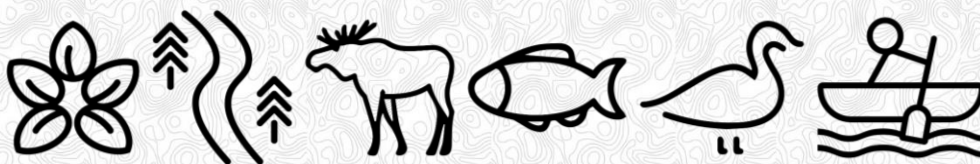




Human Health and Community Safety Work Plan

August 2022





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MARTEN FALLS FIRST NATION ALL SEASON COMMUNITY ACCESS ROAD

Human Health and Community Safety Work Plan

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Acronyms

| | |
|-----------------|---|
| Agency, the ... | Impact Assessment Agency of Canada |
| CAR | Community Access Road |
| EA | Environmental Assessment |
| IA | Impact Assessment |
| IAA | <i>Impact Assessment Act</i> |
| IS | Impact Statement |
| km | kilometre |
| LSA | Local Study Area |
| MECP | Ontario Ministry of the Environment, Conservation and Parks |
| MFFN | Marten Falls First Nation |
| PDA | Project Development Area |
| RSA | Regional Study Area |
| TISG | Tailored Impact Statement Guidelines |
| ToR | Terms of Reference |
| VC | Valued Component |

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1. Introduction

The Proponent of the Community Access Road (CAR or the Project) is Marten Falls First Nation (MFFN), a remote First Nation community in northern Ontario located at the junction of the Albany and Ogoki rivers, approximately 430 kilometres (km) from Thunder Bay, Ontario. The MFFN community is proposing an all-season CAR that will connect the MFFN community to Ontario's provincial highway network (Highway 643) to the south via the existing Painter Lake Road. MFFN, as the Proponent of the Project, has formed a MFFN CAR Project Team that includes MFFN CAR Community Member Advisors and MFFN CAR Project Consultants who act with input, guidance and direction from the MFFN Chief and Council.

This document outlines the work plan for Human Health and Community Safety to support a co-ordinated Impact Assessment (IA) required for Project review by the Impact Assessment Agency of Canada (the Agency) under the federal *Impact Assessment Act* (IAA) and an Environmental Assessment (EA) required for Project review by the Ontario Ministry of the Environment, Conservation and Parks (MECP) under the Ontario *Environmental Assessment Act*.

This Work Plan provides the methods and schedule for future field studies required to support a co-ordinated IA/EA as required by both the Agency's Tailored Impact Statement Guidelines for the Marten Falls Community Access Road Project (TISG) (the Agency, 2020) and comments received on the Terms of Reference (ToR) (AECOM, 2020).





2. Overview and Approach

The approach and the study areas for Human Health and Community Safety are defined in the Human Health and Community Safety Study Plan (MFFN CAR, 2021), which have been based on discussions held with both federal and provincial regulators.

2.1 Methodology

2.1.1 Primary and Secondary Data Collection and Gap Analysis

Primary and secondary data collection details that have not been included in Project study plans can be found in **Table 2-1**, which presents a preliminary gap analysis based on desktop secondary data collection organized by VC and respective indicators. **Table 2-1** also identifies primary data collection methods to address identified gaps in available secondary data. For further information on the primary data collection program, refer to the Human Health and Community Safety Study Plan.

With respect to the Human Health Risk Assessment (HHRA), primary data will mainly be utilized and assessed. This will include various outcomes of baseline characterization programs and the outcomes of other discipline's studies (i.e., air quality data, drinking water chemistry data, soil chemistry data, country food item chemistry data (if necessary and can be reasonably obtained), information on country food harvesting and consumption patterns (if necessary) and human activity patterns). Primary data will also be collected through engagement activities such as focus groups or key contact interviews with Indigenous Community members as part of data collection activities for other VCs (e.g., Socio-community).

We are not aware that secondary data of these types are available for the LSA or RSA. Thus, there are no secondary data to review or consider, with one exception. There is a report available from the First Nations Food, Nutrition and Environment Study (FNFNES), which provides data on various contaminant levels in country food items, as well as country food consumption rates and frequencies, along with various other types of information pertaining to community foods, nutrition and environmental conditions (Chan et al. 2014). While some LSA and RSA communities were included in the Chan et al. (2014) study, the reported data may not adequately represent specific country food harvesting and consumption patterns within all LSA and RSA communities.

Further to the FNFNES study, the IK collection programs may solicit information on country foods harvesting patterns and practices within the study area. It is noted that while an IK collection guide has been provided to the participating communities, the information that is actually provided will be at the discretion of





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each community. Following receipt and review of the obtained information/data, the quality and useability of the data will be determined, and data gaps and deficiencies will be identified.

The need for a project specific country food harvesting study is driven by the following:

- 1) The potential for project emissions to result in contamination of plants, fish and wildlife in the LSA, that may be harvested by Indigenous people.
- 2) The potential for a reduction in the abundance/populations of plants, fish and wildlife in the LSA that may be harvested by Indigenous people.

The potential for project emissions to result in the contamination of locally harvested foods will be determined through the HHRA problem formulation step.

The potential for a reduction in the abundance of the key harvested food items will be determined through the assessment results of other study disciplines/VCS. The species of interest will be based on the FNFNES study, the IK collection program, and input received through project engagement activities.

Should it be determined that there is a reasonable potential for the project to result in contamination of locally harvested country food items, and/or to change the abundance of harvested species, and data gaps and deficiencies related to country foods cannot be adequately filled by the Chan et al. (2014) FNFNES report, a country foods harvesting and consumption survey will be designed and implemented in the key study area communities (i.e., those included as part of the LSA). IK collection program outcomes as well as FNFNES program survey designs regarding country food harvesting patterns, would be used to help design the survey.

Further to the above, the need to collect chemical residue data for certain Project emissions in specific country food items will be determined upon completion of the HHRA problem formulation. The key outcomes of HHRA problem formulation will be the identification of human receptors, exposure pathways and chemicals that merit assessment in a full HHRA study. However, HHRA problem formulation depends on considerable data and outcomes from other IA studies and cannot be completed until a Project air emissions inventory is finalized, preliminary Air Quality (AQ) study outcomes are available, and baseline soil and drinking water chemistry data are available.

Should it be determined that there is a need to obtain country food item chemical residue data (which would only be necessary if it is determined that the project has a reasonable potential to contaminate country foods), a program will be designed and implemented which samples and analyzes country foods that have been collected by individuals from study area communities who are willing to participate in such a program (i.e., a community-based country food sampling and analytical program). If there are logistical challenges in implementing such a program, or if there are insufficient community participation rates, that result in limited community-specific country food chemistry data becoming available, it may be possible and/or necessary to





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utilize surrogate country food chemistry data that are reported in FNFNES studies (such as Chan et al. 2014) and/or the published scientific literature.

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Table 2-1: Human Health and Community Safety Gap Analysis

| Valued Component | Indicator | Measure of Change | Sources of Secondary Information (i.e., what published data, what year, what are the data sources) | Data Gaps Identification and Characterization (what information is missing, perhaps data are dated, incomplete, etc.) | Method to Address Existing Gap (i.e., key contacts, interview questions, survey, etc.) | Barriers/Challenges to addressing Data Gaps during Primary Data Collection (i.e., what challenges do we expect to encounter?) |
|------------------|--|---|--|---|--|---|
| Public Safety | Project-related Accidents and Road Use Accidents | <ul style="list-style-type: none"> Change will be measured against the potential for roadway related accidents as a result of the road project. This would include vehicles and pedestrians. Change would be measured against existing conditions with presence of the winter road only. | <ul style="list-style-type: none"> RSA <ul style="list-style-type: none"> Ministry of Transportation provides traffic volumes for major highway segments. Most recent data are from 2016. Ontario Road Safety Annual Report (2018) presents data related to number, type and location of collisions within Thunder Bay, Kenora, and Cochrane areas. Winter Ice Roads in Northern Ontario (2018) summarizes potential effects of warming climate on the viability of ice roads. LSA <ul style="list-style-type: none"> MFFN and AFN Community Profiles provide a high-level summary of emergency services in communities. Greenstone Community profile and website provide high-level information related to emergency services. | <ul style="list-style-type: none"> Local-level trends related to road use. Local-level information related to road accidents. Description of quality of emergency services in LSA communities and municipality. Community member opinions/comments on concerns related to road user safety | <ul style="list-style-type: none"> Focus Groups with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Discussion to focus on issues related to road use accidents and community safety. Key Contact Interviews: <ul style="list-style-type: none"> Greenstone – Director of Fire Services/Fire Chief, Adult Protective Services Worker, Director of Public Services, Ward-specific Public Works Emergency Contact. AFN Fire Department MFFN Fire Department. OPP Greenstone Detachment Nishnawbe Aski Police – Aroland and Marten Falls Detachments Key Questions: <ul style="list-style-type: none"> Do you think the emergency services are adequate, why or why not? Are there road-related accidents in and around your community? Can you describe these? What additional services would be required if the road is developed? | <ul style="list-style-type: none"> Availability of quantitative information at the local-level. Willingness of Aroland First Nation to participate in data collection activities. |
| | Violence and Harassment | <ul style="list-style-type: none"> An influx of project construction workers into the LSA could result in an increase in harassment to community members in the LSA communities, in particular on those considered to be more vulnerable including of women and girls. Once constructed, the project could also result in an increase in crime/violence rates in Marten Falls due to the improved connectivity with rest of the Province. Change will be measured against the extent to which the Project could lead to increase in violence and harassment to the LSA community members. Measures to be put in place such as the location of the construction camps will be considered. | <ul style="list-style-type: none"> RSA <ul style="list-style-type: none"> Incident-based crime rates, by detailed violations, for municipal and rural areas within the RSA available for up to 2020 from Statistics Canada. LSA <ul style="list-style-type: none"> Incident-based crime rates, by detailed violations, for the Municipality of Greenstone available for up to 2020 from Statistics Canada. | <ul style="list-style-type: none"> Local-level <ul style="list-style-type: none"> Information related to violence and harassment incidents in LSA communities/municipality. Community member opinions and comments regarding the potential for crime/violence rates to change with a road in place | <ul style="list-style-type: none"> Focus Groups/ with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Discussion to focus on community concerns related to violence and harassment during the project construction and operation periods. Key contact interviews: <ul style="list-style-type: none"> Matawa Community-Based Crisis Team Co-ordinator for MFFN and AFN. Municipality of Greenstone Adult Protective Services worker. OPP Greenstone Detachment Nishnawbe Aski Police – Aroland and Marten Falls Detachments Sample Questions: <ul style="list-style-type: none"> What type of violence and harassment related issues occur within your community? Can you elaborate on these issues? Who in the community is most affected by these issues? How do you think increased access would change crime in the local communities? | <ul style="list-style-type: none"> Willingness of community members to disclose and discuss sensitive information. Availability of quantitative information at the local-level. Statistics on crime rates Willingness of Aroland First Nation to participate in data collection activities. |





| Valued Component | Indicator | Measure of Change | Sources of Secondary Information (i.e., what published data, what year, what are the data sources) | Data Gaps Identification and Characterization (what information is missing, perhaps data are dated, incomplete, etc.) | Method to Address Existing Gap (i.e., key contacts, interview questions, survey, etc.) | Barriers/Challenges to addressing Data Gaps during Primary Data Collection (i.e., what challenges do we expect to encounter?) |
|------------------|--------------------------------|--|---|---|--|---|
| Public Health | Access to Health Services | <ul style="list-style-type: none"> The project could result in a change to access to health services in the LSA communities, particularly Marten Falls. With the road in place access to health services in southern communities should become more accessible for Marten Falls community members. As well, with the road in place, there is the potential for improvement of health services in Marten Falls with access for health workers and related supplies. Change will be measured against the extent to which the Project will change health service access to LSA communities, particularly Marten Falls as they are the only community that would result in new access from this project. | <ul style="list-style-type: none"> RSA <ul style="list-style-type: none"> Academic literature (e.g., Burnett et al., 2020) describes how northern Ontario communities, particularly Indigenous communities, face challenges disproportionate to urban areas in accessing health care services. Northern Policy Briefing Notes describe background and policy recommendations related to access to health care, culturally appropriate health services and mental health challenges in Northern Ontario. Websites (e.g., Northeast and Northwest Local Integration Health Networks, Thunder Bay) list services and regional health care providers available. LSA <ul style="list-style-type: none"> MFFN & AFN – High-level information related to health services and programs available on Northwest Healthline website. Municipality of Greenstone – List of health services available on website. Greenstone Community Profile (2016) lists health services available in the municipality. | <ul style="list-style-type: none"> Quality of health services available within the LSA. Existing barriers to the provision of and access to health services in the LSA. Local experiences and realities related to access to health services, particularly within MFFN and AFN. Community member expectations on how access to health services would change with a road in place. | <ul style="list-style-type: none"> Focus Groups with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Discussion to focus on access to health services and how that could change with a road in place including the understanding of potential barriers. Key contact interviews: <ul style="list-style-type: none"> Ontario Ministry of Indigenous Affairs MFFN – Councillor Grace Bottle is responsible for Health and Social. Anastasia Achneepineskum is the Community Health Representative. AFN – Margaret Mendowagon is the AFN Community Health Representative. MFFN – Muskeg Thunder Clinic staff discussions. Evelyn Baxter is the Health Director. AFN – Aroland Health Centre staff discussions. Greenstone - Thunder Bay District Health Unit – Greenstone Contact discussions. Sample questions: <ul style="list-style-type: none"> What are the key health related issues in the local communities? Do you think health services are adequate in the local area? Why or why not? What health services are available in your community? Where do you go for other services? Are these services used by community members? Are there any barriers that prevent access to these services? What future projects are planned to enhance these services? | <ul style="list-style-type: none"> Willingness of Aroland First Nation to participate in data collection activities. |
| | Social and Economic Structures | <ul style="list-style-type: none"> The development of the new road could result in changes to the social and economic structures of LSA communities (primarily Marten Falls). This could result from: an increase in community members going outside the community for employment opportunities and from community members being attracted to move back to Marten Falls. Changes to the social and economic structures could impact people's attachment and satisfaction with the area as a place to live. Impact to social and economic structures (negative and positive) will be measured against the anticipated or expected change to employment opportunities and changes in the social structure of the community. Also to be considered is the potential for change in Community Wellbeing that is to be assessed under the Socio-community discipline. GBA+ concepts to be applied in assessing changes to social and economic structures. | <ul style="list-style-type: none"> RSA <ul style="list-style-type: none"> Social Assessment Economic Assessment IK information provided by the Indigenous Communities Health in the North (2017) discusses health equity and social determinants of health in northwestern and northeastern Ontario. First Nations Mental Wellness Continuum Framework and Summary Report emphasizes Indigenous social determinants of health. LSA <ul style="list-style-type: none"> Social Assessment Economic Assessment Aboriginal and Treaty Rights and Interests Assessment | <ul style="list-style-type: none"> Detailed information for the communities in the LSA related to social and economic determinants of health. | <ul style="list-style-type: none"> Focus Groups with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Sample questions: <ul style="list-style-type: none"> In what ways would changes to income and/or employment opportunities influence community health? In what ways would changes to increased access to education influence community health? In your opinion, what are the most important factors to community health? | <ul style="list-style-type: none"> Willingness of Aroland First Nation to participate in data collection activities. |





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|------------------|--------------------------|--|---|--|--|--|
| | Mental Health/Well Being | <ul style="list-style-type: none"> The development of the road could result in changes to the mental health and well-being of community members. This could be affected by several considerations including: increase in access to external goods (e.g., food sources); community members feeling disconnected from the community; change in community dynamics (new community members or community members leaving); changes to the local physical environment; and increased contact with other communities including the south; and increased access to drugs and alcohol and potential for increased rates of substance abuse. Impacts to mental health and well-being (negative and positive) will be measured against the anticipated or expected change in: participation in community activities; participation in informal relationships with other community members/sharing; sense of place/belonging; presence of informal/formal support networks; and increase in demand for health and wellness services in the Study Area; satisfaction with place/community; potential for change in mental well-being including perceived changes in stress and concerns for future generations. Also noting that this indicator is also tied to the Socio-Community VC for Community Well-being. GBA+ concepts to be applied in assessing changes to mental health and well-being. | <ul style="list-style-type: none"> RSA <ul style="list-style-type: none"> Media releases depict mental health crises in RSA Indigenous communities. Academic articles related to Indigenous youth suicide in Northern Ontario. LSA <ul style="list-style-type: none"> Greenstone Community Profile (2016) lists health services available in the municipality. Marten Falls 2018 Community Wellness Study | <ul style="list-style-type: none"> Detailed information related to state of mental health and wellness in LSA communities and municipality. | <ul style="list-style-type: none"> Focus Groups with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Key contact interviews: <ul style="list-style-type: none"> Ila Beaver – Matawa Wellness Team Lead Facilitator MFFN – Muskeg Thunder Clinic staff discussions (e.g., Evelyn Baxter is the Health Director). AFN – Aroland Health Centre staff discussions Sample questions <ul style="list-style-type: none"> How would you describe mental health and wellness in your community? Can you describe any recent trends or changes you've noticed related to mental health in your community? | <ul style="list-style-type: none"> Willingness of community members to disclose and discuss sensitive information. Willingness of Aroland First Nation to participate in data collection activities. |
| Diet | Food Consumption | <ul style="list-style-type: none"> The project may result in changes to the access and consumption of food in LSA communities (Marten Falls). Change will be measured against the extent to which the Project impacts food sources (also see Country Food indicator further below). | <ul style="list-style-type: none"> RSA <ul style="list-style-type: none"> IK information provided by the Indigenous Communities First Nations Food, Nutrition, and Environment Study (FNFNES, 2014) provides information related to traditional food consumption at the aggregate level (i.e., results by ecozone, not specific Indigenous community). LSA <ul style="list-style-type: none"> Marten Falls 2018 Community Wellness Study Results from IK collection by LSA communities | <ul style="list-style-type: none"> Community-specific studies and information at the LSA-level. | <ul style="list-style-type: none"> Focus Groups with MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Key contact interviews: <ul style="list-style-type: none"> MFFN and AFN representatives. Sample questions: <ul style="list-style-type: none"> Can you describe the types and quality of food consumed in your community? To what extent do community members rely on traditional foods? Have you noticed any recent changes related to community members' diets? How would changes to access affect food consumption in your community? | <ul style="list-style-type: none"> Logistical Potential poor participation rates Willingness of Aroland First Nation to participate in data collection activities. |
| | Food Supply/Security | <ul style="list-style-type: none"> The project may result in changes to the supply of food in LSA communities (Marten Falls). Change will be measured against the extent to which the Project impacts the availability of food/food supply. | <ul style="list-style-type: none"> RSA <ul style="list-style-type: none"> IK information provided by the Indigenous Communities First Nations Food, Nutrition, and Environment Study (FNFNES, 2011) provides information related to household food security and insecurity; traditional food use; and | <ul style="list-style-type: none"> Community-specific studies and information at the LSA-level. | <ul style="list-style-type: none"> Focus Groups with a sample of MFFN and AFN members, which would be administered by community consultation co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. Key contact interviews: | <ul style="list-style-type: none"> Logistical Potential poor participation rates Willingness of Aroland First Nation to participate in data collection activities. |





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|---|--|--|--|---|--|--|
| | | | perceptions about the adequacy of traditional food supply at the aggregate level (i.e., results by ecozone, not specific Indigenous community). | | <ul style="list-style-type: none"> - MFFN and AFN Band Office representatives. ■ Sample questions: <ul style="list-style-type: none"> - Can you describe the types and quality of food available in your community? Where do the products come from? - Have you noticed any recent changes in the types of food available (or not available) in your community? - How would changes in access affect the food supply in your community? | |
| Environmental Factors Influencing Human Health | Air Quality | <ul style="list-style-type: none"> ■ Change will be measured against the change to air quality in the LSA for existing receptors.. | <ul style="list-style-type: none"> ■ Atmospheric Environment Assessment | <ul style="list-style-type: none"> ■ None Expected | <ul style="list-style-type: none"> ■ N/A | <ul style="list-style-type: none"> ■ N/A |
| | Noise | <ul style="list-style-type: none"> ■ Change will be measured against the change to noise levels within the LSA for identified receptors.. | <ul style="list-style-type: none"> ■ Acoustic and Vibration Assessment | <ul style="list-style-type: none"> ■ None Expected | <ul style="list-style-type: none"> ■ N/A | <ul style="list-style-type: none"> ■ N/A |
| | Country Foods | <ul style="list-style-type: none"> ■ The project could result in changes in the quality and quantity (abundance) of country foods for LSA communities. ■ Change will be measured against potential Project impacts to country food contaminant levels and resultant impacts (if any) to country food quality and consumption safety and to the abundance of country foods. | <ul style="list-style-type: none"> ■ RSA <ul style="list-style-type: none"> - First Nations Food, Nutrition, and Environment Study (FNFNES, 2014) provides information related to traditional food consumption at the aggregate level (i.e., results by ecozone, not specific Indigenous community). ■ LSA <ul style="list-style-type: none"> - Atmospheric Environment Assessment - Surface Water Assessment - Physiography, Terrain and Soils Assessment - Human Health Risk Assessment (if deemed necessary) - Tissue residue data collection programs (if deemed necessary) - IK information provided by the Indigenous Communities - First Nations Food, Nutrition, and Environment Study (FNFNES, 2014) provides information related to traditional food consumption at the aggregate level (i.e., results by ecozone, not specific Indigenous community). - Marten Falls 2018 Community Wellness Study | <ul style="list-style-type: none"> ■ The extent to which the RSA and LSA Indigenous communities rely on country foods. ■ Community-specific studies and information at the LSA-level. | <ul style="list-style-type: none"> ■ Focus Groups / Community Surveys with a sample of MFFN and AFN members (e.g., trappers, those involved in harvesting), which would be administered by community co-ordinators. Community members to include sub-group representatives to meet GBA+ principles. ■ Sample questions: <ul style="list-style-type: none"> - To what extent do community members rely on country foods? Can you provide a percentage estimate? - Are there certain groups in the community that rely more on country foods compared to others? If so, can you elaborate? | <ul style="list-style-type: none"> ■ Logistical ■ Potential poor participation rates ■ Availability of community co-ordinators ■ Willingness of Aroland First Nation to participate in data collection activities. |
| | Surface Water and Groundwater | <ul style="list-style-type: none"> ■ Change will be measured against the extent to which the Project impacts surface water and groundwater quality. | <ul style="list-style-type: none"> ■ Surface Water Assessment ■ Groundwater and Geochemistry Assessment | <ul style="list-style-type: none"> ■ None Expected | <ul style="list-style-type: none"> ■ N/A | <ul style="list-style-type: none"> ■ N/A |
| | Other Environmental Conditions and Changes | <ul style="list-style-type: none"> ■ The project could result in other environmental changes not covered above. ■ Change will be measured against the extent to which the Project impacts the environment as a result of the construction of the new road. | <ul style="list-style-type: none"> ■ Relevant physical, biophysical, social, and economic studies conducted as part of the IA/ EA; ■ Primary data; ■ Academic research; and, ■ Government reports. | <ul style="list-style-type: none"> ■ None Expected | <ul style="list-style-type: none"> ■ N/A | <ul style="list-style-type: none"> ■ N/A |

Note: 1. As noted in the Human Health and Community Safety Study Plan, there are two (2) groups of study areas. Public Safety, Public Health and Diet VCs and their respective indicators will be studied within the Community Health LSA and RSA boundaries. Whereas the Environmental Factors Influencing Human Health VC and respective indicators will be studied within the Environmental Health VC boundaries.

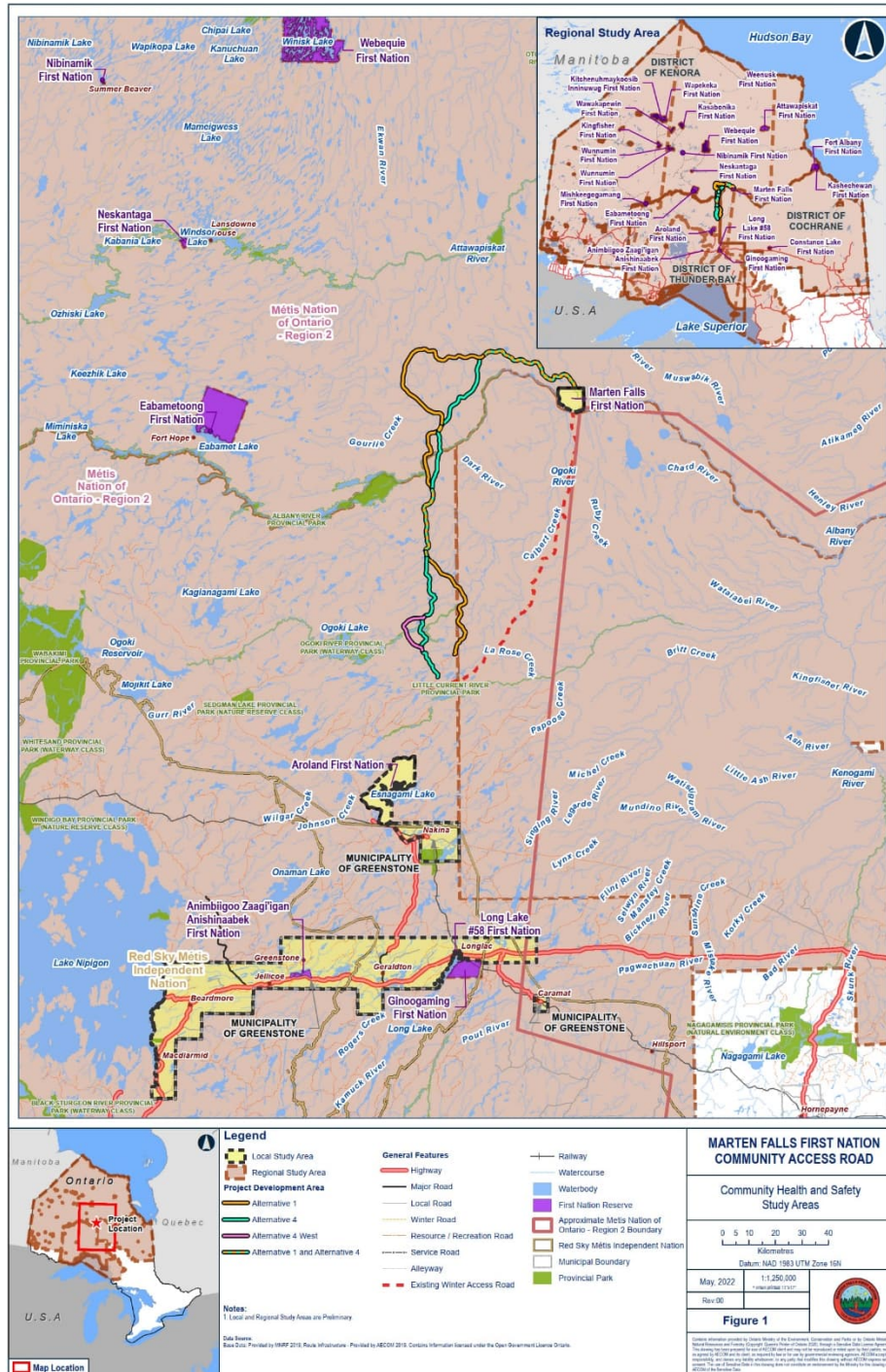




MARTEN FALLS FIRST NATION ALL SEASON COMMUNITY ACCESS ROAD

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Figure 2-1: HHCS Study Area Boundaries





2.2 Program Staffing

Per requirements outlined in Section 2.5 of the TISG (the Agency, 2020c), **Table 2-2** presents the staff participating in the Human Health and Community Safety programs.

Table 2-2: Personnel Qualifications

| Name | Title | Project Role | Credentials | Years of Experience* |
|---------------------|---------------------------------------|---------------------------|---|----------------------|
| Don McKinnon | Senior Socio- Environmental Planner | Community Health Lead | RPP, B.A.A., MES | 30+ |
| Rob Willis | Senior Toxicologist and Risk Assessor | Environmental Health Lead | B.Sc., MES, EP, QP _{RA} , QP _{CA} | 25 |

Note: *Experience as of March 2021.

Additional members of the MFFN CAR Project Consultant Team and neighbouring Indigenous communities may be involved in the undertaking of this program.





3. Discipline-Specific Schedule

The proposed Human Health and Safety field studies Work Plan schedule is presented below in **Table 3-1** (Environmental Health) and **Table 3-2** (Community Health). The schedule is subject to approval of the Provincial ToR and the willingness of Indigenous Communities to participate in data collection activities.

Table 3-1: Program Schedule – Environmental Health

| Task | Anticipated Start Date (MM/YR) | Approximate Duration | Targeted VC Interaction |
|--|--------------------------------|--|---|
| ■ Continue secondary data collection. | ■ September 2022 | ■ Four months | ■ Environmental Factors Influencing Human Health. |
| ■ Conduct a gap analysis of secondary data. | ■ December 2022 | ■ One month | ■ Environmental Factors Influencing Human Health. |
| ■ Identify key primary data collection participants and groups. | ■ October 2022 | ■ Ongoing throughout baseline data collection period | ■ Environmental Factors Influencing Human Health. |
| ■ Collaborate with other disciplines to solicit/gather relevant baseline data. | ■ Fall 2022 | ■ Ongoing throughout baseline data collection period | ■ Environmental Factors Influencing Human Health. |
| ■ Develop draft HHRA problem formulation report which will include a data gap analysis for the identified receptors, exposure pathways and emissions of concern. | ■ March 2023 | ■ Two months | ■ Environmental Factors Influencing Human Health. |
| ■ Respond to regulatory and stakeholder comments and finalize HHRA problem formulation report. | ■ June 2023 | ■ One month | ■ Environmental Factors Influencing Human Health. |

Table 3-2: Program Schedule – Community Health

| Task | Start Date (MM/YR) | Approximate Duration | Targeted VC Interaction |
|---|--------------------|----------------------|---|
| ■ Continue secondary data collection. | ■ September 2022 | ■ Three months | ■ Public Safety; ■ Public Health; and ■ Diet. |
| ■ Draft baseline conditions report. | ■ Winter 2023 | ■ Eight months | ■ Public Safety; ■ Public Health; and ■ Diet. |
| ■ Conduct a gap analysis of secondary data. | ■ November 2022 | ■ Two months | ■ Public Safety; ■ Public Health; and ■ Diet. |





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| Task | Start Date (MM/YR) | Approximate Duration | Targeted VC Interaction |
|---|--|--|---|
| <ul style="list-style-type: none"> Develop and refine semi-structured interview guides based on gaps identified through secondary data collection. | <ul style="list-style-type: none"> November 2022 | <ul style="list-style-type: none"> Refine throughout primary data collection | <ul style="list-style-type: none"> Public Safety; Public Health; and Diet. |
| <ul style="list-style-type: none"> Identify key primary data collection participants and groups. | <ul style="list-style-type: none"> December 2022 | <ul style="list-style-type: none"> Ongoing throughout baseline data collection period | <ul style="list-style-type: none"> Public Safety; Public Health; and Diet. |
| <ul style="list-style-type: none"> Confirm MFFN Community Co-ordinator and their role in primary data collection program. | <ul style="list-style-type: none"> 2022 | <ul style="list-style-type: none"> Ongoing | <ul style="list-style-type: none"> Public Safety; Public Health; and Diet. |
| <ul style="list-style-type: none"> Commence primary data collection with MFFN, Municipality of Greenstone, and non-Indigenous stakeholders. | <ul style="list-style-type: none"> Winter 2023 | <ul style="list-style-type: none"> Four months | <ul style="list-style-type: none"> Public Safety; Public Health; and Diet. |
| <ul style="list-style-type: none"> Confirm LSA communities (i.e., additional community demonstrating community health interests that may be affected by the Project) through Project consultation and engagement activities. | <ul style="list-style-type: none"> 2022 | <ul style="list-style-type: none"> Six months | <ul style="list-style-type: none"> Public Safety; Public Health; and Diet. |
| <ul style="list-style-type: none"> Consultation and Engagement Team to identify Community Co-ordinator in Aroland First Nation. | <ul style="list-style-type: none"> 2022 | <ul style="list-style-type: none"> Ongoing | <ul style="list-style-type: none"> Public Safety; Public Health; and Diet. |
| <ul style="list-style-type: none"> Commence primary data collection with Aroland First Nation¹. | <ul style="list-style-type: none"> 2022 (depending on Nation to Nation discussions) | <ul style="list-style-type: none"> Two months | <ul style="list-style-type: none"> Public Safety; Public Health; and Diet. |
| <ul style="list-style-type: none"> Integrate primary data into Baseline Conditions Report. | <ul style="list-style-type: none"> Winter 2023 | <ul style="list-style-type: none"> Three months | <ul style="list-style-type: none"> Public Safety; Public Health; and Diet. |

Notes: 1. The commencement of primary data collection activities with Aroland First Nation are subject to the outcomes of ongoing discussions related to the project including a custom consultation process and may be delayed if the process is not mutually agreed upon.





4. Health and Safety

All COVID-19 related risk mitigation and recovery measures have been established in line with Government protocols and AECOM corporate measures. Study team members visiting Indigenous Communities (if this is permitted) will employ preventative COVID-19 actions including daily screening questionnaires and the use of Personal Protective Equipment such as gloves, masks, regular disinfection and social distancing.

Members of the study team are not to visit Communities, or must remove themselves from Communities, if they fit any of the following criteria:

- They have symptoms associated with COVID-19 (i.e., fever, cough, sore throat, shortness of breath, sneezing/running nose or loss of sense of smell);
- They have been confirmed for COVID-19 or are awaiting the results from being tested for COVID-19;
- They have been in close-contact with a known or suspected case/s of COVID-19 in the past 14 days; and/or
- They have returned, or been in contact with someone who has returned, from overseas in the past 14 days.

When working in the community, study team personnel will strictly adhere to the COVID-19 preventative measures as described above. Where community access is required to facilitate a field survey, entry will be discussed with the community in advance. As needed, a negative COVID-19 test will be presented prior to entering Indigenous communities.

Study team members will have access to an adequate supply of sanitizer and will regularly sanitize their hands. Study team members will minimize use of shared tools and equipment, as practical, this will include the use of hand tools, electronic devices, pens, clipboards and notepads. All work surfaces and equipment used in the course of work will be adequately cleaned and disinfected at the end of the work shift or more frequently when visibly soiled or used repeatedly. Cloth or surgical masks (as a minimum) will be worn by study team members at all times during the course of work and in transit to the work site in line with government direction. Study team members will be required to carry adequate supplies of surgical masks or suitable alternative face coverings to ensure that this minimum requirement can be met.





5. References

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Proposed Terms of Reference Marten Falls Community Access Road – Environmental Assessment.

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Impact Assessment Agency of Canada, 2020a:

Public Participation Plan for the Marten Falls Community Access Road Project Impact Assessment.

<https://iaac-aeic.gc.ca/050/documents/p80184/133934E.pdf>

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Indigenous Partnership and Engagement Plan for the Marten Falls Community Access Road Project
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Marten Falls First Nation Community Access Road Project (MFFN CAR), 2021:

Human Health and Community Safety Study Plan

Ontario Government, 1990a:

Environmental Assessment Act. <https://www.ontario.ca/laws/statute/90e18>





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