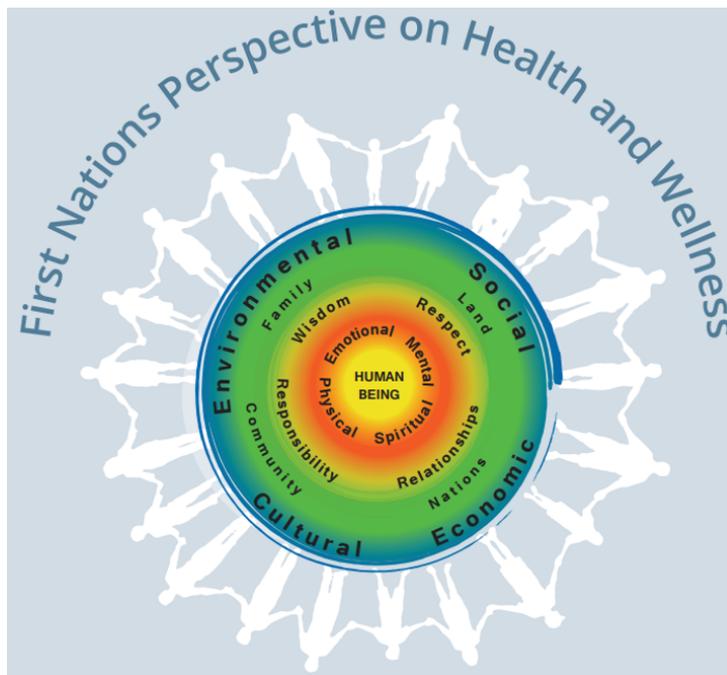


WEBEQUIE SUPPLY ROAD (WSR) PROJECT

HUMAN HEALTH STUDY PLAN SUMMARY

OBJECTIVES:

- Identify and consider the potential effects on the health of Indigenous communities (positive or negative) as a result of the Project
- Provide recommendations for minimizing negative environmental, health, social and economic effects related to health effects during the construction and operation/maintenance of the Project (to be developed through engagement with communities)



WHAT WILL BE ASSESSED AND HOW WILL THE ASSESSMENT BE DONE?

Listed below are the primary health factors that will be considered in the assessment.

- Mental Health and Well-being
- Social Well-being
- Health Behaviour
- Physical Well-being
- Recreational Activity
- Spiritual
- Community Well-being
- Health Care Services

The Health Impact Assessment will specifically focus on potential health effects to Webequie First Nation (WFN), who will be the most affected due to their proximity to the Project and can be considered to be representative of the greatest magnitude and extent of potential health effects. However, the assessment will consider how other communities may experience, and to what extent, either direct or indirect effects of the Project on their health and well-being. Where unique health effects are identified by other communities that differ from WFN, the Project Team will carry the issue/concern forward for consideration in the assessment.



WHAT INFORMATION IS NEEDED AND HOW WILL IT BE COLLECTED?

Baseline Data Collection to Understand Current Health Conditions

A baseline community health profile will be developed to understand the current overall health status of potentially affected communities and to identify health issues that communities are facing. The health profile will also provide a benchmark or starting point for assessing potential positive and negative health effects arising from the Project. The benchmark is used to compare and monitor any future changes to the health of communities that may be due to the Project.

The baseline information collected will focus on the health issues and concerns that are most important to communities in relation to the Project, as determined through community engagement.

WHAT INFORMATION IS NEEDED AND HOW WILL IT BE COLLECTED?

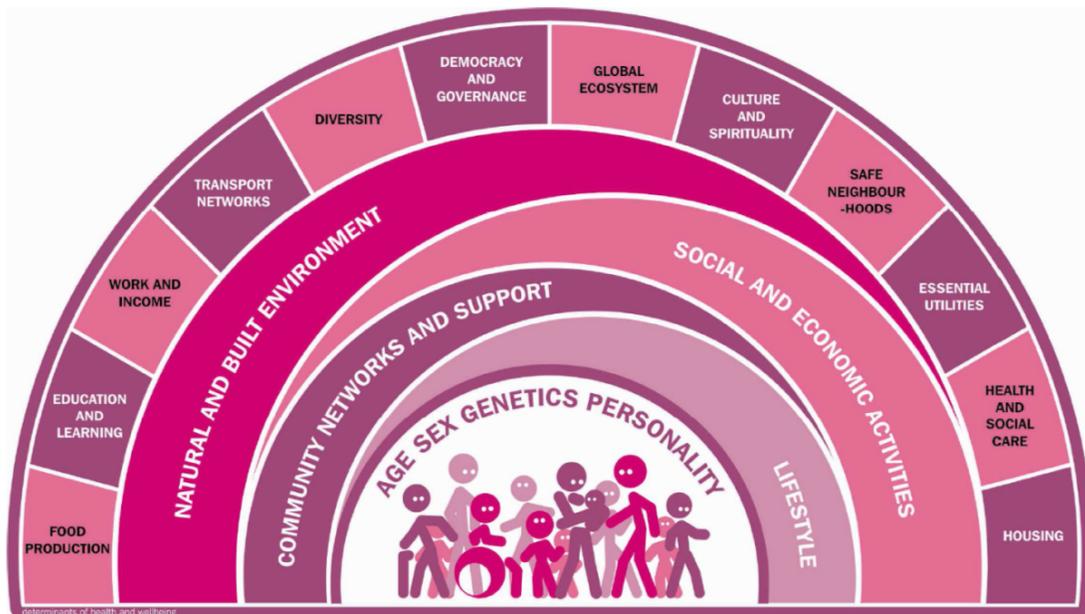
Colonial Legacy – Colonial policies and practices that have resulted in present day poor health status of Indigenous peoples, and which continue to have an ongoing effect on Indigenous peoples.

- Income – Average yearly income for individual and household
- Employment and Businesses – Employed, unemployed, seasonal, type of employment, types of business and procurement opportunities
- Education and Skills – Education levels achieved; education levels wanted; existing and desired skills
- Housing and Accommodations – Availability of housing; supply and quality of housing, cost and affordability
- Community Well-Being and Safety – Social cohesion and culture such as quantity and quality of social networks;/connections; safety with respect to traffic, domestic violence, sexual assault and physical assault; nuisance (air quality, noise levels)
- Social and infrastructure Services – Availability and access to community services such as education, childcare, water, waste; and road and air transportation



WHAT INFORMATION IS NEEDED AND HOW WILL IT BE COLLECTED?

The above information will be collected through the socio-economic study using methods such as surveys, focus groups, and key informant interviews.



Baseline information for the following environmental aspects will also be collected to help assess effects on health:

- Air Quality – background air quality
- Noise – background noise levels
- Vibration – vibration levels
- Surface Water and Groundwater – water quality and quantity
- Soil – soil quality
- Country Foods – types of country foods consumed, quality of country foods consumed, amount, when and how often they are consumed; and the benefits they provide

The above information will be collected through technical studies and will be used to complete the Health Impact Assessment, which includes a risk assessment. Country foods information will be collected using surveys and/or interviews. Tissue samples looking for metals and organics will also be collected from select wild game, waterfowl, fish and plants. The findings of the technical studies will be measured against industry standards and guidelines to determine acceptable levels.

Indigenous knowledge, land and resource use information, with permission from communities, will also be incorporated in the health assessment to understand connections across physical, mental, cultural, and social well-being, specific health areas of concern, and the exercise of Indigenous and Treaty Rights. The Project Team will ensure that the information is protected, kept confidential, and appropriately and respectfully integrated into the health assessment with the help of community knowledge holders and Elders.

WHAT ARE SOME OF THE POSSIBLE WAYS TO REDUCE POTENTIAL NEGATIVE EFFECTS OF THE PROJECT?

Mitigation measures or ways to avoid or limit possible effects to health due to the Project will be identified through engagement with communities. Depending on the effects, these measures will vary. As human health effects are also connected with other impact assessment study areas, mitigation measures for those study areas can be applied to the health assessment. Positive health benefits from the Project will also be identified and considered in the assessment, where applicable.

The health assessment may also recommend monitoring to re-assessing the health of communities during construction and operations of the Project to find out if the effects are as predicted and if the mitigation measures are working.

HUMAN HEALTH STUDY AREAS

Spatial boundaries define the geographic extent to consider potential project effects on human health. As such, these boundaries define the study areas for the effects assessment. The study areas to be used in the assessment will be refined and validated with input and feedback from Indigenous communities, as well as guidance from federal and provincial regulators, and other stakeholders.

To capture the potential direct and indirect effects of the Project for each valued component, general study areas have been established (i.e., Project Footprint, Local Study Area and Regional Study Area). It should be noted that, although there are other Indigenous communities identified in the Local Study Area, it is expected that based on the close proximity of the Project to the community of Webequie, that Webequie First Nation (WFN) will likely experience the bulk of the potential effects and can be considered representative of the greatest magnitude and extent of potential health effects from the Project. Additionally, communities in the Regional Study Area could be affected by the Project (e.g., change in demand for regional health services). Finally, changes to air quality and surface water quality in the project area may affect the health of individuals near the Project. The proposed study areas identified for the human health valued component are described below.

Project Footprint (PF) - The area of direct disturbance (i.e., the physical area required for Project construction and operation). The PF is defined as the 35 m right-of-way (ROW) width for the WSR and temporary or permanent areas needed to support the Project, including laydown/storage yards, construction camps, access roads and aggregate extraction sites.

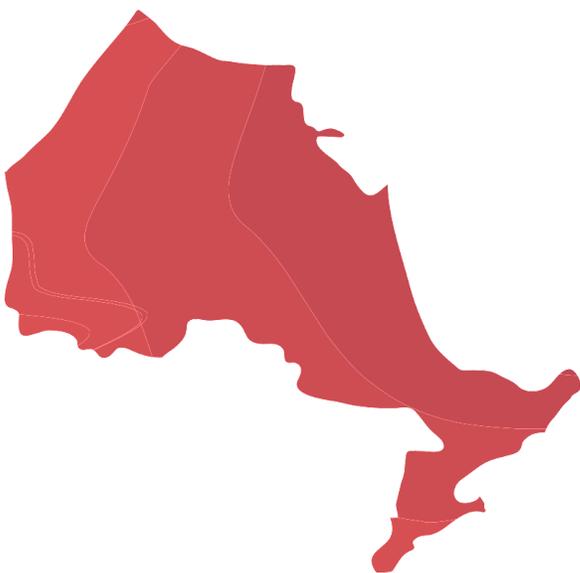
Local Study Area (LSA) - The area where largely direct, and indirect effects of the Project are likely to be measurable. The LSA for human health includes WFN, with consideration of how other communities as identified by WFN may experience, and to what extent, either direct or indirect effects on their health and well-being. These other communities include:

- Attawapiskat First Nation
- Eabametoong First Nation
- Kasabonika First Nation
- Marten Falls First Nation
- Neskantaga First Nation
- Nibinamik First Nation
- Weenusk (Peawanuck) First Nation

Regional Study Area (RSA) - The area where potential, largely indirect and cumulative effects of the Project in the broader, regional context may occur. The RSA for human health includes the 14 remaining First Nations as identified by the Crown (Canada/Ontario) for engagement and consultation, located within regional unorganized districts of Cochrane, Kenora and Thunder Bay, as well as the surrounding nearby townships and cities/municipalities (City of Thunder Bay, Municipality of Greenstone, Township of Pickle Lake, Municipality of Sioux Lookout). It is defined as the maximum boundary of the air quality, noise, and surface water Local Study Areas.

HUMAN HEALTH CRITERIA AND INDICATORS

To determine project effects to human health, evaluation criteria and indicators are developed that represent the resource, feature or issue where measurable changes can be identified. Criteria, also known as valued components, are elements or conditions of the natural and human environment that may be affected by the Project and are of concern or value to the public, Indigenous peoples, federal/provincial authorities and interested parties. Indicators represent a resource, feature, or issue related to the criteria that, if changed, may demonstrate an effect on the environment. The table below identifies indicators for the proposed human health valued components, which are also referred to as criteria (interchangeable term) based on the Ontario Environmental Assessment terminology.



Valued Component/Criteria

Indicators

Physical Health	Changes to physical health conditions
Mental Health	Changes to mental health conditions
Health Behaviours: Substance Abuse	Changes to smoking and/or vaping rates Changes to abuse of alcohol Changes to abuse of drugs
Health Behaviours: Exercise	Changes to level of physical activity
Health Behaviours: Recreational Activity	Changes to outdoor recreational activities (includes walking, boating, harvesting, skating, swimming, fishing, snowshoeing, fishing) <ul style="list-style-type: none"> • Changes to outdoor spaces • Changes to amount of time spent on recreational activities • Changes to types of outdoor recreational activities
Health Care Access and Quality	Changes in access to health care <ul style="list-style-type: none"> • Access to health care practitioner/doctor • Access to social, mental health and family services • Access to emergency services Changes in quality of health care provided
Dental Care Access	Changes in access to dental care
Diet & Country Foods	Changes in food security <ul style="list-style-type: none"> • Consumption • Availability • Access • Quality Enabling factors (time, health, harvesting equipment, environmental conditions, preservation and storage equipment)
Physical Environmental Factors Influencing Health	Changes to air quality Changes to noise levels Changes to surface water and ground quality, including drinking water Light pollution, including visual effects