance the credibility of the research I used member checking with both individual and group participants. This involved sending full transcripts back to each individual participant and asking if what was said

accurately reflected the experience they wanted to share. I provided group participants with a summary of the group interview they attended, asking for any feedback they wanted to provide. At the group interviews participants were given the opportunity to give me a mailing address or e-mail address for the summary to be mailed and I left several copies at each partner organization with a designated staff member (see Table 2 Phase 3). Thirteen women (of thirty-one total) asked for a summary to be mailed directly to them. I used peer debriefing to add an external check on the research process by regularly meeting with another graduate student to discuss our respective research and talk through the challenges and successes we were experiencing (Nowell et at., 2017).

Dependability refers to the stability of the findings (Lincoln & Guba, 1985). To demonstrate this, researchers must clearly show that their research follows a logical and clearly documented process (Elo et al., 2014). Presenting the research in the form of clear and comprehensive thesis is one mechanism to achieve this. Confirmability relates to dependability as it involves showing that findings are indeed derived from the data. Nowell et al., (2017) explains that this is done by explicitly stating the theoretical, methodological and analytical choices made throughout the research process.

Generalizing findings from one study to another is typically a goal of quantitative research, not qualitative, however the transferability of findings is considered a marker of qualitative research quality (Lincoln & Guba, 1985). Not all findings from a study will apply perfectly to a different context but by providing a detailed and thorough description of the research, others can assess what aspects of the study apply to their unique context (Nowell et al., 2017).

4.7.2 Ethical considerations

Although ethical considerations are introduced earlier in this section, consideration of ethical issues that may arise throughout the research must take place once the researcher chooses a research topic (Reid et al., 2017). In order to conduct research as a graduate student enrolled at UNBC I had to obtain ethical approval from the University's Research Ethics Board (REB). The REB requested clarifications regarding how data would be stored and electronically transmitted. Once this was addressed ethical approval was granted for a period of 12 months. Ethics approval was renewed as necessary.

Privacy and confidentiality are fundamental elements of ethical research, guaranteeing confidentiality and anonymity to participants in research conducted in small communities can be difficult (Edwards, Lund, & Gibson, 2008). Since my research involved face-to-face focus groups and interviews the participants were not anonymous. Participants of the group interviews were asked not to share information outside of the group but it was explained that this could not be guaranteed. Participant names were not recorded on transcripts or field notes. I was surprised to discover that participants did not seem concerned with issues of privacy and confidentiality. I asked individual participants if they would like to use a pseudonym and they all declined. Only one of the six individual interview participants asked for information to be redacted from the transcript and this was requested verbally during the actual interview. These portions were removed from the transcript and not used for analysis.

Reid et al. (2017) define informed consent as receiving consent from research participants to participate in the research after "carefully and truthfully" informing them about the research (p. 61) (See Appendix E and F for Participant Information Sheets). The Tri-Council Policy Statement for Ethical Conduct for Research involving Humans, which

informs the UNBC Ethics Approval process, states that consent must be given voluntarily and can be revoked at any time, with participants able to withdraw their data. The risks and benefits were clearly communicated to all participants at several points during the research process, both in writing and verbally. I emphasized to participants that the research was not an activity of the organization and their participation had no bearing on the services they access there. Participants did not seem concerned but I cannot guarantee that this did not affect participant's responses, as they may have felt pressure to comment in ways that showed the organization in a positive light (See Appendix G and H for Consent Forms).

The concept of reciprocity was extremely important to this research. Being from the community I conducted research in, it was important to me to acknowledge what participants were contributing and provide them and the wider community with something of value. As previously mentioned, I provided all participants with a $10 gift card to a local grocery store. Group interviews involved a meal and childcare, if needed. Mechanisms for reciprocity also involve the creation of new opportunities for research participants, advocating for community issues, and enabling participants to use the findings in some way (Reid et al., 2017).

While in the community I stored all data and data recording materials in a locked cabinet at my place of residence that only I had access to. Upon my return to Prince George all data was stored at the University of British Columbia in a locked filing cabinet located in the lab of my co-supervisor, Dr. Margot Parkes. Only Dr. Parkes and I have access to the filing cabinet.

4.7.3 Reflexivity

Reflexivity involves being transparent about how who you are as a person and a Researcher has shaped the research process. Creswell (2013) explains that being reflexive requires the researcher to discuss their experience with the topic being explored and how

experiences with work, schooling, and family may influence the findings and interpretation of the work. These ideas were introduced in relation to my own positionality as a researcher in Section 1.2, and are discussed further in Section 6.3, Study Limitations.

A central component of practicing reflexivity is exploring the ways in which identity is formed through interactions between the researcher and participants (Tracy, 2010). Reid et al. (2017) explain even those who conduct research in their own community with people they identify with will assume some degree of "outsideness", just by being a researcher (p. 50). As mentioned previously, my family has a relatively long history in Fort Nelson. My paternal grandparents came to area in 1952, followed by my maternal grandparents in 1974. Many of their children chose to stay in Fort Nelson and raise families of their own. I was born and raised in the community and knew many of the research participants. While I have designed the research to avoid practices and assumptions that could interfere with the accuracy of findings, I cannot completely guarantee that who I am and how I am viewed by participants did not impact this research. Strategies such as journaling and peer debriefing helped to continually reflect on this.

CHAPTER 5: FINDINGS

5.1 Introduction

This chapter presents the findings from my thematic analysis of the data described in the previous chapter. As discussed in Chapter 1, the overarching goal of this research project was to engage in a co-learning experience with women in Fort Nelson to identify and explore the factors that promoted their health and well-being in a community experiencing intense, social, ecological and economic change due in large part to resource extraction and development in the area.

My first research question explored what women in this rural, remote, and resource extraction dependent community perceive as contributing to their health and well-being. The second research question asked what factors were most prominently identified by women. The themes and sub themes presented in this chapter will help to answer these questions. My third research question was about the strengths and weaknesses of using an Appreciative Inquiry approach in this research project. This question will be addressed in Chapter 6 as part of a discussion of the findings presented in this chapter as they relate to the literature presented in Chapter 2.

Chapter 5 presents findings from the analysis of data from six individual interviews, four group interviews, demographic information from all participants, the post group interview questionnaire, as well as my own field notes taken throughout the research process (see Table 3 Phase 3). Chapter 6 begins with an overview of participant demographics, including participant age, ethnicity, and years spent in the community. This information was gathered to get a sense of the range of women participating in the research project. The findings are then presented in relation to the themes of 5.3 Equitable Access, 5.4 Perceptions of People and Place, and 5.5 Leadership, Communication and Collaboration. Equitable

Access (5.3) presents findings in relation to healthcare (5.3.1), Education and Employment (5.3.2) and Services, Programs, and Events (5.3.3). Perceptions of People and Place (5.4) presents findings in relation to Resource Extraction and the Boom and Bust Cycle (5.4.1) and Valuing and Utilizing Local and Traditional Knowledge and Culture (5.4.2). The theme of Leadership, Communication, and Collaboration (5.5) presents findings in relation to division in the community (5.5.1). Findings as they relate to participant experience are presented in section 5.6.

5.2 Participant Demographics

There were 37 self-identified female participants who took part in either an individual interview or a group interview. Six women took part in individual interviews and 31 women took part in one of four group interviews held at different organizations in the community (see section 4.4.2). The following figures display participants self-reported age (see Figure 6 p. 69), and number of years participants have lived in the community (see Figure 7 p. 69).

As a whole, the participants ranged in age from 19 to 67 years with the majority of women falling in the 19-39 age range category (24 women). The demographic questionnaire (Appendix M) asked participants to report their ethnicity by answering an open-ended question: "Ethnicity_____ (For example: Caucasian, First Nation, Metis, Filipino, South Asian, etc)". I then grouped responses into four categories: First Nation, Metis, Caucasian, and other. The two most prevalent reported ethnicities were Caucasian (15 women) and First Nation (12 women). Several First Nations women identified their nation when reporting their ethnicity, but these have been omitted in order to protect participants' anonymity. For the same reason the category of "other" was used to identify participants that

did not identify as Caucasian, First Nation or Metis. See Table 3 (p.53) for a table displaying this information.

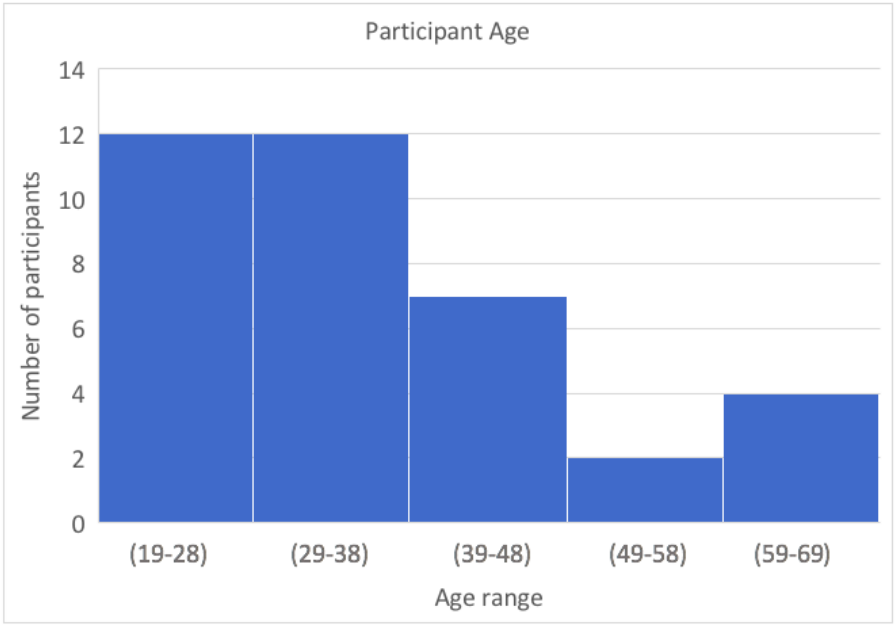

Figure 6: Participant Age

In terms of years spent living in the community there was an almost even split between those who have lived in community 15 years or less (19 women) and those who have lived in the community 16 years or more (18 women) (see Table 6 p. 70). Individual interview participants were asked how long they had been in their role at the community organization. Time involved with the community organization ranged from 2 months to 27 years.

Quotes presented in this thesis from the six individual interviews are identified with "Ind" and tagged with 1-6, depending on what individual interview the quote came from. Data from the four group interviews are identified with 'Group' and tagged with 1-4.

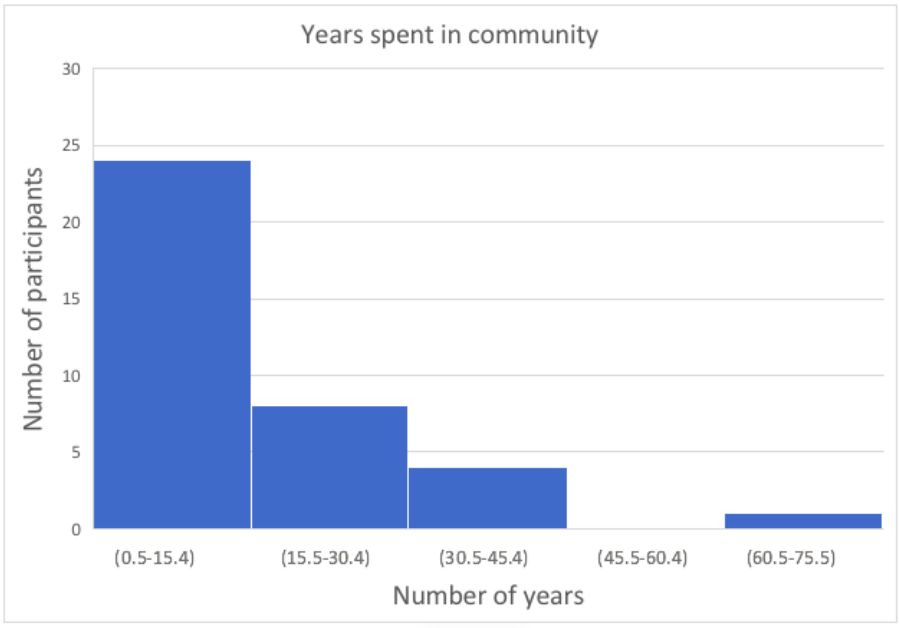

Figure 7: Number of Years Participants have Lived in the Community

5.3 Equitable Access

The theme of Equitable Access was identified across all interview questions in both individual and group interviews. Equitable access pertained to several different things which led to the decision to identify the subthemes of healthcare (5.3.1), education and employment (5.3.2), and programs, services and events (5.3.3). Subthemes are discussed below.

5.3.1 Equitable access to healthcare

Healthcare was a prevalent topic of conversation in both the individual and group interviews, which is not surprising given the longstanding lack of healthcare facilities and services in the community. In terms of strengths of healthcare in the community, both individual and group participants mentioned the number of doctors in the community as important because it allows for timely access to doctors as well as some choice regarding healthcare providers:

> So if you're a female and comfortable going to a female, we have 2 different, maybe 3 totally different styles of doctors, so if you're not satisfied with one approach you have an alternative and that's really big, having choices (Ind-3)

Two doctors in particular were named for their comprehensiveness and integration of both traditional and nontraditional medicine. Another strength identified was the prevalence of women in the healthcare industry in the community.

Maternity services were an additional aspect of healthcare identified by participants. While maternity services were a common and passionate topic among both individual and group participants, the topic was discussed more deeply during the group interviews. A consistent perspective when this topic was raised was that not having access to maternity services in the community is a major source of stress and negatively impacts their health and well-being. Participants emphasized the negative health impacts associated with the need to leave the community to give birth, the financial burden this causes, and the fact that many women have other children needing care. Such factors were described by one participant in a group interview:

> It's stressful, you have to plan four weeks ahead, you have to travel when you're extremely pregnant, pay for hotels, pay for fuel. See a doctor that you don't know, that you aren't familiar with. (Group-4)

In discussing healthcare, participant responses centered around the need to leave to the community to access healthcare and the challenges that brings. When discussing possible solutions to this challenge, two major actions were identified: assistance with the scheduling and coordination of medical appointments, and financial assistance for travel outside of the community for medical appointments. In response to questions pertaining to the Dream stage of the Appreciative Inquiry cycle (see Figure 5), participants stated that ideally, they would like to see more health services such as sonography (ultrasound), optometry, and

physiotherapy consistently available in the community. As an alternative to traveling to access medical services, women voiced that they want medical specialists and diagnostics services to travel to the community. Several participants spoke of delaying or neglecting to attend medical appointments out of town due to the lack of time and money as well as the often-dangerous driving conditions. While women seemed grateful for the mobile health services that do visit the community, it was clear they are not ideal:

> There's that bus that comes and sits in the Overwaitea parking lot, for mammograms, but then everyone knows what you're doing. It's kind of a personal thing to get done in a bus. It's like you just walk in and throw it on the table, come on. (Group-4)

Another prominent topic that was mentioned in relation to equitable access to healthcare was the need for drug and alcohol treatment in the community. This topic was discussed much more frequently and more in depth in the group interviews. Ideally, the women want detoxification and rehabilitation services available in the community, as they see this as an integral aspect to treatment and recovery. While the financial hardship in accessing treatment out of community was mentioned, the biggest challenge in accessing these detoxification and rehabilitation services was the fact that people have to leave behind their family and children to do so. Women in one of the group interviews discussed knowing women who had their children apprehended by the Ministry of Children and Family Development. Participants perceived this as a potential consequence of accessing treatment:

> Do you go for help and get the help you need to make yourself better, and risk losing your kids, or do you have something where you can see your kids. You can work on things and know your child is safe, and you're trying to make things better. I've had friends where that's happened (Group-1)

In addition to the need for detoxification and rehabilitation services in the community, participants voiced support for those in recovery from drug and alcohol addiction. The

importance of trained and qualified staff as well as women-focused supports were identified as impacting women's health and well-being. Women in several of the four group interviews specifically advocated for women only Alcoholics Anonymous and Narcotics Anonymous support groups.

5.3.2 Equitable access to education and employment

A prevalent topic of discussion in both the individual and group interviews was the importance of accessible education and employment, and their relationships with local women's health and well-being. While there were many examples shared of how women are continuing to provide for themselves and their families despite the current economic climate, participants emphasized the barriers they face in terms of access, which in some instances women directly attributed to their gender, as one participant in an individual interview described:

> Women should have that same right as men to go into the workforce, it's very frustrating when they're left without that, it seems that single men seem to have more alternatives, I don't know what it is. (Ind-3)

In keeping with discussions about equitable access to healthcare (5.3.1), participants expressed that they need education and training *in* the community and that it needs to be tailored to the needs of local women. This includes offering more face-to-face educational opportunities, women only workforce training (e.g., CPR, First Aid), and childcare (which will be discussed more in section 5.3.3). Participants also identified the importance of accommodating different learning styles by offering both distance and in-person training and education. The participants mentioned training and education as a way to protect their livelihoods during times of economic uncertainty:

> And more education, I could see more focus on education, because when you have a bust, that's where everything is lacking, all of a sudden everyone is out of a job and they have no education, just doesn't seem to always be a priority in a town like this (Group-3)

While education and employment were discussed in both individual and group interviews, the discussion was from different perspectives. The individual interview participants spoke to education and employment primarily as providers, or in roles that contributed to the provision of education or employment. In comparison, participants in the group interviews spoke to education and employment as recipients, or from the perspective of women who wish to access education and employment. This is noteworthy but not surprising given the research design choice to target individual participants based on their role within a service organization.

5.3.3 Equitable Access to Services, programs, and events

In terms of strengths, both individual and group participants identified many services, programs and events that contribute to their health and well-being. See Table 5 (p. 75) for those most prominently identified.

Participants identified children and youth services, housing, and food security as areas that needed to be improved. Both individual and group participants discussed the impacts that services, programs, and events for children and youth have on their health and well-being. Participants spoke to how they needed more childcare options in order to access employment and education for themselves, with one participant stating:

> I think we have so many good things but one thing that is always a constant is more childcare options, I know of women that dropped out last month *(of continuing education courses)* because there's just inadequate childcare opportunities. (Ind-6)

Table 5: *Supportive Services, Programs, and Events by Participants*

Recreation & Leisure	**Entertainment**	**Gatherings**
The local Recreation Centre Opportunities to volunteer with local organizations and at community events Kids play Gym at Rec Centre Outdoor trails	Events put on by the local movie theatre (live music, theatre productions, movies) Public library Museum	Farmer's Market (every Saturday year-round) Free community events Women's support groups (offered by various organizations) Culture Fest* Trapper's Rendezvous*
* Culture Fest is an annual volunteer-run community event that celebrates the diverse cultures of residents. Trapper's Rendezvous is an annual volunteer-run series of community events that celebrate the local history and culture of the community and surrounding area. The event is held each Spring to commemorate the time of year that Trapper's would traditionally leave their traplines and travel to the community to celebrate a prosperous winter.		

Participants also commented on the importance of services, programs and events specifically for children and youth. When women spoke of services, programs and events for children and youth it was often in the context of preparing them for the future. Women commented on the lack of both extracurricular activities and educational opportunities for youth in the community.

Only women in the group interviews mentioned housing as something that could improve their health and well-being. Group participants discussed the challenge of coordinating subsidized housing with an agency that is based outside of the community, making it difficult for housing prices and availability to align with the current needs of the community:

> Lots of them *(BC Housing units)* are empty because you can go rent other places for the same price as they want to rent for, and then you can choose where you live. They *(BC Housing)* don't know the situation here (Group-1)

Food security was discussed mainly by group participants as opposed to individual participants. Participants stated that food prices have increased while the economy has worsened, making it difficult to access nutritious food for themselves and their families. While many group participants mentioned the local food bank as an asset, they stated they wanted an increase in provision and variety of food.

5.4 Perceptions of People and Place

Analysis of the individual and group interviews identified perceptions of people and place as an important influence on women's health and well-being. Discussions of people and place mainly took place during the Discover phase of the Appreciative Inquiry cycle (see Figure 5), when women were asked to identify the strengths of the community. In terms of people, women in both individual and group interviews emphatically expressed their perception that overall, people in the community are kind and go out of their way to help each other. Participants often followed their comments regarding shortcomings of the community with statements relating to the strength that familiarity and close-knit relationships provide, and often contrasted this to past experiences in urban centers.

In terms of perceptions of the community as a place, participants in both individual and group interviews commented on the different types of impacts that living in a small community has on their health and well-being. The lack of traffic and subsequent short commuting time as a positive feature was mentioned several times. Participants in both individual and group interviews discussed the concept of safety in relation to the community. While many participants perceived the community to be safe, it was noted in the group interviews that participants knew of other women who did not share these feelings of safety and that safety is associated with the size of the community, as one participant stated:

> I just don't like to see our town grow too big, I don't know. I think the more bigger it gets the more wild it will be. It's wild enough! (Ind-6)

In discussing aspects of the community, participants focused predominantly on the impact that resource extraction and the boom and bust cycle (5.4.1) had on the community and identified valuing and utilizing local knowledge and culture (5.4.2) as a potential mediating factor on the negative impacts of resource extraction. These subthemes are discussed below.

5.4.1 Resource extraction and the boom and bust cycle

Women did not specifically use the term "resource extraction" when discussing this theme but instead used the terms of "industry", "economy", and "boom and bust". Women discussed these terms in relation to the negative impacts the downturn in the economy has had on women's health and well-being but also the positive outcomes that it had. Participants in two of the individual interviews mentioned the "spoiledness" (Ind-3) that accompanies a boom in the economy:

> there was just more money to put into programs *(during the boom)* but I don't know if it was always being utilized…there's definitely less financial supports right now, but still, it almost seems to be thriving, something about suffering brings people together too, so maybe the money isn't there so people are getting creative, they're finding ways to get, becoming more resourceful, because they have to be, 'cause I think with Fort Nelson there's probably a little bit of spoiledness when we boom"(Ind-3)

Participants in both the individual and group interviews spoke of the strength and resiliency exhibited by local women during "busts". An individual interview participant captured this by stating,

> Interestingly enough it's the women who are keeping their businesses afloat, the stuff that's died is the male component of industry, I don't know what the stats are but on a visual, women are still running things. (Ind-3)

Participants expressed that the negative impacts of resource extraction have created the need for residents to be innovative and unite to address challenges. Women perceived a relationship between how residents treat each other and the state of the local economy. Participants commented that people seem to look after each other more in a "bust" than they do during a "boom":

> I think Fort Nelson was blessed with so much that a lot more people were living off the high hog and not really, it was like okay to be mean to somebody, okay to be rude and disrespectful but now we have to be friendly to our neighbors. We are coming back to a place where we're a small close community (Group-1)

5.4.2 Valuing and utilizing local and traditional knowledge and culture

Valuing and utilizing local traditional knowledge and culture was discussed by both individual and group interview participants. Women perceived such knowledge and culture as strengths inherent in the community and their valuing and utilization as a mechanism to improve the health of the community, particularly when in a "bust", with one participant stating:

> We need to have our own life, we should be promoting our tourism, that's important. Promote our culture, like bring people in, everything is around the oil, but people could be coming to see our culture or the northern lights…(Group-3)

There was also concern voiced over the loss of culture and the negative impact that this has on health. Reciprocity, collectivism, and traditional ecological knowledge were discussed as things that the community "needs to get back to" (Ind-6). During the data collection period several Indigenous Elders from First Nations communities in the area passed away, prompting both individual and group interview participant to reflect on the ramifications of the sense of loss:

> So these women *(Elders)* have raised their grandchildren, their great grandchildren and this community. I don't just mean Fort Nelson First Nation, the outlying bands, they are all losing these huge pieces of their culture and their family right now (Ind-3)

5.5 Leadership, Communication, and Collaboration

Leadership, communication, and collaboration was identified most during the Destiny and Design stage of the Appreciative Inquiry Cycle (see Figure 5). During these stages participants were asked questions about specific details that make the community a place that supports women's health and well-being and first steps towards positive action. In terms of leadership, women in both the individual and group interviews described local women being resilient, strong, and essentially the ones holding the community together. When discussing formal leadership, one participant stated,

> the women rule this place. In terms of politics, even if men are given a position of power the women have the influence. Men may be the head of the household, but women are the back. All the Chiefs have been women since I've been here. Our council is full of women… (Ind-3)

5.5.1 Communication and collaboration

In every individual and group interview the need for better communication with residents by political leadership was mentioned. This may be partly due to the fact that one of the questions in the interview guide was "If you were Mayor of Fort Nelson what services, events, opportunities for women would you put into place?". It may also speak to the desire that women have to be informed about what is going on *in* and *for* their community, especially given the current challenging economic situation, and they feel that they are not. Participants stated that it was difficult for them to access information regarding both the economy and health services, commenting that "no news is not good news". Many participants expressed that information is largely inaccessible to them due to factors such as literacy, time, and comfortability. In addition to accessibility, women want to know that leadership understands what they and other residents are going through:

> You see things popping up, like efforts in forestry, or the Mayor met with so and so, oil and gas. This is going to happen or that is going to happen. I think that we just need, it would be so simple to do, but more positive messaging for the people that are still here, you know, a bit of compassion, like something more personal, like if I could open the newspaper and read more of a personal letter from the Mayor to the town of Fort Nelson, that says "Hey, I know you're struggling, so many people are struggling, but you know we're going to try our best, we're gonna get through this. (Ind-2)

Related to the equitable access to healthcare (5.3.1), participants in group interviews discussed the lack of communication between Northern Health and residents regarding available health services and capacity. Participants stated that there is an abundance of conflicting information from various sources regarding the reasons behind a lack of local maternity services. In response to these challenges, women voiced their desire for clear, accessible, and regular communication from Northern Health.

Participants in the individual interviews spoke of collaboration in terms of their roles as service providers at the respective community organizations. Five of the six individual participants identified overlapping program times and mandates as challenges for women in the community. They also stated that collaboration between organizations was needed in order to build capacity and better access the limited funding and resources available, with one service provider stating:

> We *(service providers)* need to come together on things, you get more funds when you collaborate, it's proven (Ind-5)

5.5.2 Division in the community

Despite participants stating that relationships and social connections are important to their health and well-being, division between women of different incomes, social status, and ethnicities was mentioned in both individual and group interviews. Individuals in individual interviews discussed issues of division among women in the community more deeply and

more frequently than those in group interviews. One interpretation of this is that participants did not feel as comfortable to discuss such divides in a group setting.

Divisions between women of different incomes and social status was evident when participants discussed social events in the community and the types of women that attend them. Several group interview participants stated that they felt such events were "too up here (gesturing above their heads) "(Group-2) and that they didn't have the money to afford to look the way they feel they would need to in order to fit in. Several of the women who participated in individual interviews identified the same socio-economic divide group participants did but did so as women who attended such events. One such participant expressed her desire to have events be accessible to all women in the community:

> Those kinds of events, they've been so beneficial and it shouldn't just be middle to upper class White ladies, cause it isn't a "White" thing, people all like to gather together, win prizes, to feel empowered and beautiful and get dolled up even though we're up North in a small town, so making women feel proud of their, who they are, their sexuality, whether they want to wear makeup or not wear makeup (Ind-3)

As mentioned above, divisions between Indigenous and non-Indigenous women in the community were mentioned more frequently by participants in individual interviews. When probed as to factors contributing to divisions between Indigenous and non-Indigenous women in the community, a lack of knowledge was identified as a contributing factor. As one participant noted:

> If I was Mayor, I'd make the whole damn town read it [The Truth and Reconciliation Commission Report Introduction] and understand you can't just get over shit. We are moving forward but it's not going to happen overnight. (Ind-3)

In response to the challenges described above, participants called for opportunities for women in the community to connect with each other and establish "common ground" (Ind-1). Participants in both individual and group interviews stated that bringing women of diverse

backgrounds together is important and a first step to combatting issues of isolation, discrimination, and other adverse health impacts. One participant suggested the following:

> What we need to do is have a big meeting, like have all the women come together, it might be 2-3 hours, and we all say a bit about each other, who we are…you get to know each other and see people beyond….people need an opportunity to get to know one another…that's totally irrelevant, who you're with, that's not what I'm looking for, I don't care what you drive, what you wear, I don't care if you had your teeth done last year, what I want to know is, who are you? (Ind-5)

5.6 Participant Experience

The post-group interview questionnaire (see Appendix N) was designed to gather participant feedback about the experience of taking part in the group interview. Thirty-one women took part in the four focus groups and twenty-six questionnaires were returned. Five participants left the group interviews early and therefore did not fill out the questionnaire.

All of the twenty-six group participants that completed the post group interview questionnaire responded that they either strongly agreed (23) or agreed (3) that the group interview was worthwhile and a good use of their time. When asked if they felt the group interview was well facilitated and organized, twenty-two participants responded "strongly agree" and four participants responded "agree". Twenty-one participants responded that they strongly agreed that they were able to contribute to the discussion and five participants responded that they agreed. This suggests that participants found the group interviews to be a positive experience, or at the very least not a negative one. It must be acknowledged that I knew of many of the participants and this may have created a positive response bias.

The post-group interview questionnaire asked participants what the best part of participating in the group interview was and what could have made the experience better. The responses to the question on what the best part of interview focused on three aspects: being in

a group, sharing ideas and information, and emotional support. See Table 6 (below) for a summary of participant responses.

Table 6: *Post-group interview questionnaire responses*

The best part about taking part in the group interview	**Participant responses**
Being in a group	- Hearing everyone's input on women's health and contributing my own (Group-1) - Great discussion (Group-1 and 2) - Everyone was interacting, many different points of view (Group-4) - Open conversations, safe space (Group-3) - Being able to brainstorm with other women about benefitting our community's health in a variety of ways (Group-4)_ - Open discussions, airing our concerns (Group-2)
Sharing ideas and information	- The great ideas everyone had and ways to get things going (Group-2) - Everyone was informative and concerned about our community (Group-1) - Listening to other women's ideas and views (Group-2) - Speaking of ideas for Fort Nelson, like things we need, which is a lot (Group-1) - Happy this is being addressed by someone, very grateful for this lots of ideas (Group-3) - Being able to brainstorm with other women about benefitting our community's health in a variety of ways (Group-4) - I found out about services I didn't know existed (Group-1)
Emotional support	- Finding out that I am not alone in this community (Group-3) - Seeing how many women in the community are living and struggling because you don't see it every day, or it is isn't acknowledged (Group-1) - Having my voice heard (Group-2)

In terms of how the group interview could have been better, all responses focused around having more participants present as well as more of a variety of women. This signals a need for more opportunities for women to gather and connect on issues impacting their health and well-being.

5.7 Conclusion

As indicated throughout the previous sections, there were several differences between the individual and group interviews. It seemed that participants in the individual interviews felt more comfortable talking about sensitive topics such as divides between women in the community. Participants in the group interviews discussed many topics more deeply due to the nature of group conversation and the opportunity to build on one another's contributions. Demographic differences between those who participated in individual and group interviews may have also contributed to differences. This will be discussed in the following chapter.

CHAPTER 6: DISCUSSION AND CONCLUSION

6.1 Introduction

This research was designed to explore issues affecting the health and well-being of women in a rural, remote, and resource extraction-dependent community in northern BC. Findings suggest that equitable access, perceptions of people and place, and leadership, communication, and collaboration interact within the unique context of the community in ways that both positively and negatively impact health and well-being. In this chapter, I discuss and synthesize the different perspectives that influenced this thesis, drawing from literature presented in Chapter 2, approaches discussed in Chapter 4, and findings reported in Chapter 5. Insights into the strengths and limitations of using Appreciative Inquiry and thoughts on participant recruitment are also included in this final chapter. The chapter concludes with study limitations, and recommendations stemming from this thesis research.

6.2 Discussion and Synthesis

The following section presents combined insights in relation to research questions of "What do women in a rural, remote, and resource-dependent community perceive as contributing to their health and well-being?" and "Which factors are most prominently identified by women as contributing to their health and well-being? (Social, ecological, economic, etc.)". This discussion and synthesis seek to further illustrate the interrelationships among the themes of equity, place, resource extraction, and health and well-being depicted in Figure 1 (pg.11) by discussing local women's insights into equity (6.2.1), place (6.2.2) and processes of change (6.2.3).

6.2.1 Local women's insights into equity

The women I interviewed for this thesis research continually identified equitable access as a major factor impacting their health and well-being. Participants discussed the need for more equitable access to healthcare, education and employment, and programs, services and events. When women spoke of the challenges inherent in access, the word "adequate" kept coming up. This suggests that women did not have unrealistic or grandiose expectations when it comes to accessing services in a rural, remote and northern community, but feel they need and deserve a satisfactory level and quality of services.

Both the 1977 *Northern British Columbia Women's Task Force Report on Single Industry Resource Communities* and the 1979 *Beyond the Pipeline* research projects (Women's Research Centre) state the need for increased access to vital services such as obstetrical and gynecological care, education and training, and childcare in northern BC. It is noteworthy, and frustrating, to see that women are still asking for the same services today, especially given the amount of evidence available for the health impacts associated with resource extraction and development (Aalhus, 2018; Halseth et al., 2016). As the authors of *Beyond the Pipeline* (1979*)* state, "Geographic isolation is not an acceptable justification for inadequate goods and services" (p xv). While it may not be acceptable, it certainly persists.

It is promising, however, that in contrast to participants from the early research projects introduced in Chapter 2, women who participated in this research project explicitly identified lack of access as a health equity issue. A sense of agency permeated my interactions with participants, in that they not only recognized and named the inequities they perceived to be experiencing but discussed mechanisms to reduce such inequities. For example, following the data collection period of this research, a facebook group was started called *Fort Nelson Residents for Maternity Support* (Fort Nelson Residents for Maternity

Support, 2018). The group states, “We would like to work together to achieve what is, in our view, a basic human right- the right to give birth in our own community, and to have supports for travelling out if staying in the community is not possible.” While this facebook group did not arise directly from this thesis research, many of the women who participated in this research are a part of this group.

The 2018 report, *The Social Determinants of Health Impacts of Resource Extraction and Development in Rural and Northern Communities: A Summary of Impacts and Promising Practices for Assessment and Monitoring* identifies intersectoral action and research as necessary in order to further understand, prevent, and mitigate negative impacts of resource development (Aalhus, 2018). Parkes (2015) raised similar themes in discussing the “unhelpful divides between people and place, equity and ecosystems, society and nature” (p. 213) that have continued to persist in health research and practice. Current environmental assessment processes are not designed to identify equity issues that exist and arise due to resources extraction and development in communities (Buse et al., 2018). There is a growing body of evidence showing how women are more vulnerable to certain impacts of resource development (Gislason et al., 2017). By developing and applying equity indicators for research and service provision, such inequities can continue to be addressed.

Women living in rural, remote and northern communities are often tasked with the responsibilities involved in not only maintaining their own health, but the health of their families (Leipert et al., 2012). These responsibilities can prevent women from accessing healthcare, education, employment. Many participants of this thesis research stated that they have delayed traveling to medical appointments and accessing detoxification and rehabilitation services because they are not able to find childcare. A lack of childcare makes it extremely difficult, if not impossible, for women to attend school and access training

opportunities. This lack of access prevents women from fully participating in the aspects of the community that might directly positively impact their health and well-being.

Access to education and the associated sense of agency and empowerment it brings, can be a mechanism for the prevention of gender-based violence (United Nations, 2016). As research participants in this project stated, providing equitable access to education and community development processes can also help to buffer the negative impacts of a "boom and bust" cycle. This helps to challenge the prevalent notion that such negative impacts are inevitable and unavoidable (Badenhorst et al., 2014).

In addition, Intersectionality can provide a useful lens through which to explore and act on health inequities affecting women. Participants spoke to the divides among women in the community and identified socio-economic position and ethnicity and two aspects of identity that can divide women. Drawing attention to systems of power and oppression that contribute to health inequities may contribute to a better understanding of inequities and help to identify mechanisms to address them. As mentioned in Chapter 5, individual interview participants did not mention challenges in accessing affordable housing, while group interview participants did. This may be partly explained by the fact that individual interview participants were women with varying degrees of training and education, who had gainful and secure employment, and consequently better access to determinants of health such as housing.

6.2.2 Local women's insights into place

Women that participated in this research identified several factors that relate to place and how perceptions of the community and environment positively and negatively impact their health and well-being. Panelli (2001) explains that rural communities can be understood through a diverse range of "meanings, practices and spaces that are constructed by local

people" (p. 164). When discussing the impact of industry and the "boom and bust" cycle, participants did not use the term "resource extraction" or "resource development". Instead, women used terms such as "work", "the economy", and "oil and gas". This finding suggests that terms used in technical and academic literature may not always resonate with those who are experiencing the phenomena in question.

When asked about strengths of the community, women spoke of the strong sense of community and how this "tight knit" nature is something that is unique and in contrast to larger urban centers. Participants also identified the environment and landscape of the area as valued systems that provide them with many health benefits. The expansiveness of undeveloped land, fresh air, opportunities for leisure, recreation, and cultural practices were all mentioned. The media coverage of Fort Nelson tells a much different story, and this was discussed by participants. This speaks to the differences in perceptions of those inside and outside of the community and how these differences can impact health and well-being. Participants did not see their community as a place meant strictly for supplying energy to those in other places.

As discussed in Chapter 2, a "rip and ship it" (Hemingway & Margolin, 2016, para 2) conceptualization of remote resource extraction dependent communities by outsiders contributes to the continued lack of funding and resources for such communities. Much of the information on communities experiencing rapid and intensive resource development is produced outside of the communities experiencing it, and by those with little to no knowledge of community dynamics. It begs the question of who these research projects and reports are benefitting? It is encouraging to see that agencies such as Northern Health's Office of Health and Resource Development has turned their attention to producing

knowledge translation materials that are designed for the needs of specific communities (Northern Health Office of Health and Resource Development, 2018).

Women living in rural and remote communities have long been characterized as "hardy" and "resourceful", often in comparison to their southern counterparts (Leipert et al., 2005; Young, 1980). Participants in this research project echoed such sentiments by defining local women as "strong" and "resilient", and the ones holding the community together during challenging times. While initially this can be seen as a testament to northern women and is indeed something such women should take pride in, it has also become a justification for continued health inequities. Past research has found that women in remote northern communities develop creative solutions to maintain their health and well-being (LeBreton, 2005), not because they want to but because they *have* to. While resiliency and innovation are indeed positive attributes, women in remote northern communities should not automatically be excepted to display such attributes when they want access to things such as healthcare and education.

Rather than seeing the place in which rural women live as simply a "container" (p. 281) for their experience, Little and Panelli (2003) explain that research on geography and gender must recognize "the rural" as an active participant in the perception of identity and place. It was clear that women in the community of Fort Nelson are proud of the local and traditional knowledges and cultures in the area. Participants voiced a desire to revitalize cultural practices as a way of maintaining and promoting their health. Many women advocated for a focus on tourism in order to decrease the community's reliance on resource extraction and development. This links well with current research on environmental violence and how traditional cultural practices are crucial aspects of mediating negative impacts caused by resource extraction (Women's Earth Alliance & Native Youth Sexual Health

Network, 2016). Viewing ecological determinants of health (earth, air, water, etc.) as potential sources of health and well-being as opposed to potential sources of contamination and disease (Parkes, 2016) can influence the ways in which people engage with their environment.

6.2.3 Local women's insights into processes of change

Women that participated in this research identified leadership, communication, and collaboration as factors that strongly influence their health and well-being. As mentioned in Chapter 5, these factors came up mostly during the Destiny and Design stage of the Appreciative Inquiry Cycle (see Figure 5) when participants were asked what actions were needed to improve their health and well-being. In this way leadership, communication, and collaboration can be seen as potential processes of change. Similar to findings regarding equitable access, women felt that strong leadership and effective communication are not only preferable, but their right as members of the community. Democratizing the research process by making opportunities for involvement more accessible to those in communities can help to design more equitable and effective interventions that improve health and well-being (Buse et al., 2018; Oestreicher et al., 2018).

Sharing insights from her research in New Zealand, Parkes (2015) advocates for the participation of a diverse range of stakeholders in order to provide a deeper understanding of health, ecosystem, and equity issues. The community-university partnership developed in this participatory action research process "built capacity for improved coordination, future partnerships, and multiple axes of integration, without compromising local communities' sense of autonomy" (Parkes, 2015, p. 191). The *Mobilizing Strength* research project presented in Chapter 2 is a great example of such a partnership (LeBreton, 2005). By

focusing on and building capacity within local young women, not just as a positive implication but as a main goal, research projects can lead to sustainable and effective outcomes that improve the health and well-being of communities.

As mentioned in Chapter 3, the Northern Rockies Regional Community Health Plan finalized in March 2018 is an expression of multi-stakeholder engagement and collaboration occurring in the community. This is the first time that the municipality, Northern Health, and Fort Nelson First Nation have committed to working together to address the health and well-being of the community. Continued opportunities for the consultation and involvement of residents is currently underway.

The creation of Women North Network (WNN) in 2000 was a response to bridging the geographical divide that separates women in remote northern communities. Findings from this research project shows that distance exists not only between communities but within them as well. Participants in this research noted divisions existed among women of different ethnicities, income brackets, and social standing. Literature points to the roles that resource extraction and development can play in this fragmentation (Women's Earth Alliance & Native Youth Sexual Health Network, 2016). Differences of opinion on the need for and the impacts of resource extraction can cause tensions within a small community, with residents often occupying several different roles, making advocating for or against resource development extremely complex. Participants in my project identified the need for local women to connect and share mutual experiences as a way to confront these tensions.

Resource extraction and development has been identified as an expression of colonialism, racism and patriarchy (Women's Earth Alliance & Native Youth Sexual Health

Network, 2016). While participants did not explicitly make this link, they did identify the acknowledgement and use of traditional and local knowledges and cultures as a mechanism to maintain and improve their health in the current context. This suggests that attending to local history and current ramifications of colonialism, racism and patriarchy can be a way to mediate the negative impacts of resource extraction and development.

In their book *The Reconciliation Manifesto: Recovering the Land, Rebuilding the Economy* (2017), Arthur Manuel and Grand Chief Ronald Derrickson use examples of resource extraction and development to illustrate how Canadian governments are attempting to reconcile with Indigenous Peoples without addressing the colonial structures that are central to the relationship. The authors contend that:

> Many Canadians want to see Reconciliation between the settlers and Indigenous peoples. But that cannot be forced. Reconciliation has to pass first through truth. And we still have not had enough of that from this government or from Canada as a whole. (Manuel & Derrickson, 2017, p. 56).

There were several references made to Reconciliation by research participants, with one participant suggesting that the "whole damn town" should read *The Truth and Reconciliation Commission Report* (Ind-3). Participants spoke of divisions in the community between Indigenous and non-Indigenous women and how these negatively impact the health of the whole community. The findings suggest that participants are experiencing impacts of colonization but do not clearly see the connections between resource extraction, colonialism, and Indigenous-settler relations. Drawing attention to this connection in a supportive, respectful, and inclusive way may help to begin a dialogue among community members on the lasting impacts of colonization.

The connections between resource extraction, colonialism, and Indigenous-settler relations is one example of the ways in which this research links what could be perceived as

separate issues. Reflecting on research question 2, “Which factors are most prominently identified by women as contributing to their health and well-being (Social, ecological, economic, etc.)”, I now see that this question was structured in a way that works against the integration of multiple knowledges, disciplines, and sectors to improve health and well-being. This question encourages the continuation of siloed approaches to addressing the health impacts of resource extraction and development. No one area of focus or category (social, ecological, economic, etc.) can solely solve challenges that communities such as Fort Nelson are facing. If I were to redesign the research questions I would focus more on the relationships and connections between such factors, rather than focus on prominence.

6.3 Methodological Insights

The following section discusses methodological insights gained through the research process. Section 6.3.1 answers the third research question of “What are the strengths and limitations of using an appreciative inquiry approach to research involving women’s perceptions of health and well-being?” Recruitment of participants and reflections on the research design are also discussed.

6.3.1 Strengths and limitations of using Appreciative Inquiry

The post group interview questionnaire asked participants to what extent they agreed with the statement, “Using the Appreciative Inquiry 4D cycle prompted useful discussion around women’s health and well-being”. Women that participated in individual interviews were asked if they could envision using the 4D cycle in their role as service providers. Individual participants expressed that while this was not an approach they were familiar with (strength/asset based), they could indeed see themselves using it in their respective practice.

Seventeen of the twenty-six women that completed the post group interview questionnaire stated that they strongly agreed with the above statement and nine stated that they agreed.

As a researcher I found the 4D cycle useful in designing both interview guides and the interview protocols. I did not ask individual interview participants the same questions included in the post group interview questionnaire. This was an oversight on my part, but on reflection I feel that I was able to get a good sense of how the individual interviews went due to the rapport built with the participants and the more intimate nature of an individual interview (see Section 4.4.2). In the future I would consider a way for all participants to share feedback on how they felt the data collection process went, by providing an online anonymous questionnaire for example.

In terms of limitations of using an Appreciative Inquiry approach, participants stated that they would have liked having a larger and more diverse group of women take part in the group interviews. Appreciative Inquiry is often used with large groups, whether in business, government, or healthcare. Larger and more diverse groups of women may have provided more diverse findings, but the larger groups may have also limited what participants were willing to share with each other.

6.3.2 Participant recruitment

Reflecting on participant recruitment, a more concerted effort to engage women not accessing services from one of the community organizations could have strengthened findings. Although it was emphasized that participating in the research would not impact access to current services, it cannot be guaranteed that participants did not feel pressure to tailor their responses in a way that they felt would ensure continued access. By recruiting a

group of participants not associated with an organization and holding an interview in a neutral space I may have been able to gather a more diverse range of experiences.

In discussing collaboration between researchers and gatekeepers, Wanat (2008) draws a distinction between the facilitation of access and the act of cooperation. Providing a researcher with access to participants can take many different forms, for example posting a bulletin advertising the research or providing in kind resources such as the use of facilities. The community partners of this thesis research were instrumental in helping me to recruit participants and provided both program time and space to hold the group interviews.

6.3.3 Limitations of research design

The experiences of women shared here and communicated in this research is not definitive of women in all remote, northern communities. With this in mind, findings presented in this thesis must be interpreted contextually and parallels to other communities made cautiously. However, by providing information on the study context and history of the community, aspects of the analysis, findings, and recommendations may be transferrable to other communities (Nowell et al., 2017).

My positionality as both a trainee researcher and a woman from the community inevitably influenced the research process and what women chose to share with me. While there were instances in which women expressed they were more willing to participate because I was leading the research, there were quite possibly women who did not participate for the same reason. In situations where the researcher is known to participants it can be beneficial to involve researchers that are not known in the community (Reid et al., 2017). Having another researcher involved in this project could have reduced this potential bias.

In addition to conducting the research presented in this thesis, I have also been employed throughout my Master's degree. This was necessary for financial reasons and resulted in less time dedicated to this research than would have been ideal. However, my employment has proven invaluable in providing me with additional knowledge and experience related to women's health and well-being in rural, remote and northern communities. Being involved as a research assistant on several projects related to the health impacts of resource extraction introduced me to several emerging pieces of literature. Similarly, being involved in several community-based organizations in a volunteer capacity has widened my perspective and experience of issues impacting women in northern BC.

6.5 Recommendations and Implications

There are several recommendations stemming from this research directed to service providers, those in leadership positions, and researchers. In terms of service providers, it is clear that increased collaboration is one mechanism to maintain and improve women's health. Participants spoke of overlapping mandates, conflicting programs times, and divisions among women as challenges in accessing services. The establishment of a group for service providers to meet and connect would be beneficial. An additional strong recommendation is the need for childcare in the community. Several participants discussed having childcare available in spaces that women are already utilizing, such as the local recreation centre and the community college. By investing in the quality and availability of childcare, more women would be able to access healthcare and education.

Following the group interviews, a staff member from one of the community organizations wrote me to tell me that several of the women who had participated in the group interview had asked to be on the organization's Board of Directors. This suggests that

the group interview experience may have motivated them to become more involved in the services and supports they access. In my newly acquired position of Implementation Lead for the community's Health Plan, my research findings have helped to further inform the priority areas. Relationships built during the research process may help to facilitate the opportunity for women to become involved in the Community Health Plan's implementation and evaluation.

In terms of recommendations for those in positions of leadership, this research indicates that that continual and effective communication between those in the community is key. Participants expressed that "no news is not good news", and they want to be informed of work going on behind the scenes that impacts their livelihoods and overall health and well-being. More informal and accessible ways for women to receive information could help women feel more connected to their community. Improvements in the ways that municipal and health related information is disseminated could include things such as considering varying literacy levels, having both print and electronic information widely available, and providing opportunities for those with children to attend events where information is presented.

In terms of future research, a more extensive exploration of the ways that gender, place and resource extraction and development impact women in rural, remote and northern communities is warranted. Given that this research was conducted by a trainee researcher, findings are both an expression of my learning and an interpretation the findings. More attention paid to the intersections of categories of women's ethnicity, income and age may reveal the ways that such diversity impacts health. Research projects that focus on building capacity within communities should be prioritized.

6.6 Conclusion

This thesis research found that the health and well-being of women in Fort Nelson, BC was impacted by several interconnecting factors, including equitable access, perceptions of people and place, and leadership, communication, and collaboration. Engaging with local women to conduct the research has been an incredible experience and increased my knowledge, skills, and experience as both a trainee researcher and a health practitioner. Findings suggest that more integrative approaches are needed to address the health impacts that exist at the intersection of gender, place, and resource extraction. Commitment to equitable and meaningful participation in research and local decision making can improve the health and well-being of women, their families, communities, and the land on which they live.

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APPENDICES

APPENDIX A: Letter of support from Fort Nelson Community Literacy Society

Fort Nelson Community Literacy Society
#17 Landmark Plaza, 4903-51st Ave W, Box 91, Fort Nelson, BC V0C 1R0
PHONE: 250-774-4415 FAX: 250-774-4416
EMAIL: coordinator@fncls.com WEBSITE: www.fncls.com

Seanah Roper
Fort Nelson Community Literacy Society
4903 51 Avenue W #17
Fort Nelson, BC V0C 1R0

November 16, 2016

Shayna Dolan
c/o Dr. Margot Parkes
University of Northern British Columbia
3333 University Way
Prince George, BC V2N 4Z9

To Whom It May Concern:

Re: Background to proposed Master's Thesis Research and Request for Support

The Fort Nelson Community Literacy Society (FNCLS) is pleased to support the proposed research of UNBC Master of Community Health Sciences student Shayna Dolan which is titled "Women's Perceptions of Health & Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities". Shayna and I began communicating about her proposed research in June of 2015.

FNCLS provides free services and programs to the Fort Nelson area. Some specific target demographics we serve include individuals with multiple life and literacy barriers, immigrants and newcomers to Canada and members of the Aboriginal population. Our core programs include Adult Literacy, Family Literacy and English as a Second Language and Settlement Assistance. We also hold term contracts to run an in-town Aboriginal Engagement Program, an Adult Education Program at Prophet River First Nation, a Youth Tutoring Program and a Public Legal Education Program. Working with many vulnerable women in the community, we acknowledge the importance of these research findings for our program delivery and community engagement. Women's Health plays a large role in literacy work, as the two are often interrelated.

FNCLS is committed to working with Shayna to recruit participants for a focus group and to hold a focus group on-site at our Learning Centre. This will be an in-kind contribution to the project.

Please don't hesitate to contact me if you have any questions and require any further information.

All the best,

Seanah Roper, Executive Director, FNCLS

APPENDIX B: Letter of support from Fort Nelson Aboriginal Friendship Society

Fort Nelson Aboriginal Friendship Society

Fort Nelson Aboriginal Friendship Society
5012- 49th Avenue
Fort Nelson, BC V0C 1R0

December 8, 2016

Shayna Dolan
c/o Dr. Margot Parkes
University of Northern British Columbia
3333 University Way
Prince George, BC V2N 4Z9

To Whom It May Concern:

Re: Background to proposed Master's Thesis Research and Request for Support

The Fort Nelson Aboriginal Friendship Society is pleased to support the proposed research of UNBC Master of Community Health Sciences student Shayna Dolan which is titled "Women's Perceptions of Health & Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities". Shayna has been in contact with the FNAFS regarding her proposed research since June of 2015.

I met with Shayna in early December of 2016 to discuss the prospect of my clients being informed of participating in the research project. In my role as the Stop the Violence Counsellor at the FNAFS I facilitate a once weekly Women of Wellness Group. I believe many women that attend this program at would be interested. We are dedicated to providing support, education, and advocacy for all women who experience violence in their lives, with the end goal of self-empowerment and holistic wellness. This focus aligns well with Shayna's research. The research findings may be used to help inform future programming and support our clients in their health and wellness goals.

I am committed to working with Shayna to recruit participants for a focus group and to hold a focus group on-site. This will be an in-kind contribution to the project.

Regards,

Shelly Heimbechner
STV Counsellor
250 774-2993 ext. 1004
stv.fnafs@northwestel.net

Linda Ashdown
Executive Director
250 774-2993 ext.
executivedirector.fnafs@northwestel.net

APPENDIX C: Letter of support from Northern Lights College

NORTHERN LIGHTS COLLEGE
B.C.'s Energy College™

NORTHERN LIGHTS COLLEGE
FORT NELSON CAMPUS
Box 860, 5201 – Simpson Trail Fort Nelson BC V0C 1R0
Telephone 250-774-2741 • Toll free 1-866-463-6652
Fax 250-774-2750
nlc.bc.ca

November 15, 2016

Shayna Dolan
c/o Dr. Margot Parkes
University of Northern British Columbia
3333 University Way
Prince George, BC V2N 4Z9

To Whom It May Concern:

Re: Background to proposed Master's Thesis Research and Request for Support

The Northern Lights College-Fort Nelson Campus is pleased to support the proposed research of UNBC Master of Community Health Sciences student Shayna Dolan which is titled "Women's Perceptions of Health & Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities". Shayna and I began communicating about her proposed research in September of 2015.

I am currently positioned as the Career and College Preparation Instructor at our Fort Nelson Campus. The majority of our students here are aboriginal, women, and parents in the community and areas surrounding Fort Nelson. Learning how to be physically and mentally healthy is an integral piece of our programming. I am a strong advocate for the purpose behind Shayna's research and the support it would provide for many of our students who are working extremely hard to overcome some incredible barriers in their educational journey. Shayna's findings may be of great use to the future in determining new avenues of programming for Adult Basic Education and how we can provide financial and educational support to our institution. I look forward to working with Shayna in the near future.

I am committed to working with Shayna to recruit participants for a focus group and to hold a focus group on-site. This will be an in-kind contribution to the project.

Kind Regards,

Addie Dawe
CCP Instructor
Northern Lights College
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250 774-2741
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Serving Northern British Columbia
Regional Administration, 11401 – 8th Street Dawson Creek, B.C. V1G 4G2

APPENDIX D: Letter of support from the Northern Rockies Aboriginal Women Society

NRAWS
5019-52nd Ave. West
Box 3190 Fort Nelson, B.C. V0C 1R0
Phone: 250-233-8920 Fax: 250-233-8921
Email: ed.nraws@northwestel.net

November 16, 2016

Shayna Dolan
c/o Dr. Margot Parkes
University of Northern British Columbia
3333 University Way
Prince George, BC V2N 4Z9

To Whom It May Concern:

Re: Background to proposed Master's Thesis Research and Request for Support

*The Northern Rockies Aboriginal Women Society (NRAWS)*is pleased to support the proposed research of UNBC Master of Community Health Sciences student Shayna Dolan which is titled "Women's Perceptions of Health & Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities". Shayna and I began communicating about her proposed research in February of 2016.

Northern Rockies Aboriginal Women Society provides key services for Aboriginal and Metis women and children within the Fort Nelson Area. We have established a strong partnership with the Elders from territory and have a committed Board of Directors whom provides leadership and guidance for the services provided.

We provide culturally appropriate and safe Aboriginal Early Childhood Development (AECD) supports and services that are based on our traditional values and beliefs. Therefore the grassroots research is vital because the focus will be input directly from women who are living in the rural parts of the Northern Rockies Regional area, as Aboriginal Women Org. we definitely need this research for findings which may be used for future programming and funding.

I am committed to working with Shayna to recruit participants for a focus group and to hold a focus group on-site. This will be an in-kind contribution to the project.

If you require more information please do not hesitate to call me at (250) 233-8920 or my cell at (250) 321-6767.

Mussi Cho,

Vina J. Behn
Executive Director

Sharing Traditions ~ Strengthening Families

APPENDIX E: Project Information Sheet for Group Participants

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Project Information Sheet for Group Participants

Women's Perceptions of Health and Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities

Researcher:
Shayna Dolan, B.T.R.
Community Health Sciences Graduate Program
University of Northern British Columbia
3333 University Way, Prince George, BC, V2N4Z9
778-886-0098 (cell) or dolans@unbc.ca

Supervisors:

Dr. Margot Parkes, MBChB, MAS, PhD
School of Health Sciences, Associate Professor,
University of Northern British Columbia
3333 University Way, Prince George, BC, V2N4Z9
250-960-6813 or margot.parkes@unbc.ca

Dawn Hemingway, BA, MSc, MSW
School of Social Work Chair, Associate Professor
University of Northern British Columbia
3333 University Way, Prince George, BC, V2N4Z9
250-960-5494 or Dawn.Hemingway@unbc.ca

What is this? What is the purpose of this research?
You are invited to participate in a master's research project that will explore women's perceptions of health and well-being in Fort Nelson. By talking about the things that help to make women healthy in the community we can help to keep and improve those things and explore other things that women still want and need. This research uses an approach called "Appreciative Inquiry". This approach focuses on the strengths, the "good" things happening on our community. After gathering this information, I plan to work with organizations in Fort Nelson that serve women to make programs and services even better.

What will the participant do?
As a participant, you will take part in a focus group that will last approximately 1.5 hours. During the focus group we will explore the factors that women see to be impacting their health and well-being. As a group, participants will be guided through an appreciative inquiry cycle that explores the strengths of the community, hopes and dreams for the future, and action that can be taken to keep and improve women's health and well-being. Before starting the focus group I will ask participants to fill out a short questionnaire asking their age, ethnicity and how long they have lived in Fort Nelson. Your name is **not** going to be written on the paper so it can be anonymous. After the focus group I will ask participants to fill out a short evaluation of how the focus group went. If you are interested in getting a written summary of the focus group you will be asked to leave your name and contact information. If you do not wish to leave contact information I can leave a copy of the summary at the service organization for you. This summary will be ready approximately 1 month after the focus group.

Are there potential benefits or risks to participating?

There are benefits to participating in this focus group. Your thoughts and ideas will contribute valuable information that can be used to shape local services and supports for women and their families. Women in northern rural communities often feel isolated. A focus group can be an opportunity to gain support from other women dealing with similar issues.
There are no direct risks from participating in a focus group for this research. If at any point you feel uncomfortable, upset, or want to stop please let me know and we can arrange for a break. If you want to leave

the focus group, you are absolutely able to do so. But, since there will be multiple women present at the focus group I cannot erase your contributions from the audio recording.
Information from the study will be shared with participants in a few different ways. You can receive a written summary like mentioned above. I will also be giving a presentation at the organization that you participated in the focus group at. I will also hold a meeting open to anyone interested to talk about the study and provide some recommendations.

Your participation in this focus group is entirely voluntary*

How will confidentiality be addressed?

The focus group will be digitally audio recorded and the researcher (Shayna Dolan) will take notes during the focus group. Names will not be included on my written version of the audio recording but since several women will be at the focus group I can't guarantee that your identity will be kept confidential. Before the start of the focus group we will talk about privacy and confidentiality and everyone will be asked to not use names or share any specific information outside of the focus group. All paper forms filled out by participants will be kept separately from the audio recordings for further security. All paper records will be directly transported from the data collection site to a locked filing cabinet until such time that they are physically transported to the University of Northern British Columbia by the researcher. Directly following each focus group, the audio recordings will be downloaded onto a computer with file encryptions. The recordings will then be erased from the recorders. Data will be backed up on a portable storage device using a file encryption program. Any information sent to project supervisors electronically will be done using end to end email encryption. All paper and electronic research data will be destroyed after 5 years. Study findings may be presented at conferences, meetings and published in journal articles and books. However, participant names and identifiers will not be used in any published or oral presentations of the research.

Questions?

If you have any questions or concerns surrounding this project, please contact myself, Shayna Dolan at 778-886-0098 (cell) or email dolans@unbc.ca. My supervisors can be reached using the contact information below:

- Dr. Margot Parkes 250-960-6813 or by email at margot.parkes@unbc.ca.
- Dawn Hemingway 250-960-5694 or by email at Dawn.Hemingway@unbc.ca

For any concerns or complaints, please contact the UNBC Research Ethics Board at 250.960.6735 or reb@unbc.ca.

THANK YOU FOR YOUR TIME

APPENDIX F: Project Information Sheet for Individual Participants

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Project Information Sheet for Individual Participants

Women's Perceptions of Health and Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities

Researcher:
Shayna Dolan, B.T.R.
Community Health Sciences Graduate Program
University of Northern British Columbia
3333 University Way, Prince George, BC, V2N4Z9
778-886-0098 (cell) or dolans@unbc.ca

Supervisors:

Dr. Margot Parkes, MBChB, MAS, PhD
School of Health Sciences, Associate Professor,
University of Northern British Columbia
3333 University Way, Prince George, BC, V2N4Z9
250-960-6813 or margot.parkes@unbc.ca

Dawn Hemingway, BA, MSc, MSW
School of Social Work Chair, Associate Professor
University of Northern British Columbia
3333 University Way, Prince George, BC, V2N4Z9
250-960-5494 or Dawn.Hemingway@unbc.ca

What is this? What is the purpose of this research?
You are invited to participate in a master's research project that will explore women's perceptions of health and well-being in Fort Nelson. By talking about the things that help to make women healthy in the community we can help to keep and improve those things and explore other things that women still want and need. This research uses an approach called "Appreciative Inquiry". This approach focuses on the strengths, the "good" things happening on our community. After gathering this information, I plan to work with organizations in Fort Nelson that serve women to make programs and services even better.

What will the participant do?
As a participant, you will take part in a 1:1 semi-structured interview that will last approximately 1 hour. During the interview we will talk about the factors that women perceive to impact their health and well-being. You will be guided through an appreciative inquiry cycle that explores the strengths of the community, hopes and dreams for the future, and action that can be taken to maintain and improve women's health and well-being. Following the interview participants will be asked a few questions about their experience of using the appreciative inquiry approach. The participant is free to skip any question they do not feel comfortable answering.

Are there potential benefits or risks to participating?
There are benefits to participating in this focus group. Your thoughts and ideas will contribute valuable information that can be used to shape local services and supports for women and their families. Women in northern rural communities often feel isolated. A focus group can be an opportunity to gain support from other women dealing with similar issues.
There are no direct risks from participating in a focus group for this research. If at any point you feel uncomfortable, upset, or want to stop please let me know and we can arrange for a break. If you want to end the interview at any time, you are absolutely able to do so. Following the interview, I will transcribe the audio recording and email a copy to you to review. At this point you are welcome to elaborate on, add to, or remove anything you wish.
Information from the study will be shared with participants in a few different ways. You will receive a transcript of the audio recording, as mentioned above. Presentations will be made to each of the participating

organizations and I will also hold a meeting open to anyone interested to talk about the study and provide some recommendations.

*****Your participation in this interview is entirely voluntary*****

How will confidentiality be addressed?

The interview will be digitally audio recorded and the researcher (Shayna Dolan) will take notes during the duration of the interview. Your name will not be included on my written version of the audio recording, but due to the small population of the community I can't guarantee that your identity will be kept confidential. All paper records will be directly transported from the data collection site to a locked filing cabinet until such time that they are physically transported to the University of Northern British Columbia by the researcher. Directly following each focus group, the audio recordings will be downloaded onto a computer with file encryptions. The recordings will then be erased from the recorders. Data will be backed up on a portable storage device using a file encryption program. Any information sent to project supervisors electronically will be done using end to end email encryption. All paper and electronic research data will be destroyed after 5 years. Study findings may be presented at conferences, meetings and published in journal articles and books. However, participant names and identifiers will not be used in any published or oral presentations of the research.

Questions?

If you have any questions or concerns surrounding this project, please do not hesitate to contact myself, Shayna Dolan at 778-886-0098 (cell) or email dolans@unbc.ca. My supervisors can be reached using the contact information below:
Dr. Margot Parkes 250-960-6813 or by email at margot.parkes@unbc.ca.
Dawn Hemingway 250-960-5694 or by email at Dawn.Hemingway@unbc.ca

For any concerns or complaints, please contact the UNBC Research Ethics Board at 250.960.6735 or reb@unbc.ca.

THANK YOU FOR YOUR TIME

APPENDIX G: Consent Form for Group Participants

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Consent Form for Group Participants

Women's Perceptions of Health and Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities

To be completed by the research participant:

	YES	NO
I have been given a copy of the attached Information Sheet		
I understand the reason and purpose for this project and what my role is as a participant		
I agree to my voice being recorded during the focus group		
I agree it is okay for Shayna Dolan to use the recorded information from the focus group, including direct quotations for her master's thesis. Study findings may be presented at conferences, meetings and published in journal articles and books. However, participant names and identifiers will not be used in any published or oral presentations of the research.		
I have been given the opportunity to ask question/express concerns with Shayna Dolan		
I know I may leave the focus group at any time.		
I understand there is little risk in me participating in this project, however there are chances of risk which are listed below:		
1. I understand that there is a chance I may feel uncomfortable or upset during the focus group, but that supports are available and I may leave the focus group at any time, however any data I have provided will not be removed from the data materials.		
2. I understand that participants will be asked to keep the names of participants and specific personal details private, but that in a group setting it is impossible to guarantee these details will not be shared outside of the focus group.		
3. I understand that Shayna Dolan will have to report to police if I threaten to hurt someone, including myself, or if I report child abuse.		
I agree to volunteer in this research		

I have been explained the details of Shayna Dolan's research as it pertains to my role as a volunteer participant and I believe I understand what is being asked of me.

_____

Volunteer participant signature and date

I have explained the nature of this research to the volunteer participant and believe they understand.

_____

Shayna Dolan and date

APPENDIX H: Consent Form for Individual Participants

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Consent Form for Individual Participants

Women's Perceptions of Health and Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities

To be completed by the research participant:

	YES	NO
I have been given a copy of the attached Information Sheet		
I understand the reason and purpose for this project and what my role is as a participant		
I agree to my voice being recorded during a one-on-one, semi structured interview		
I agree it is okay for Shayna Dolan to use the recorded information from the focus group, including direct quotations for her master's thesis. Study findings may be presented at conferences, meetings and published in journal articles and books. However, participant names and identifiers will not be used in any published or oral presentations of the research.		
I have been given the opportunity to ask question/express concerns with Shayna Dolan		
I know I may leave the interview or drop out of the project at any time.		
I understand there is little risk in me participating in this project, however there are chances of risk which are listed below:		
1. I understand that there is a chance I may feel uncomfortable or upset during the interview, but that supports are available and I may leave the interview at any time and I can choose whether the data I have provided will be used.		
2. I understand that my name will not be included on transcripts or final materials, however due to the small population of the community my anonymity cannot be guaranteed.		
3. I understand that Shayna Dolan will have to report to police if I threaten to hurt someone, including myself, or if I report child abuse.		
I agree to volunteer in this research		

I have been explained the details of Shayna Dolan's research as it pertains to my role as a volunteer participant and I believe I understand what is being asked of me.

_____
Volunteer participant signature and date

I have explained the nature of this research to the volunteer participant and believe they understand.

_____
Shayna Dolan and date

APPENDIX I: UNBC Research Ethic Board Approval letter (E2017.0103.001.00)

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Shayna Dolan
Cc: Dawn Hemingway
Margot Parkes

From: Henry Harder, Chair
Research Ethics Board

Date: January 15, 2019

Re: **E2017.0103.001.02**
Women's Perceptions of Health and Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities

Thank you for submitting a request for renewal to the Research Ethics Board (REB) regarding the above-noted proposal. Your request has been approved.

We are pleased to issue renewal approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Please note that protocols can only be renewed three times, after which a New Application will need to be submitted.

Also, any changes or amendments to the protocol or consent form must be approved by the REB.

Good luck with continuation of your research.

Sincerely,

Dr. Henry Harder
Chair, Research Ethics Board

3333 University Way, Prince George, BC, V2N 4Z9, Telephone (250) 960-6735

APPENDIX J: Recruitment Poster

Research Project on

Women's Health and Well-being

Participants Wanted

Seeking women aged 19 and older who are living in the community to volunteer as participants for a project called:

Women's Perceptions of Health and Well-being in a rural, remote, and resource-dependent community:

Strengths and Opportunities

Participants will take part in a focus group at this organization in order to share their experience of health and well-being while living in the community

Food and beverages will be provided

This project is being done by Shayna Dolan, a master's student in Community Health Sciences at UNBC in Prince George, BC

For more details about the project and to learn how you can join, talk to (***insert community organizer staff here***) or call Shayna at 778-886-0098 (cell)

APPENDIX K: Group Interview Guide

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Group Interview Guide

Women's Perceptions of Health and Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities

Set up:

I will arrive an hour prior to the start of the focus group to set up the room. Chairs will be set up in a u-shape I will have chart paper posted outlining the 4-D appreciative inquiry process. Food and beverages will be available. I will have the information letters and consent forms readily available.

Prior to starting focus group:

Participants will be asked to be seated and I will discuss the project, the information letter and provide an overview of the consent form. I will distribute the $10 IGA gift cards and voice my appreciation for their time. Participants will have the opportunity to voice any questions or concerns they have. 10 minutes will be given for participants to complete the consent form and return to me. I will notify participants that a list of community services and supports are included with the information letter and more copies are available.

Prior to beginning the focus group participants will be asked to fill out a short anonymous demographic questionnaire and return to me (see Appendix I). If participants would like to receive a summary of the focus group they will be given an opportunity to fill out their preferred contact information (see Appendix N). This summary will be drafted approximately 1 month after the focus group.

Introduction to focus group:

Participants will be reminded that the focus group will be audio recorded but that no names will be used in the transcription. I will also remind participants that they can leave at any time but that due to multiple participants being involved their contributions to the focus group cannot be erased. I will explain to participants that due to the group setting I cannot guarantee that information shared in the focus group will not be re-shared outside of the group. I will acknowledge that participants may wish to share themes and topics from the focus group with others but respectfully ask that they do not share names and specific details outside of the focus group. I will allow time for a circle of introductions.

I will provide a brief explanation of appreciative inquiry and the 4-D process. Participants will be given an opportunity to ask any questions they may have. Participants will be reminded that they are being audio recorded and asked to speak one at a time if possible so that their responses can be accurately captured.

Focus Group:

Participants will be directed to the overarching question of the research, which is:

What do women in a rural, remote, and resource-dependent community perceive as contributing to their health and well-being?

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Participants will be asked what their initial feelings and thoughts are about this question. Participant responses will be recorded on chart paper. There are certain times during which I may ask participants to "think, pair, share" during which they will engage in discussion with a partner and then share a summary of their discussion with the group. These partnered discussions will not be able to be recorded but the summaries will.

Each of the 4-D stages will be explained to participants as the focus group progresses, with the following questions used as entry points to explore the perceptions women have of health and well-being in the community:

1. **Discovery**
   This stage of the 4-D process aims to explore what participants feel is the "best of what is" and "what has been', resulting in descriptions of the community's positive aspects and collective strengths.

   Questions/prompts for discussion:

   - What do you consider to be some of the strengths of Fort Nelson?
   - What do you like about living here?
   - Share a story or memory about when you've seen the community at its best
   - What are some positive community supports or attributes that existed in the past?

2. **Dream**
   This stage of the 4-D process aims to explore participant's perceptions of "what might be", allowing participants to share their hopes and dreams for the community. Participants are encouraged to envision possibilities that may seem impossible.

   Questions/prompts for discussion:

   - What sort of things do you wish the community had?
   - If you were Mayor of Fort Nelson what services, events, opportunities for women would you put into place?

3. **Design**
   This stage of the 4-D process focuses on developing statements and pictures of "what should be", presenting clear visions of how the community can be when factors that contribute to women's health and well-being (including those named above) are present and sustainable.

   Questions/prompts for discussion:

   - What would health and supportive community for women and their families look like?
   - What are some specific details that make services and support for women in this community effective and useful?

4. **Destiny**

This stage of the 4-D process focuses specifically on individual and collective commitments shared during the previous phases. Plans for future activities are often made at this stage.

Questions/prompts for discussion:

- What would it take to bring to life the ideas shared here today?
- What would be the first steps?
- What is one thing that you would like to do to improve your own health and well-being while living in this community?
- What kind of partnerships or opportunities could be created to help improve women's health and well-being?

Post Focus Group

At the end of the 4-D cycle participants will be asked to share any additional thoughts, ideas, or refelctions. I will remind participants that a list of community services and support is included with their information letter and more are available. Participants will be reminded to not share names or personal details of participants outside of the focus group. I remind participants to provide me with their contact information if they would like a summary of the focus group (see Appendix N).

Participants will then be asked to complete a short evaluation of the focus group and the use of appreciative inquiry (see Appendix J).

APPENDIX L: Individual Interview Guide

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Individual Interview Guide

Women's Perceptions of Health and Well-being in a rural, remote, and resource-dependent community: Strengths and Opportunities

The participant will be given an opportunity to read the information letter and consent form. I will ask if they have any questions or concerns. I will remind the participant that the interview will be audio recorded and that they may take a break or stop at any time. If the participant chooses to end the interview early they will be given the choice of whether their data is used in the research. The participant will be reminded that I will provide them with a copy of the transcript and that they can clarify or expand on their responses if they wish. Participants will be provided with a $10 IGA gift card and snacks and beverages.

Introductory Interview Questions

1. What organization do you currently work for and what is your role?
2. How long have you held this position?
3. What is your age and ethnicity?
4. How long have you lived in Fort Nelson?
5. What do you perceive as contributing to local women's health and well-being?

I will provide a brief explanation of appreciative inquiry and the 4-D process. Participants will be given an opportunity to ask any questions they may have. Each of the 4-D stages will be explained to participants as the interview progresses, with the following questions used as entry points to explore the perceptions the interviewee has of health and well-being in the community:

Content Interview Questions

1. **Discovery**
   This stage of the 4-D process aims to explore what participants feel is the "best of what is" and "what has been", resulting in descriptions of the community's positive aspects and collective strengths.

   Questions/prompts for discussion:

   - What do you consider to be some of the strengths of Fort Nelson?
   - What do you like about living here?
   - Share a story or memory about when you've seen the community at its best
   - What are some positive community supports or attributes that existed in the past?

2. **Dream**
   This stage of the 4-D process aims to explore participant's perceptions of "what might be", allowing participants to share their hopes and dreams for the community. Participants are encouraged to envision possibilities that may seem impossible.

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Questions/prompts for discussion:

- What sort of things do you wish the community had?
- If you were Mayor of Fort Nelson what services, events, opportunities for women would you put into place?

3. **Design**

This stage of the 4-D process focuses on developing statements and pictures of "what should be", presenting clear visions of how the community can be when factors that contribute to women's health and well-being (including those named above) are present and sustainable.

Questions/prompts for discussion:

- What would health and supportive community for women and their families look like?
- What are some specific details that make services and support for women in this community effective and useful?

4. **Destiny**

This stage of the 4-D process focuses specifically on individual and collective commitments shared during the previous phases. Plans for future activities are often made at this stage.

Questions/prompts for discussion:

- What would it take to bring to life the ideas you've shared here today?
- What would be the first steps?
- What is one thing that you would like to do to improve your own health and well-being while living in this community?
- What kind of partnerships or opportunities could be created to help improve women's health and well-being?

Process/Evaluative Questions

1. Did you find using the appreciative inquiry 4-D cycle useful in exploring women's health and well-being?
2. Was there a specific stage of the 4-D cycle that you found particularly useful and/or thought provoking?
3. Was there anything you didn't like about using the 4-D cycle to discuss women's health and wellness?
4. Is this an approach that you would consider using in your own work?

Closing:

Is there anything we have not discussed that you would like to add?

APPENDIX M: Demographic Questionnaire

DO NOT PUT YOUR NAME OR ANY IDENTIFIYING MARKS ON THIS PAPER*

Focus Group #_____(ask Shayna)

Date:_____

Age _____

Ethnicity _____ (for example: Caucasian, First Nations, Filipino, South Asian, Chinese, etc.)

Years spent living in Fort Nelson _____

Please fold and return to Shayna

APPENDIX N: Post Group Interview Evaluation

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Post-Group Interview Evaluation

PLEASE DO NOT PUT YOUR NAME ON THIS PAPER*

Please tick your response to the following statements

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
1. The focus group was worthwhile and a good use of my time.					
2. The focus group was well facilitated and organized.					
3. I feel I was able to contribute to the conversations and discussions.					
4. Using the appreciative inquiry 4-D cycle prompted useful discussion around women's health and well-being					

5. The best part about participating in this focus group was….	6. Participating in this focus group would have been better if….

Anything else to add?

Thank you for taking the time to fill out this evaluation!

PLEASE RETURN THIS PAPER TO SHAYNA*