



November 18, 2011

Mr. Jim Stevens
Director, Mackenzie Valley Highway
Department of Transportation
Government of the Northwest Territories
Box 1320
Yellowknife, NT
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Dear Mr. Stevens

Please accept this document as a description of territory-wide programming conducted by the Government of the Northwest Territories (GNWT) Departments of Justice, Education Culture and Employment, Health and Social Services, NWT Housing Corporation, and NWT Bureau of Statistics. It is intended to assist the Inuvik to Tuktoyaktuk Highway Project Partners respond to the recent request from the Environmental Impact Review Board (EIRB) for additional information on this topic. Much of the information is supplementary to the Environmental Impact Statement (EIS) and Conformity Responses provided by the Project Partnership to the EIRB in May and August 2011.

As you are aware, several of these Departments assisted the Project Partnership by providing baseline information, where available, for the EIS as listed in the Project Terms of Reference (TOR) 9.2 and Appendix B). The NWT Bureau of Statistics subsequently contributed to the April 2011 draft Human Environment baseline chapter by providing detailed comments to the Partnership consultants. No attempt was made by social program departments to review the chapters pertaining to socio-economic effects assessment (TOR 10.2) or socio-economic effects monitoring (TOR 13.1).

During conformity discussions with the EIRB consultant advisors, it was clear that information on GNWT Departmental mandates would be useful to clarify or expand the statement "*The Developer has no plans to monitor the possible socio-economic and cultural effects of the project, as these are within the mandate of territorial, Inuvialuit and federal responsibilities and programs*" provided in the Developer's Response to Conformity Request #13. This overview provides clarification of the most significant programs and activities conducted by GNWT Departments. We also provide additional information on a collaborative socio-economic

monitoring activity led by the Inuvialuit Regional Corporation (IRC). However, we recommend that the EIRB seek additional information from other parties responsible for aspects of socio-economic programming or funding to supplement this submission.

Vision, Goals and Priorities of the Legislative Assembly

All GNWT Departments have departmental mandates assigned to them by the Legislative Assembly. Each new Legislative Assembly sets its vision, specific goals and priorities for its four-year term. Each Department then determines its programming requirements to attain the goals and priorities set out in the Government's strategic plan. Each Department develops and implements a departmental strategic plan and plan of action related to its mandate. A new Vision will soon be released by the 17th Legislative Assembly to guide the next four years of departmental planning.

Departmental Business Planning

As mentioned, the provision of public services is planned and organized through departmental business planning. As part of this approach, Departments undertake an environmental scan to determine specific pressures or issues, including resource development, that may require additional services or staff to address future impacts. In addition, Departments undertake strategic planning to develop approaches to make the most effective use of the financial resources of the GNWT. While Departmental strategic plan horizons vary in length of time, each Department develops an annual Business Plan which is reviewed and included in annual budget submissions or Main Estimates to be approved by the Legislative Assembly. Most Departments and Authorities collect data for the purpose of "monitoring" their programs for effectiveness and to identify resource requirements or new activities. Some of these statistics are required under coordinated national monitoring (for example, ensuring GNWT accountability under the Canada Health Act). This allows GNWT Departments to modify or change program activities over time in response to impacts or other changes. Some data collected also allows federal departments to modify or change their programs and activities.

The following section briefly highlights key social programming carried out across the NWT.

Department of Justice

The GNWT has overarching responsibility for the administration of justice and public safety. This mandate includes many services such as policing, courts, corrections, and community justice. It is carried out in a manner that respects community and Aboriginal values and encourages communities to assume increasing responsibilities.

To aid in the administration of justice, the GNWT has a '*Territorial Police Service Agreement*' with the Public Safety Canada. Under this agreement, the Royal Canadian Mounted Police (RCMP) provides a full spectrum of law enforcement and community policing services which

must meet, or often exceed, the safety needs and expectations of the people in the NWT. The RCMP enforces territorial and federal laws; assists with unexpected major events such as multiple fatality incidents or natural disasters; and, provides protection for visiting dignitaries.

For the purposes of the NWT Policing Agreement, the Commanding Officer of the RCMP in the NWT implements objectives, priorities and goals as determined by the federal Minister of Justice to reflect territorial priorities, including the deployment of the territorial Police Service personnel and equipment. Key public safety areas include: drug, alcohol and substance abuse and trafficking; family violence; and, safe travel on and off roads.

The Governments, in collaboration with the RCMP, have the authority to enforce measures under the *Northwest Territories Liquor Act* and the *Criminal Code of Canada*. The RCMP work in concert with certain GNWT departments, typically the Departments of Health and Social Services and Education, Culture and Employment, in the areas of alcohol and drug education. This includes the NWT Drug Strategy Program and the Drug and Alcohol Resistance Education Program (D.A.R.E.) which are active in most NWT communities. The D.A.R.E. program is designed to equip school children with the skills to recognize and resist social pressures to experiment with tobacco, alcohol, and other drugs. The program uses uniformed officers to teach a formal curriculum to students in a classroom setting.

The RCMP also enforces federal, territorial and municipal statutes relating to motor vehicles. Although every regular member of the RCMP is trained in traffic enforcement and investigations, the RCMP also has a NWT Traffic Services Unit dedicated to traffic education and enforcement. Local RCMP Detachments and the Department of Transportation communicate on highway safety and enforcement of the *Motor Vehicles Act* and *Public Highways Act*.

Department of Education Culture and Employment

The mandate of the Department of Education, Culture and Employment is to provide residents of the NWT with access to quality programs, services and support to assist them in making informed and productive choices for themselves and their families with regard to education, training, careers, employment and labour, child development, languages, culture and heritage. The Department is also responsible for assisting individuals to meet their basic financial needs. The "*Building on Our Success – Strategic Plan 2005 – 2015*" and companion Progress Report (as of March 31, 2009) provide a very detailed review of the Department's responsibilities. The following material covers some key highlights.

The Department develops programs for cultural, heritage and language education, early childhood through to post-secondary education, and career development. Divisional Education Councils, including the Beaufort-Delta Council, are responsible for the operation and administration of schools within their division, implementing curriculum, managing personnel, enrolling students and initiating proposals for new construction or other major capital expenditures.

Aurora College has a campus in Inuvik and offers college-level education and upgrading services, Aboriginal language and Cultural Instructor programs, and the Teacher Education Program Diploma and Adult Literacy and Basic Education (ABLE). In addition, the College also delivers other certificate, diploma and degree programs, and supports literacy outreach through the Caribou Literacy Outreach Centre in Inuvik. The College supports the delivery of ALBE and literacy through Community Learning Centres in Tuktoyaktuk and other communities in the ISR. The EIS discusses these institutions in more detail.

The Department provides a variety of career, employment and labour programs and services intended to ensure NWT residents have the skills, knowledge and opportunities to participate fully in the Northern economy. The Department works closely with industry, labour organizations and Aurora College in the areas of apprenticeship training, trades, and occupational certification, and offers programs such as Schools North Apprenticeship Program (SNAP) and Apprenticeship Training-on-the-Job. . The Department also works in partnership with other GNWT Departments, Aboriginal organizations, the federal government, private sector trainers and employers to encourage the development of a Northern workforce. As an example, the Government of Canada has entered into bilateral Labour Market Agreements (LMAs) with provinces and territories in order to increase labour market participation and enhance the employability and skills across groups that are under-represented in the labour force.

The Department has a number of programs that apply to low income persons across the territory. The basic level of benefits provides assistance for food, shelter, fuel and utilities. The enhanced level of benefits provides assistance with clothing, disabled/aged, education, furnishings, security deposits, emergency, and day care subsidies. All benefits have eligibility criteria. The social assistance program is intended as a last resort and provides assistance after recipients have exhausted most other resources such as pension income, employment income and cash on hand.

The current income security programs include:

- Student Financial Assistance (SFA) program - provides financial assistance to eligible WNT residents to help with post-secondary education-related expenses.
- Child Care User Subsidy - provides financial assistance to help parents pay for child care costs while they work or go to school.
- Income Assistance - provides a set amount for food, shelter, and utilities, and enhanced needs such as incidentals, clothing, allowances for seniors and persons with disabilities, furniture, and educational assistance, depending on household income, size of family community of residence, and the individual's ability to provide his/her own financial resources.

- NWT Child Benefit/ Territorial Workers Supplement - provides low-income families with monthly cash payments under the NWT Child Benefit (NWTCB) program to assist with the costs of raising children. This also includes a benefit called the Territorial Workers Supplement (TWS).
- NWT Senior Citizen Supplementary Benefit - provides financial assistance to help NWT Seniors to pay for living costs.
- Senior Home Heating Subsidy -provides financial assistance to seniors 60 and older to help them offset the cost of heating their homes during the winter.

These programs, including housing, utilities and food, are intended to assist low income persons regardless of local or regional inflation changes. These programs are based on income and some have a process to adjust the income support factor in response to annual inflation.

NWT Housing Corporation

The Northwest Territories Housing Corporation's (NWTHC) mandate is to provide affordable housing to those in core need. The NWTHC works in partnership with communities and aboriginal organizations throughout the NWT. The NWTHC delivers programs and services through local housing organizations. The goals of the partnership approach are to: assist communities to assume a greater role in providing housing for their residents; identify need; and, stimulate development in communities. The NWTHC maintains 5 district offices, including one located in Inuvik, to support the work of its community-based partners.

The NWTHC conducts its business planning on an annual basis. This exercise includes a capital planning component (i.e. construction/repair). In addition to the annual business plan, the NWTHC also prepares a three-year capital plan and a longer range 10 year capital plan. This allows the NWTHC to monitor community demand and to plan its construction and repair activities. By planning in advance for construction in subsequent construction years, the NWTHC hopes to minimize the impact from inflationary forces that may result from increased economic activity.

The challenge for the GNWT, along with its community partners, is to adapt to changes in individual needs by promoting the availability of adequate, suitable and affordable housing for residents of the NWT. The NWTHC addresses this challenge through a number of programs and initiatives. Programs and initiatives pertinent to low income persons include:

- Public Housing Program provides subsidized rental housing to individuals, families and senior citizens in need based on their household income. This program is available to residents of the NWT who are unable to find adequate or suitable housing without spending more than 30% of their gross household income on housing, therefore providing a measure of protection for community residents seeking subsidized rental units. Public housing programs are subject to availability and residency requirements.

- Providing Assistance for Territorial Homeownership (PATH) allows clients the opportunity to become homeowners by assisting in the construction or purchase of a modest home. Assistance is provided in the form of a forgivable loan. Clients obtain additional funding from an approved financial institution or other verifiable sources. Contributing Assistance for Repairs and Enhancements (CARE) assists existing homeowners in making necessary repairs to their home to ensure a safe and healthy residence and to increase the useful economic life of their home. Assistance is provided in the form of a forgivable loan to subsidize the cost of preventative maintenance checks, repairs and renovations for their existing home.
- Homeownership Entry Level Program (HELP) provides assistance to prospective first-time homebuyers. Clients who are not able to secure mortgage financing or are unsure of their responsibilities as homeowners are provided the opportunity of experiencing homeownership commitments before purchasing a home. Assistance is provided through a lease on a NWT HC home to the eligible applicant(s). The applicants pay 20% of their gross income toward the lease (rent) payment and shelter costs (power, water delivery, etc).
- Solutions to Educate People (STEP) provides education and counselling assistance consisting of four courses designed to prepare participants for the requirements of homeownership. STEP aims to increase homeownership applicants' financial skills, as well as their knowledge of the home purchase process and basic home maintenance repairs.

In partnership with Canada Mortgage and Housing Corporation (CMHC), the NWT HC also delivers the following programs.

- Homeowner Residential Rehabilitation Assistance Program (RRAP) provides financial assistance to low-income homeowners for mandatory repairs that will preserve the quality of affordable housing.
- Residential Rehabilitation Assistance Program – RRAP for Persons with Disabilities provides financial assistance to allow homeowners and landlords to pay for modifications to make their property more accessible to persons with disabilities.
- Home Adaptations for Seniors' Independence (HASI) provides financial assistance for minor home adaptations that will help low-income seniors to continue to perform daily activities in their home independently and safely.
- Emergency Repair Program (ERP) provides financial assistance to help low-income households in rural areas, for emergency repairs required for the continued safe occupancy of their home.

The NWT HC, the NWT Bureau of Statistics, Local Housing Organizations and communities collaborate to undertake and conduct periodic housing needs surveys. The NWT HC uses the results to monitor changes in housing conditions and needs, as well as to assist in the targeting of housing resources to communities. The survey findings provide communities with the information needed to make decisions on where funding should be directed to address specific housing problems and needs identified. The latest survey was conducted in 2008. Information

from the 2008 survey will enhance the NWT HC's ability to respond to specific community needs.

Department of Health and Social Services

The Department of Health and Social Services' (DHSS) mandate is to protect, promote and provide for the health and well being of the people of the NWT. The delivery of health and social services is accomplished through the collaborative efforts of the DHSS and eight regional health and social service authorities including the Beaufort – Delta HSS Authority. The Department is primarily responsible for legislation, policy, standards, funding and strategic planning across the Territory while the Authorities plan, manage and deliver programs and services in the regions and communities. Some services are provided by non-government organizations through contribution agreements with the Department and/or the Authorities.

The health and social services system has the following goals and priorities:

Goals:

- Wellness - Communities, families and individuals make health choices; children are raised in safe environments and are protected from injury and disease.
- Access - The right service at the right time by the right provider
- Sustainability - Living within our means
- Accountability - Reporting to the public and Legislative Assembly

Priorities:

- Enhance services for children and families
- Improve the health status of the population
- Deliver core community health and social services through innovative service delivery
- Ensure one territorial integrated system with local delivery
- Ensure patient/client safety and system quality
- Outcomes of health and social services are measured, assessed and publicly reported

These are achieved through the implementation of the Integrated Service Delivery Model (ISDM) for the NWT Health and Social Services System. The Department and Authorities developed the ISDM as their framework for the future delivery of health care services in the NWT. The ISDM is a team based, client-centered approach to providing health and social services that focuses on collaboration between caregivers to achieve quality health care service. Within the ISDM, there are three levels of care that may be accessed by all NWT residents. Appendix A provides details for the Inuvik and Tuktoyaktuk communities.

Primary Care is the level of care provided at the first point of contact with the health and social services system. Every community will have access to at least a basic team of primary health and social services care providers and to some diagnostic services. All communities will have access to clinical assessment and treatment, front line counseling, first aid, emergency care, after care, and monitoring of a plan of care. In very small communities, some of these services will have to be offered through visiting staff (a team of providers) with a system of referral/consultation for advanced assessment, care, and treatment.

Primary care is most often provided through a combination of primary community care teams and regional support teams. Primary community care teams operate at the community level and make referrals to regional support services, as required and according to established referral protocols. Regional support teams normally operate in those centres that function as the base for Authorities and may include intra-disciplinary and multi-disciplinary teams of professionals that provide on-site services, along with some itinerant services to the communities in the regions. These teams have some form of “surge” capacity to address extraordinary situations. Members of these teams also make appropriate referrals to territorial support services and to services available outside the NWT.

Secondary Care are the referred services located within hospital or other facilities in the NWT that respond to advanced and/or specialized needs. Secondary care services include internal medicine and surgery, alcohol and drug treatment (see also Addictions and Mental Health Services), psychiatry, pediatrics, obstetrics, and more advanced diagnostic services such as laboratory or more specialized radiology services.

Secondary care is most often provided by territorial support teams, comprised of professionals located in the larger communities who have a mandate to service the entire NWT. These teams can be multi-disciplinary or members of the same profession. These teams provide specialized on-site and itinerant support services to the regions and communities through appropriate referral protocols and also provide referrals to services available outside the NWT.

Tertiary Care are the more specialized diagnostic and treatment services that normally must be accessed outside the NWT, with some limited tertiary services being provided at Stanton Territorial Health Authority through visiting specialists.

Core Services

Within the ISDM model there are six core services, four of which are typically considered relevant for development activities in the NWT:

i) Mental Health and Addictions Services provide care and support to people who have a mental illness or addiction, and these services work to restore mental well being and help people to receive the care and support they need to live in optimal health.

ii) Promotion and Prevention Services help to improve health status and overall quality of life for persons in the NWT. Health promotion includes life skills, healthy choices, education and other factors that influence health and well being. Prevention efforts focus on human, environmental, social, cultural and other factors to prevent illness or injury.

iii) Protection Services help to protect communities and to take care of vulnerable people. Through regulatory oversight and enforcement of legislation such as the *Public Health Act*, these services manage and control public health issues such as safe food handling practices and the outbreak of diseases.

iv) Diagnostic and Curative Services are directed toward the assessment, diagnosis and treatment of illness, disability and disease. This is the public face of the health care system as seen in hospitals, health centres and clinics across the NWT.

Health and Social Service System Description

The health and social services system in the NWT operates on a budget of \$344 million, with a workforce of 1,296 active positions.

The two hospitals in the NWT are located in Yellowknife and Inuvik.

Stanton Territorial Hospital in Yellowknife had 80 beds and 30 ambulatory beds in operation in 2010/11. Stanton's 21 full-time specialists provide services in radiology, general surgery, anesthesiology, internal medicine, orthopedics, ophthalmology, ear, nose and throat, obstetrics and gynecology, and psychiatry. Other medical specialty services may be available on a visiting basis. Diagnostic services include radiography, fluoroscopy and ultrasound. CT scans may be available. Emergency and acute care services are provided by physicians, nurse practitioners and registered nurses. Stanton offers advanced life support and emergency surgical services, with an intensive care unit. Stanton also has inpatient beds for surgical, medical, maternity, pediatric and psychiatric patients.

Inuvik General Hospital has 51 beds in operation and provides emergency, acute care, pharmacy, operating room, long term care, rehabilitation, nutrition and laboratory services. Diagnostic services include basic radiography, fluoroscopy and ultrasound. Inuvik offers advanced life support.

Public health and environmental health programs in the NWT operate under the direction of the Chief Medical Health Officer, who is assisted by two Medical Health Officers, one located in Yellowknife and the other located in Inuvik (part-time). They are responsible for a wide range of health promotion and disease prevention activities, including the enforcement of the *Public Health Act* and the *Disease Registries Act*.

Public health programs include immunization, communicable disease prevention, contact tracing for sexually transmitted infections, maternal and infant health programs and school

health programs. These services are provided by registered nurses working in public health units located in Yellowknife, Inuvik, and other communities. Two communicable disease specialists also work in the Office of the Chief Medical Health Officer, located in Yellowknife.

Environmental health programs include dealing with issues around safe water, safe food, air quality, environmental contaminants, waste and sewage disposal, infectious disease outbreak control and emergency preparedness. There are seven environmental health officers located in Yellowknife (4), Hay River (1) and Inuvik (2).

Mental health and addiction services are provided in most communities, delivered either directly by the Health and Social Service Authorities or by way of contribution agreements with non-government organizations. Services include awareness and education programs, assessment and referral services, community-based counseling and aftercare services. There is one alcohol and drug treatment center in the NWT located on the Hay River Reserve. Withdrawal management programs are offered at Stanton Territorial Hospital, Inuvik General Hospital and at the Fort Smith Health Center on an inpatient basis. The Salvation Army in Yellowknife provides a social withdrawal inpatient unit. Alcohol and drug treatment services are also provided in southern settings, when the needs exceed NWT capacity.

Stanton Territorial Hospital has a psychiatric unit with a consulting psychiatrist, addiction specialist, psychiatric nurses and a psychologist. Placements on this unit are normally made on a voluntary basis. The *NWT Mental Health Act* provides for involuntary treatment in some circumstances but in such situations, placements are usually made in Alberta psychiatric hospitals.

Child and family protection services are provided by community social service workers and social workers under the authority of the *Family and Children's Services Act*. This Act provides for the apprehension and taking into care of child and youth who are at risk of neglect or abuse, and includes the provision of a range of voluntary services to children and their families. Children receiving services under this Act have access to foster homes, group homes and residential treatment centers, both in the NWT (Yellowknife and Fort Smith) and in Alberta.

Family violence shelters, providing a safe environment for women and children at risk of abuse, are located in Tuktoyaktuk, Inuvik, Yellowknife and Hay River.

NWT Bureau of Statistics

The NWT Bureau of Statistics (the Bureau) has overall responsibility for the GNWT's statistical program. To fulfill this role, the Bureau:

- develops, interprets and disseminates those economic, social and demographic statistics required by the government;
- implements statistical programs for territorial government purposes and provides statistical advice and assistance to departments, regional offices and central agencies;

- coordinates statistical activities within the government to minimize the duplication of statistical effort and to help ensure that the statistics used by the government are current, consistent and accurate; and,
- provides for the continuing and effective representation of territorial statistical interests within the national statistical system.

The EIS provides a significant representation of socio-economic data that is housed by the Bureau. This includes periodic survey data that is collected by the Bureau with other Departments and administrative data provided by other Departments. The Bureau also has access to many data sets collected by Statistics Canada. The data housed at the Bureau is often available at a Canadian or Territorial level, and in many cases, also available for individual NWT communities. Many of these data sources are used to produce baseline indicators for monitoring the socio-economic impacts of resource development projects.

Inuvialuit Regional Corporation – Indicators Project

The Inuvialuit Regional Corporation (IRC) has actively advanced its preparation for the potential impacts of expanded oil and gas activities in the ISR. In 2006, Canada passed the *Mackenzie Gas Project Impacts Act* which established a \$500 million mitigation commitment to mitigate the socio-economic effects of the Mackenzie Gas Project. As part of the pre-planning process, Canada provided funds to the IRC to develop a “*Mackenzie Gas Project Impact Fund Investment Plan*”. This plan recognized the importance of the development a set of indicators to measure impacts from resource development as a way of monitoring mitigation measures to determine the extent of impacts and to adapt those measures to ensure effectiveness.

The IRC has over the past four years developed a data base and website (<http://inuvialuitindicators.com>) to monitor social, cultural and economic conditions within ISR. The “Indicators Project” has received funding over this period through IRC’s internal resources, and contributions from Aboriginal Affairs and Northern Development Canada (AANDC) for the Beaufort Sea Strategic Regional Plan of Action (BSStRPA), Mackenzie Gas Project Impact Fund planning funds and, currently, the Beaufort Regional Environmental Assessment (BREA). The Department of Fisheries and Oceans (DFO) with the Social Cultural and Economic Working Group of the Beaufort Sea Integrated Ocean Management Plan has also contributed to the identification of indicators and data gathering and design.

The IRC has worked with the Bureau to populate the current website. The Bureau was contracted to prepare an inventory of administrative data including descriptions so that indicators and tabulations can be requested from this administration data to further build base line data. Table 1 provides the current indicators for the primary valued socio-economic components available on the website (<http://inuvialuitindicators.com>).

Table 1. Current Indicators for Socio-economics in the Inuvialuit Settlement Region.

Population	Education
<ul style="list-style-type: none"> • Birthrate Per 100 Persons • Population Mobility (1-Year) • Population Mobility (5-Year) • Teen Births • Total Births • Total Population 	<ul style="list-style-type: none"> • K-12 Enrollment • Population 15 Years Or Older With High School Or More • Population Aged 20-24 Years With High School Or More • Population Aged 20-29 Years With High School Or More
Culture	Labour Force
<ul style="list-style-type: none"> • Households Where Half Or More Of Meat And Fish Consumed Is Country Food • Population 15 Years Or Older Who Hunt And Fish • Population 15 Years Or Older Who Speak An Aboriginal Language • Population 15 Years Or Older Who Spent Time Trapping • Population 15-24 Years Who Speak An Aboriginal Language 	<ul style="list-style-type: none"> • Distribution Of Skill Types In Employed Population (2004) • Distribution Of Skill Types In Employed Population (2009) • Employment Rate • Number of persons employed in the service sector per 1,000 employed (excluding government) • Participation Rate • Population Working 26 Or More Weeks In Previous Year • Unemployment Rate
Wellbeing	Income
<ul style="list-style-type: none"> • Accidental Death Rate Per 1,000 Persons • Alcohol Sales By Outlet Location In Thousand Litres • Charges For Violent And Property Crimes (Adults) • Children Receiving Services • Hospitalizations Due To Injury • Hospitalizations Due To Injury And Poisonings • Live Births With High Birth Weight (More Than 4.5 kg) • Live Births With Low Birth Weight (Less Than 2.5 kg) • Number Of Cases Of Sexually Transmitted Infections • Number Of Injury Deaths Excluding Homicides And Suicides • Number Of Premature Deaths (Deaths Before The Age Of 50) • Nurse-Diagnosed Injuries And Poisonings • Other Crimes Rate Per 1,000 Persons • Physician-Diagnosed Injuries And Poisonings • Potential Years Of Life Lost per 1,000 Persons (3 Year Average) 	<ul style="list-style-type: none"> • Average Employment Income • Average Family Income • Average Monthly Income Support Beneficiaries • Average Monthly Income Support Cases • Average Personal Income • Families Earning Less Than \$30,000 • Families Earning Less Than \$75,000 • Median Family Income • Number Of Taxfilers • Number Of Taxfilers Reporting Employment Income • NWT Community Price Index (Yellowknife = 100) • Taxfilers Earning More Than \$50,000

<ul style="list-style-type: none"> ● Property Crime Rates Per 1,000 Persons ● Violent Crime Rate Per 1,000 Persons ● Youths Charged Per 1,000 (Aged 12 To 17) 	
<p style="text-align: center;">Government</p> <ul style="list-style-type: none"> ● Correctional Facilities Expenditures Per Capita ● Early Childhood Services Expenditures Per Capita ● Health Services Expenditures Per Capita ● Physicians Billings Expenditures Per Capita ● Police Services Expenditures Per Capita ● Post Secondary Student Services Expenditures Per Capita ● Public Housing Contribution Expenditures Per Capita ● Schools Expenditures Per Capita ● Service Provided By Hospitals Outside NWT Expenditures Per Capita ● Social Assistance Expenditures Per Capita ● Supplementary Health Benefits Expenditures Per Capita 	<p style="text-align: center;">Housing</p> <ul style="list-style-type: none"> ● Percentage Of Households In Core Need ● Percentage Of Households In Need Of Major Repairs ● Percentage Of Households Living In Public Housing ● Percentage Of Households Owned ● Percentage Of Households With Adequacy Problem ● Percentage Of Households With Affordability Problem ● Percentage Of Households With Six Or More Persons ● Percentage Of Households With Suitability Problem

Concluding Remarks

On October 22, 2010, the GNWT filed a table with the EIRB which briefly described the availability socio-economic data as part of its review of the draft EIS TOR. The accompanying letter also flagged some concerns regarding the socio-economic requirements of the draft TOR. The intent at the time was to encourage the EIRB to scope the project EIS to be relevant to the type of project, the availability of information, and the limited mandate of the Proponent Partnership developer regarding socio-economic monitoring and follow-up. Some recommendations were not applied by the EIRB [e.g., the recommendation to remove the last bullet in 13.4 requiring information on contractor and sub-contractor requirements for promoting activities and programs related to community stability and wellness].

In retrospect, it is unfortunate that the Final TOR did not clearly separate the linkage between the baseline and socio-economic effects analysis (that is the responsibility of a developer) from the socio-economic follow-up and monitoring which is largely already underway as part of the normal social programming of governments and other parties. In most jurisdictions, including the example of a comparable road in northern Saskatchewan currently undergoing a coordinated Comprehensive Study under the *Canadian Environmental Assessment Act* and a provincial environmental assessment¹, the ongoing responsibilities of governments are

¹ Provided by the Project Partnership as part of its comments on the draft TOR.

accepted as a matter of course and the EA requirements of a developer are limited to matters under their control.

In summary, the GNWT social program Departments and related Authorities and agencies carry out a substantial array of programs that support many of the areas raised in the TOR including infrastructure, education training, social services, policing services, health services, and social assistance. As part of its standard business evaluation and planning, these Departments and Authorities monitor a large number of indicators to ensure appropriate program implementation across the NWT. This monitoring, including periodic surveys, is designed to respond to the continuing changes occurring in NWT communities rather than in response to single project effect predictions. While the GNWT does not term the government's programs as a "project mitigation commitment" or its monitoring as a "project followup and monitoring commitment", it is clear the end result is similar to the TOR requirements for socio-economic monitoring and followup. Therefore, the GNWT does not recommend the Project Partnership be held responsible for socio-economic effects monitoring beyond the Developer commitments in the EIS.

The GNWT, as a registered party to the EA, expects to provide further clarification during the technical analysis phase of the project. In the meantime, we trust that this submission will assist the EIRB in its understanding of the roles and mandates of our key social programming departments.

Sincerely

A handwritten signature in blue ink that reads "Gavin More". The signature is written in a cursive style.

Gavin More
Manager
Environmental Assessment and Monitoring
Environment and Natural Resources

APPENDIX 'A'

HEALTH AND SOCIAL SERVICES PROGRAMMING IN TUKTOYAKTUK AND INUVIK

The Government of the Northwest Territories (GNWT) collaborates on numerous initiatives aimed at providing addiction prevention and sexual education programs to communities.

GNWT supports a variety of alcohol and drug prevention activities, supports community wellness activities, offers treatment programs and supports aftercare programs.

GNWT anticipates that its current programming will meet the needs of residents of the Northwest Territories (NWT) that request access to health and/or social services.

GNWT plans for the delivery of health and social services based on the provision of appropriate access to safe, quality patient focused care. It takes into consideration projected increases in demand related to emerging issues such as: an aging population, increased prevalence of chronic disease, changes in health status, as well as increases in economic development.

As the NWT health and social services system functions as an integrated territorial system, the development of a specific coordinated health care plan related solely to one project would not be in the best interests of the NWT population as a whole.

However, the Department of Health and Social Services (DHSS) monitors and evaluates the efficacy of our programs and tracks health and social indicators in the region.

The DHSS will continue to provide prevention programming aimed at reducing the impacts of mental health and addictions issues in all regions of the NWT.

Below is a listing of services offered in the affected region.

Health Centres	Community	Treatment Pattern	Community Services
Level B HSS Centre	Tuktoyaktuk	Stabilize, hold and transport	<ul style="list-style-type: none"> • Primary community care services are provided by a multidisciplinary team comprised of locally-based nurses, social workers, and counsellors, along with local community health, wellness and other support workers. • Visiting providers such as physicians, dentists, and therapists see patients on a regularly scheduled basis, and remote consultation and support is available via telehealth. • Services not provided at the local level are provided at the regional or territorial level with health centre staff or service partners facilitating the referral and transfer of individuals to higher levels of care and service as required.
Level D Regional Hospital	Inuvik Regional Hospital	Regional Referral Hub	<ul style="list-style-type: none"> • Advanced life support services provided 24/7 with on-call physicians • Acute care inpatient services • Multipurpose/ community support beds • Low complexity surgical services • Obstetrical care • On site rehabilitation team • General diagnostic and laboratory services • Long term care on-site and/or off-site

<p>PCC Primary Care Centre</p>	<p>Inuvik</p>	<p>Primary Care – first point of contact</p>	<p>Primary care services are delivered by a broad range of service providers, including physicians, nurse practitioners, nurses, counsellors, and more. Services include:</p> <ul style="list-style-type: none"> • Health promotion, including healthy lifestyle promotion, maternal health, reproductive and child care and community development • Health protection and preventative services, including screening, intervention disease control, prevention of injury, prevention of chronic diseases and addictions, hearing and vision, early intervention. • Acute, diagnostic and laboratory services • Continuing care, including palliative care and long-term care • Developmental rehabilitation and support services, including mental health and addictions
<p>Level 3/4 Long Term Care Centre</p>	<p>Inuvik Regional Hospital Long Term Care Unit</p>	<p>24-hour care for those who can no longer live independently</p>	<p>Long-term care homes are designed for people who require the availability of 24-hour nursing care and supervision within a secure setting. In general long-term care homes offer higher levels of support than assisted/supported living facilities.</p> <p>All long term care homes offer 24-hour supervision including services such as: meals, medical/clinical supplies and devices, medication</p>

			administration, and assistance with essential activities of daily living.
Social Service Facilities	Community Level (Tuktoyaktuk)	Basic care provided locally with access to regional and territorial services through referrals.	Prevention, awareness, and early intervention services are provided at the community level to the greatest extent possible, with a focus on addiction and mental health, child and family services, and family violence prevention. Aftercare programming and services are also offered, wherever possible, within communities.
	Regional Level (Inuvik)		Mental health counselling, prevention, promotion and addiction counselling services, assessment and referral to psychiatric and psychological services, crisis stabilization and group home services for those with a mental disability.
	Territorial Level		Residential treatment, tertiary care, and psychiatric services offered at the territorial level. In some situations, referrals outside of the NWT are required.

* DHSS is mandated to provide the services above. Services being offered in any community may change due to human resource restrictions, in which case health or social service providers will travel to the community on a scheduled basis, or clients will be referred to the regional or territorial level.