

**Comments on Marten Falls Community Access Road Project (Project) revised Human Health and Community Safety Study Plan – January 7, 2022**

It is essential that the Impact Statement for the Marten Falls Community Access Road Project (the Project) address all requirements outlined in the Tailored Impact Statement Guidelines (the Guidelines), and that the study plans outline a clear approach to achieving these requirements. The Impact Assessment Agency of Canada (the Agency) has highlighted sections of the Guidelines where requirements were not met in the draft study plans submitted to the Agency. Note that this is not an exhaustive list of Guidelines requirements and the Guidelines should be reviewed in its entirety, including the sections identified below.

General Comments from the Impact Assessment Agency of Canada on the Marten Falls Community Access Road Draft Study Plans – July 2, 2020					
#	Guidelines Section <sup>1</sup>	Required Action for Proponent	Proponent Response	Final Study Plan Section Reference	Agency comments
GC-01	Section 5 - Public Participation and views (including 5.1, 5.2)	<p>Provide a clear description in the study plans of how public engagement opportunities have been and/or will be integrated into the impact statement phase. This must include detail on how the public will have opportunities to provide input to contribute to the development of the Impact Statement, as required in Section 5 of the Guidelines.</p> <p>Describe what engagement with the members of the public listed in the Public Participation Plan has been done in the development of the study plans, and/or any planned engagement with members of the public on the proposed study plans.</p>	<p>Section 4: describes how the Proponent will provide Project notices and opportunities with members of the public listed in the Public Partnership Plan. This will also include the opportunity to provide input on the existing environment, VCs, effects assessment methods, effects assessment results, and mitigation and follow-up program measures as applicable. A variety of activities will be offered so that members of the public are informed of the IS / EA Report as it progresses and are aware of the opportunities and means to provide their input.</p> <p>The study plans have recognized public and agency input received on the Project to date.</p>	<p><b>Section 4.1</b>                      “A variety of activities will be offered so that members of the public are informed of the IS / EA Report as it progresses and are aware of the opportunities and means to provide their input.”</p>	<p>Section 4.1 of the study plan mentions that “a <i>variety of activities will be offered</i>”, however, no details on the likely engagement activities are provided.</p> <p>As required by Section 5 of the Guidelines, the Impact Statement must provide a record of engagement that describes all efforts taken to seek the views of local communities and other stakeholders with respect to the Project, including on the study plans. This record of engagement is to include all engagement activities undertaken prior to the submission of the Impact Statement, including prior to and during the planning phase, and in the preparation of the Impact Statement.</p> <p>Provide details on the timeline for public engagement relative to the project workplan, including engagement relative to the schedule for baseline work, and in consideration of the project team’s timeline for the development of the Impact Statement.</p> <p>Demonstrate in the Impact Statement that comments provided by members of the public on human health and community safety conditions are taken into consideration. Comments provided to the Agency are available on the Canadian Impact Assessment Registry Internet site at: <a href="https://iaac-aeic.gc.ca/050/evaluations/proj/80184/contributions">https://iaac-aeic.gc.ca/050/evaluations/proj/80184/contributions</a></p>
GC-02	Section 6 - Description of Engagement with Indigenous Groups (including 6.1, 6.2, 6.3)	<p>Provide a clear description in the study plans of how all Indigenous groups listed in the Indigenous Engagement and Partnership Plan will have opportunities to provide Indigenous knowledge, including the validation of how information they provided was applied. The study plan should include a description of the proposed methods for data collection, management of confidentiality, and information storage. This should also include a methodology for tracking information that has been approved by the group, to demonstrate that the guidance outlined in Section 6.2 of the Guidelines has been incorporated into the study plans.</p> <p>Describe what engagement with all the Indigenous groups listed in the Indigenous Engagement and Partnership Plan has been done in the development of the study plans, and/or any planned engagement with Indigenous groups on the proposed study plans,</p>	<p>In Section 4.2 it is noted that the Proponent will provide Project notices and opportunities for consultation and engagement with Indigenous communities identified in the Indigenous Partnership and Engagement Plan. A variety of activities will be offered so that Indigenous communities are informed of the IS / EA Report as it progresses and are aware of the opportunities, means and timelines to provide their input.</p> <p>Section 2.1.1 outlines the approach to handling confidential information, by means of permission from Indigenous communities to include Indigenous Knowledge in the IS / EA Report, regardless of the source of the Indigenous Knowledge.</p> <p>The study plans have recognized Indigenous community input received on the Project to date.</p>	<p><b>Section 4.2</b>                      “...A variety of activities will be offered so that Indigenous communities are informed of the IS / EA Report as it progresses and are aware of the opportunities, means and timelines to provide their input...”</p> <p>“...Indigenous communities will have the opportunity to comment on components of the study plans throughout the IS / EA Report consultation and engagement process...”</p> <p><b>Section 4.4</b>                      “...This information will be collected from Indigenous communities who have identified use of land within applicable areas of Project impact...”</p> <p><b>Section 6.2.1</b>                      “The Proponent remains open to receiving information from other communities on their activities and how interlinkages between the Project and those communities may result in human health and</p>	<p>Section 4.2 of the study plan states that “a <i>variety of activities will be offered</i>”, however, no details on the planned engagement activities are provided.</p> <p>Section 4.2 of the study plan also states that “<i>Indigenous communities will have the opportunity to comment on components of the study plans throughout the IS / EA Report consultation and engagement process</i>”, however, it is unclear on which components of the study plans the project team plans to engage. It is also unclear whether Indigenous groups will be provided with a meaningful opportunity to provide input on a preliminary approach/method for baseline data collection, as required in Section 6 of the Guidelines, or if engagement will take place after the baseline data collection is complete.</p> <p>Provide details on the timeline for Indigenous engagement on the human health and community safety study plan, including engagement relative to the schedule for baseline work, and spatial and temporal boundaries determinations, and particularly in relation to collection of Indigenous knowledge, and in consideration of the project team’s timeline for the development of the Impact Statement.</p>

<sup>1</sup> Refer to complete sections of the Guidelines for more context.

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		particularly in relation to collection of Indigenous knowledge (i.e. develop the work plan in collaboration with those Indigenous groups that would need to provide knowledge).		community safety effects. To be included in the Community Health LSA, a community must demonstrate direct community-level health or social-economic interest in the Project footprint; from changing access to the MFFN community due to the Project; or due to potential direct and indirect effects Project effects on the environment that impact the human health and community safety environment. Considerations related to future mining activity or access to potential mining opportunities beyond the relevant local study areas will be reflected in the Community Health RSA. Based on the information provided, the Proponent will evaluate the individual communities that warrant inclusion in the local or regional study areas.”	<p>Demonstrate in the Impact Statement that comments provided by Indigenous groups on health conditions, including social determinants of health, were taken into consideration. Comments provided to the Agency are available on the Canadian Impact Assessment Registry Internet site at: <a href="https://iaac-aeic.gc.ca/050/evaluations/proj/80184/contributions">https://iaac-aeic.gc.ca/050/evaluations/proj/80184/contributions</a></p> <p>As per Section 6 of the Guidelines, the Agency expects the proponent to engage with, at a minimum, the Indigenous groups listed in the Indigenous Engagement and Partnership Plan.</p>
GC-03	Section 6.2 - Analysis and response to questions, comments, and issues raised	Revise the study plans to include an approach to handling confidential information that demonstrates adherence to the guidance provided in Section 6.2 of the Guidelines.	<p>Section 2.1.1: Section has been updated to include information regarding both confidentiality and permission information on all collected Indigenous Knowledge, regardless of the source.</p> <p>This section also includes how information regarding the Indigenous Knowledge Sharing Agreements will be established by the Proponent and Indigenous community participating in the Program.</p>	<p><b>Section 2.1.1</b>  “...Sensitive and / or confidential information collected through Indigenous Knowledge Sharing Agreements will be protected from public or third-party disclosure and will be established between the Proponent and Indigenous communities participating in the Indigenous Knowledge Program prior to the sharing and use of any sensitive information. Instances where Indigenous Knowledge sharing has taken place during consultation activities (e.g., meetings) will be recorded in the Record of Consultation and Engagement, including where Indigenous Knowledge was incorporated into Project decisions and into the IS / EA Report (i.e., specifics will not be included in the Record of Consultation and Engagement given the potential sensitivity and / or confidentiality of the information shared)...”</p>	<p>As required in Section 6 of the Guidelines, describe the confidential information provided by each Indigenous group. Present the content in sufficient detail to support understanding of the potential effects and impacts on rights, while also protecting confidential/sensitive specifics and respecting stipulations in the confidentiality agreements (e.g. use buffer areas instead of specific locations, etc.).</p> <p>Provide to the Agency, in the form of a letter from the Indigenous group that shared confidential information, a letter confirming that:</p> <ul style="list-style-type: none"> <li>the Indigenous group that provided confidential information is satisfied with the way the Impact Statement was informed;</li> <li>the Indigenous group that provided confidential information is satisfied with the way the issue was solved or addressed.</li> </ul>
GC-04	Section 7.4 Spatial and temporal boundaries	<p>Describe the approach to be implemented to demonstrate how the definitions of the proposed study area boundaries:</p> <ul style="list-style-type: none"> <li>encompass the anticipated boundaries of the Project’s effects, including all potentially impacted local communities, municipalities and all Indigenous groups listed in the Indigenous Engagement and Partnership Plan; and</li> <li>take into account community knowledge and Indigenous knowledge; current or traditional land and resource use by Indigenous groups; exercise of Aboriginal and Treaty rights of Indigenous peoples, including cultural and spiritual practices; physical, ecological, technical, social, health, economic and cultural considerations; and the size, nature and location of past, present and foreseeable future projects and activities.</li> </ul>	<p>Section 6.2: General information on study areas for the Project, including a detailed list of what was considered to develop the discipline-specific local and region study areas, is included in each study plan. Each study area has been proposed taking into consideration community knowledge and Indigenous Knowledge, current or traditional land and resource use by Indigenous communities, and the exercise of Aboriginal and Treaty Rights of Indigenous peoples, including cultural and spiritual practices, physical, ecological, technical, social, health, economic and cultural considerations available at this time.</p> <p>The proposed discipline-specific study areas are preliminary. The proposed study areas will be consulted and engaged on early in the IA / EA process. In addition, the Indigenous Knowledge Program provides additional opportunities for community knowledge and Indigenous Knowledge, current or traditional land and resource use by Indigenous communities, and the exercise of Aboriginal and Treaty Rights of Indigenous peoples to be shared in greater detail.</p>	<p><b>Section 4.4</b>  “...information will be collected from Indigenous communities who have identified use of land within applicable areas of Project impact...”</p> <p><b>Section 6.2.1</b>  “The preliminary LSA currently being considered within the scope of the ongoing provincial regulatory review process generally includes the area within 2.5 km of the centreline of Alternative 1 and Alternative 4”</p> <p>“The Proponent remains open to receiving information from other communities on their activities and how interlinkages between the Project and those communities may result in human health and community safety effects. To be included in the Community Health LSA, a community must demonstrate direct community-level health or social-economic interest in the Project footprint; from changing access to the MFFN community due to the Project; or due to potential direct and indirect effects Project effects on the environment that impact the</p>	<p>Section 7 of the Guidelines, states that “The size, nature and location of past, present and foreseeable future projects and activities are factors that should be included in the definition of spatial boundaries.”</p> <p>It is unclear how a Local Study Area of 2.5 km from the centreline of the Project would be appropriate to assess direct effects on human health and community safety conditions. At a minimum, all project components (including aggregates sources, access roads, etc.), the upgrades to the Anaconda and Painter Lake forestry access roads, the Northern Road Link Road Project, the Webequie Supply Road Project, as well as winter roads, and activities and communities connected through these roads, should be included in the Local Study Area.</p> <p>As required in Section 7.4.1 of the Guidelines, provide information regarding how the following were/will be taken into account in defining the spatial boundaries: community knowledge and Indigenous knowledge; current and traditional land and resource use by Indigenous groups; exercise of Aboriginal and Treaty rights, including cultural and spiritual practices; physical, ecological, technical, social, health,</p>

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				human health and community safety environment. Considerations related to future mining activity or access to potential mining opportunities beyond the relevant local study areas will be reflected in the Community Health RSA. Based on the information provided, the Proponent will evaluate the individual communities that warrant inclusion in the local or regional study areas.”	<p>economic and cultural considerations; and the size, nature and location of past, present and reasonably foreseeable future projects and activities.</p> <p>Ensure that the human health and community safety conditions Regional Study Area encompasses the spatial boundary of cumulative effects.</p> <p>Provide the above information in a way that allows those who provided the knowledge to the proponent and the Agency to see their input reflected in the Impact Statement. It is not sufficient to state that “input from participants will be/was taken into account”.</p>
GC-05	<b>Section 7 - Baseline Methodologies (Including 7.1, 7.2, 7.3, 7.4)</b>	<p>Provide clear descriptions in the study plans of the proposed study areas and the criteria used to define the study areas for each valued component.</p> <p>Provide clear descriptions of the timing of previously collected data (days/month/year) and future approximate (month/year or season/year) for every field work planned and the criteria used to tailor the temporal boundaries to the valued components under consideration.</p> <p>Describe how all Indigenous groups listed in the Indigenous Engagement and Partnership Plan will be, or have been, engaged to provide input on spatial and temporal boundaries.</p> <p>Explain how the Agency will be provided opportunities to validate spatial and temporal boundaries.</p>	<ul style="list-style-type: none"> <li>- Local Study Area (LSA) and Regional Study Area (RSA) for each valued component are described in Table 6-1, including rationale used to define the area.</li> <li>- Study plans have been designed considering historical information, where applicable and available. Study plans will be updated with appended Work Plans, to be submitted at a future date, which will detail upcoming planned field activities.</li> <li>- As detailed in both Section 4.2 and Section 6.2 the Proponent will continue to provide opportunities for neighbouring Indigenous communities and interested persons to provide input and inform the effects assessment, including the LSAs and RSAs. Government agencies and interested persons will have the opportunity to comment on component of the study plans throughout the IS / EA Report consultation and engagement process</li> </ul>	<p><b>Section 4.3</b> “...The data collection programs for these disciplines is expected to include targeted interviews, focus groups, questionnaires and other niche tools to gather information from diverse populations to resolve gaps in socio-economic secondary data. These diverse populations include the aforementioned identity groups, which are also referenced in the IS / EA Consultation Plan, and those identified by communities during consultation and engagement...”</p> <p><b>Section 4.4</b> “...In conjunction with the Indigenous Knowledge Program and the Consultation and Engagement Program, information will be solicited on country food harvesting and consumption patterns for all age and gender categories. This information will be collected from Indigenous communities who have identified use of land within applicable areas of Project impact...”</p> <p><b>Section 7.1.2.1</b> “...Focused data collection on gaps identified in the secondary sources related to VCs and indicators such as quality factors for services and infrastructure...”</p>	<p>To ensure that baseline data collection will meet the requirements of the Guidelines, the Agency advises the project team to share a work plan describing how the survey for human health and community safety data collection will be conducted. If it is not possible to provide this information in the study plans or work plans, the Agency requires an opportunity to review the collected baseline data/baseline reports prior to the preparation of the Impact Statement documentation.</p> <p>Include in the Impact Statement a human health and community safety baseline community profile for <u>each</u> Indigenous group listed in the Indigenous Engagement and Partnership Plan and for each local community listed in the Public Participation Plan, to meet the requirements of Section 9 of the Guidelines. The baseline community profiles should be used to inform the effects assessment required by Section 16 of the Guidelines.</p>
GC-06		Provide further details in the study plans on how GBA+ has been integrated into all aspects of data collection methodology, as per Section 7.1 of the Guidelines, and into the assessment of effects and impacts, as mentioned in Sections 13, 20, 21, and others, related to effects assessments of the Guidelines	Section 4.3 has been updated to include the consideration of Identity and Gender-Based Analysis Plus (GBA+) including both Indigenous communities and their relevant subpopulations and non-Indigenous communities and their subpopulations. During consultation and engagement activities these groups (and any others defined during consultation) will be engaged with on targeted input.	<b>Section 4.3</b>	<p>Describe how GBA Plus has been or will be applied to the consideration of engagement activities. Identify specific methods targeted to specific subgroups.</p> <p>Provide detail on how GBA Plus has been integrated into all aspects of data collection methodology, including for the definition of indicators, as per Section 7.1 of the Guidelines, and into the assessment of effects and impacts, as mentioned in Sections 9, 13, 20, 21, and others, related to effects assessments of the Guidelines.</p> <p>It is not sufficient to mention that GBA Plus will be applied to the assessment. Clear descriptions of how GBA Plus was integrated (including to which variables, method, and how it</p>



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					influenced results' interpretation) are needed in the Impact Statement.
GC-07	<b>Section 13 - Effects Assessment (including 13.1, 13.2)</b>	<p>Provide details to demonstrate how the Project's potential effects will be considered, as per the requirements in Sections 13 to 19 of the Guidelines. Ensure that the effects assessment considers the effects of each of the project components and physical activities, in all phases, and that it is based on a comparison to the proposed baseline work.</p> <p>Provide detail on how engagement with all Indigenous groups listed in the Indigenous Engagement and Partnership Plan and the public will inform the effects assessment and the selection of mitigation measures and follow-up program measures.</p>	<p>Project environmental interaction are separated into Project phases, and Project activities for each environmental discipline in their VC-specific study plan listed as Table 9-1.</p> <p>Information collected through the various activities (e.g., field studies and programs, effects assessments) of each discipline area (e.g., wildlife, vegetation, cultural heritage) will be shared with the Indigenous Knowledge Program leads. This will support the establishment of the existing environment and the effects assessment for the Aboriginal and Treaty Rights and Interests environmental discipline, as well as the identification of potential mitigation measures and monitoring programs.</p>	<b>Throughout the study plan, Section 9</b>	<p>As required in Sections 7 and 13 of the Guidelines, ensure that the effects assessment considers the effects of each of the project components (including but not limited to all alternative routes brought forward in the Impact Statement, all aggregates sources, access roads, etc.) and physical activities, in all phases, and that the assessment is based on a comparison to the data and information gathered during the proposed baseline work.</p> <p>Clarify the level of information that will be shared with, and explained to, the Indigenous Knowledge Program leads and whether study plans will be made available to all Indigenous groups listed in the Indigenous Engagement and Partnership Plan.</p>
GC-08	<b>Section 13.1</b>	Provide clear descriptions of the rationale behind the assumptions, including but not limited to the assumed average daily traffic and vehicles composition during the construction and operation phases that will be considered for the effects assessment and the cumulative effects assessment.	- Section 10: Current assumptions to be used in the effects assessment have been identified. Any additional assumptions will be identified and rationale will be provided in the IS / EA Report.	<b>Section 10</b> "...The MFFN CAR Project Team is not aware at this time of key assumptions that will be recognized in the Human Health and Community Safety Assessment. These will be determined during the IA / EA process. Key assumptions made and used in the assessment of Human Health and Community Safety impacts will be documented in the IS / EA Report..."	<p>Before conducting the effects assessment analysis, the Agency advises the proponent to seek the Federal Review Team's confirmation of the assumptions that will be used in the analysis or, at a minimum, to discuss the type of assumptions that will be considered.</p> <p>As required by Section 13.1 of the Guidelines, ensure that the Impact Statement clearly outlines the assumptions used for the assessment of effects, including cumulative effects, on each valued component.</p>
GC-09	<b>Section 19.2 - Impacts on the Exercise of Aboriginal and Treaty Rights</b>	Describe an approach for identifying the potentially impacted rights of Indigenous peoples of Canada that are recognized and affirmed by section 35 of the <i>Constitution Act, 1982</i> , and for integrating the potential impacts on those rights into the collection of baseline information and the effects assessment.	<p>All study plans reference how potential effects on Indigenous rights will be assessed in the Aboriginal and Treaty Rights and Interests Study Plan.</p> <p>Impacts on Rights considerations are explained in the rationale for defining a Local Study Area and Regional Study Area for Aboriginal and Treaty Rights and Interests VCs. Further information for this is listed in Section 6.2.2 in the Aboriginal and Treaty Rights and Interests Study Plan.</p>	<b>Section 5, and Section 6.2.2 in the Aboriginal and Treaty Rights and Interests Study Plan</b>	Feedback was provided in the Federal Review Team's comments package on the Aboriginal and Treaty Rights and Interests Study Plan.
GC-10	<b>Section 20 - Mitigation and enhancement measures</b>	Provide detail on the approach to meeting the requirements of Section 20 of the Guidelines regarding the identification of mitigation and enhancement measures.	Section 9: Approach to mitigation and enhancement measures, specifically noting that once potential effects have been identified, the effects assessment will explore technically and economically feasible mitigation measures to avoid or minimize the identified negative effects and enhancement measures to increase positive effects.	<b>Section 9.5</b> "Once potential effects have been identified, the effects assessment will explore technically and economically feasible mitigation measures to avoid or minimize the identified negative effects and enhancement measures to increase positive effects beyond those that are already inherent to the design"	Ensure that the Impact Statement provides a description of the method or approach followed to meet the requirements of Section 20 of the Guidelines
GC-11	<b>Section 25 – Description of the Project's contribution to sustainability</b>	Provide detail on the approach to meeting the requirements of Section 25 of the Guidelines regarding the description of the Project's contribution to sustainability.	Section 9: the sustainability assessment for the Project will be undertaken on the preferred alternative and will characterize the Project's contribution to sustainability incorporating the requirements set out in Section 25 of the TISG.	<b>Section 9.7</b>	<p>Section 9.7 of the study plan is listing the requirements outlined in Section 25 of the Guidelines.</p> <p>Ensure that the Impact Statement provides a description of the method or approach followed to meet the requirements of Section 25 of the Guidelines.</p>

Response to Previous Comments from the Impact Assessment Agency of Canada on the Marten Falls Community Access Draft Human Health and Community Safety Study Plan						
#	Study Plan (2020)	Guidelines Section <sup>2</sup>	Required Action for Proponent	Proponent Response	Study Plan (2021)	Agency response
HH-02	<b>General Comment</b>	<b>Section 5</b> “...The Agency expects the proponent to engage with, at a minimum, the members of the public listed in the Public Partnership Plan...”	The required actions detailed below apply to all potentially impacted members of the public.	The updated Study Plan includes a commitment to engage with the public as per the Public Participation Plan for the Marten Falls Community Access Road Project Impact Assessment.	<b>Section 4.1</b>	Required action was partially addressed. See comment GC-01 above
HH-03	<b>General Comment</b>	<b>Section 6</b> “...The Agency requires the proponent to engage with, at a minimum, the communities listed in the Indigenous Engagement and Partnership Plan...”	The required actions detailed below apply to all potentially impacted Indigenous groups.	The updated Study Plan includes a commitment to engage with the Indigenous Communities as per the Indigenous Partnership and Engagement Plan for the Marten Falls Community Access Road Project Impact Assessment.	<b>Section 4.2</b>	Required action was partially addressed. See comment GC-02 above
HH-04	<b>General Comment</b>	<b>Section 22</b> “The proponent must identify and assess the Project’s cumulative effects using the approach described in the Agency’s guidance documents related to cumulative environmental, health, social and economic effects.”	Ensure that the Impact Statement analyzes cumulative effects assessment for the Project, including cumulative health effects.	The updated Study Plan includes a commitment to assess potential cumulative health effects.	<b>Section 7.2</b>	Required action was addressed.
HH-05	<b>General Comment</b>	<b>Section 9</b> “...To understand the community and Indigenous context and baseline health profile, the proponent must... <ul style="list-style-type: none"> <li>- describe any context-specific definitions of health and well-being, including from the perspective of the relevant Indigenous cultures, including community and spiritual wellbeing;</li> <li>- describe relevant community and Indigenous history or context, including historical impacts on health, such as intergenerational trauma...</li> <li>- Examples of social determinants of health... <ul style="list-style-type: none"> <li>o housing availability, housing affordability, and home ownership, disaggregated by sex and gender;</li> <li>o education levels (number of residents completed high school, college or higher), disaggregated by sex and gender...</li> <li>o social cohesion or social capital;...</li> <li>o mobility (proportion of residents who hold driver’s licences and own vehicles, intra- and inter-community transportation), disaggregated by sex and gender...”</li> </ul> </li> </ul>	Provide detailed information in the study plan regarding the indicators to measure social determinants of health.  If an indicator is excluded, explain the omission of that proposed indicator, and whether Indigenous groups suggested alternative indicators better suited to the Project.	The updated Study Plan includes a list of VCs and indicators and respective data sources. Further comments are as follows.  The indicator "Social and Economic Structures" will consider the potential for impact on community well being. The Social Study Plan also includes the VC Community Well Being, the assessment of which will be considered in the Health and Community Safety Assessment.  Historical health information will be considered in the description of baseline health conditions of communities in the Community Health LSA.  Education levels will be described in the description of baseline Social conditions.  Social cohesion is an indicator in the Social Assessment as outlined in the Social Study Plan.  In regard to the health assessment, mobility levels will be examined as part of the assessment of the indicator Access to Health Services as well as in relation to the indicator Social and Economic Structures, which will consider potential changes to access to goods and services.	<b>Table 9-2, Social Study Plan</b>	Required action was addressed.
HH-06	<b>Section 2.0: Purpose and Objectives</b> “Health determinants related to social structures and equity factors will primarily be documented in other reports.”	<b>Section 16</b> “...The assessment must illustrate an understanding of linkages and effect pathways, so that when a change in one domain is predicted, there is an understanding of what other effects or consequences may be felt across the other domains. Applying a “determinants of health	Update the study plan to clearly cross-reference other study plans when items not included explicitly within the human health study plan are considered in the assessment of effects to relevant components of human health and community safety such as community well-being.	Table 9-2 outlines for each indicator the information sources that will be considered, including reference to the other assessments / study plans.	<b>Table 9-2</b>	Required action was addressed.

<sup>2</sup> Refer to complete sections of the Guidelines for more context

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	"Items not included explicitly within this study plan may be referenced and considered in the assessment of effects to relevant components of human health and community safety such as community well-being."	approach" in the assessment of human health effects will support the identification of these linkages, as well as of disproportionate effects across subgroups..."				
HH-07	<p><b>Section 3.0</b></p> <p><i>"Information received from interested persons and groups will be documented with a description of how the information was considered within the Human Health and Community Safety Assessment. An example of how this will be documented is included in Table 1. (...) In addition to engagement data, it is expected Indigenous Knowledge will be integrated into the Human Health and Community Safety Assessment, where applicable. (...) Indigenous Knowledge collected through means other than engagement (Indigenous Knowledge program and Socio-economic Primary Data Collection program) will be integrated into the reporting with relevant contextual information."</i></p>	<p><b>Sections 5</b></p> <p>"...The Agency expects the proponent to engage with, at a minimum, the members of the public listed in the <i>Public Partnership Plan</i>..."</p> <p><b>Section 6</b></p> <p>"...The Agency requires the proponent to engage with, at a minimum, the communities listed in the <i>Indigenous Engagement and Partnership Plan</i>..."</p> <p><b>Section 7.4</b></p> <p>"...The spatial and temporal boundaries determined and established for the impact assessment will vary depending on the valued component and are considered separately for each valued component, including valued components related to the environmental, health, social and economic conditions of Indigenous peoples, or other potential effects and impacts referred to above. The spatial and temporal boundaries to be used in the impact assessment are outlined and discussed through the tailoring process, and include comments and input from federal and provincial government departments and agencies, local government, Indigenous groups, the public and other interested parties. The proponent should engage with Indigenous groups when defining spatial and temporal boundaries for valued components, especially for those that are identified by Indigenous groups..."</p> <p><b>Section 9</b></p> <p>"...The scope and content of the human health baseline will reflect the specific project context, taking into account input of public and Indigenous groups, and should include indicators that are meaningful for the effects analysis. The information provided must:...</p> <ul style="list-style-type: none"> <li>- describe how community and Indigenous knowledge from relevant populations was used in establishing health baseline conditions, including input from diverse subgroups;</li> <li>- ...Relevant social determinants of health should be selected based on community input, if possible, to reflect the setting and circumstances of the impacted communities..."</li> </ul>	<p>Provide further details on when and how input will be collected from the public and Indigenous groups to meet the requirements of Sections 5, 6 and 7.4 of the Guidelines.</p> <p>Describe the methodologies to be implemented to meet the expectations of Sections 9, 16 and 16.2 of the Guidelines that:</p> <ul style="list-style-type: none"> <li>- Specify types of engagement activities (surveys, questionnaires, community sessions, chief and council sessions, workshops, etc.).</li> <li>- Describe how Gender Based Analysis plus (GBA+) has been/will be applied to the consideration of engagement activities.</li> <li>- Identify any specific methods targeted to specific subgroups.</li> <li>- Specify participants in engagement activities (reflecting the Indigenous groups listed in the Indigenous Engagement and Partnership Plan and reflecting public representation listed in the Public Participation Plan), including rationale for how the selection of participants meets the objectives of the study and demonstrates accessibility considerations (e.g. language requirements) and GBA+.</li> <li>- Describe the approach the proponent intends to take to encourage or attract participation, including how opportunities to participate will be planned and advertised.</li> <li>- Describe how Indigenous knowledge will be used to inform types of engagement activities and participant selection.</li> <li>- If sample questionnaires, interview questions, or other data collection tools exist, identify them in an appendix to the study plan, and provide clear links to how they relate to physical and cultural heritage.</li> <li>- Identify past public or Indigenous engagement activities that have taken place and are being used to inform this study plan.</li> </ul>	<p>Section 7.1.2.1 provides information on the planned primary data collection activities in relation to the social determinants of health including the use of interviews, focus groups and other discussions with community members.</p> <p>The Study Plan includes a commitment to collect disaggregated qualitative data by identity factors when volunteered to support the Human Health and Community Safety Assessment. Section 4.3 provides a commitment to consider gender and other identity factors in engagement activities for the purposes of data collection to support the IS / EA Report.</p> <p>Table 4-1 provides a list of the Indigenous communities that will be engaged with as part of the engagement program to support the IS / EA Report.</p> <p>To attract Indigenous community participants to the Human Health and Community Safety primary data collection program, Community Consultation Coordinators will be leveraged to advertise data collection activities, encourage participation, identify barriers to participation and identify key socio-community knowledge holders. Community Consultation Coordinators will also play a key role in the identification of community-specific identity factors to be considered in the Human Health and Community Safety Assessment.</p> <p>Sample questionnaires and interview questions have not yet been prepared.</p> <p>For a description of engagement activities undertaken to date, please refer to the separate IS / EA Report Consultation Plan.</p> <p>This document will be considered in the completion of the assessment and has been listed as a preliminary data source in Appendix A.</p>	<p><b>Section 4.3 and 7.1.2.1, Table 4-2</b></p>	Required action was partially addressed. See comment GC-06.



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		<p><b>Section 16</b> “...Indicators should be developed by the proponent using best practice, Agency guidance, and through engagement with Indigenous groups and the public. Rationale for the indicators chosen should be provided...”</p> <p><b>Section 16.2</b> “With respect to Social Determinants of Health, the Impact Statement must: ... - Describe how community and Indigenous knowledge was used in assessing human health effects...”</p>	<p>Refer to the following resource when engaging on the Human Health and Community Safety Assessment: Stakeholder Participation Working Group of the 2010 HIA of the Americas Workshop (2012). Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments. Available at: <a href="https://humanimpact.org/wp-content/uploads/2012/03/HIA-Best-Practices-2012.pdf">https://humanimpact.org/wp-content/uploads/2012/03/HIA-Best-Practices-2012.pdf</a></p>			
HH-08	<p><b>Section 3.0</b> “Information received from interested persons and groups will be documented with a description of how the information was considered within the Human Health and Community Safety Assessment. An example of how this will be documented is included in Table 1.”</p>	<p><b>Section 6.3</b> “...The Impact Statement must include, at a minimum:... - the engagement activities undertaken with each Indigenous group, including the date, means and results of engagement... - a description of the efforts to discuss and validate with Indigenous groups how the information they provided was applied to the selection of valued components, indicators, effects assessment, mitigation measures and follow-up programs, and conclusions.....”</p> <p><b>Section 9</b> “...The information provided must: - be sufficient to provide a comprehensive understanding of the current community health status, while respecting the need to protect personal information and standards for the management of Indigenous data (i.e., OCAP); - describe how community and Indigenous knowledge from relevant populations was used in establishing health baseline conditions, including input from diverse subgroups; - provide disaggregated data and gender statistics...”</p>	<p>Provide further information on methods and tools for engagement, and on how ethical guidelines (like the OCAP) will be respected during the engagement with Indigenous groups and the public on human health effects for the Project.</p> <p>Provide further information on how diverse subgroups will be engaged, such as specific methods and tools to seek input.</p> <p>Update the study plan to ensure that the approach to be taken in recording the information received during engagement activities meets the requirements outlined in Section 6.3 of the Guidelines.</p>	<p>Section 7.1.2.1 provides information on the planned primary data collection activities in relation to the social determinants of health including the use of interviews, focus groups and other discussions with community members.</p> <p>Section 4.3 provides a commitment to consider gender and other identity factors in engagement activities for the purposes of data collection to support the IS / EA Report.</p> <p>The IS / EA Report Consultation Plan is to be referred to for commitments to OCAP.</p> <p>The IS / EA Report Consultation Plan should be referred to for a description of how engagement activities will be recorded.</p> <p>Regarding primary data collection activities to support the Human Health and Community Safety Assessment, attempts to engage with targeted individuals and the results of those engagements will be documented in the IS / EA Report.</p>	<p><b>Section 4.3 and 7.1.2.1</b></p>	<p>Required action was partially addressed. See comment GC-06 above.</p>
HH 09	<p><b>Section 3</b> “In addition to engagement data, it is expected Indigenous Knowledge will be integrated into the Human Health and Community Safety Assessment, where applicable. Due to sensitivities regarding this data, it is not expected a table similar to Table 1 will be provided. Instead, Indigenous Knowledge</p>	<p><b>Section 6.2</b> “...In the Impact Statement, the proponent is required to describe the type of confidential information provided by each Indigenous group without compromising stipulations in the confidentiality agreements and state how that information impacted the project design, baseline data, effects assessment or mitigation measures. The proponent is required to provide evidence to the Agency in the form of a letter from the Indigenous group that provided confidential information confirming that:</p>	<p>Provide further details to indicate how primary data collection for the Project will align with the OCAP principles as required in Section 9 of the Guidelines.</p> <p>Provide further details on how input received from Indigenous groups will be tracked, considered, and reported in the Impact Statement as required in Section 6 of the Guidelines.</p>	<p>Primary data collection activities will be consistent with OCAP principles as they apply to the protection of personal information.</p>	<p><b>Section 7.1.2.1</b></p>	<p>Required action was partially addressed. See comments GC-03 and GC-06above.</p>

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	<p><i>collected through means other than engagement (Indigenous Knowledge program and Socio-economic Primary Data Collection program) will be integrated into the reporting with relevant contextual information provided at a level of detail consistent with the confidentiality requested by participants.</i></p> <p><b>Section 4</b>  <i>"(...) Overall, data collection will be completed in support of the following objectives (...). While these objectives are important, the most consequential objective of the data collection will be to provide protection and respect for privacy and of personal information."</i></p>	<ul style="list-style-type: none"> <li>the Indigenous group that provided confidential information is satisfied with the way the Impact Statement was informed;</li> <li>the Indigenous group that provided confidential information is satisfied with the way the issue was solved or addressed..."</li> </ul> <p><b>Section 9</b>  "...The information provided must: be sufficient to provide a comprehensive understanding of the current community health status, while respecting the need to protect personal information and standards for the management of Indigenous data (i.e., OCAP)..."</p>				
HH-10	<b>Section 3, Table 1</b>	<p><b>Section 5.2</b>  "...The Impact Statement must include, at a minimum:...</p> <ul style="list-style-type: none"> <li>the engagement activities undertaken by the proponent, including the methods used, where and when engagement activities were held, the persons, organizations and diverse groups engaged, and results of engagement..."</li> </ul>	Update the information provided in Table 1 of the study plan to ensure that the method proposed to track information meets the requirements outlined in Section 5.2 of the Guidelines.	The study plan includes a commitment to collect disaggregated qualitative data by identity factors (when volunteered) to support the Human Health and Community Safety Assessment. Section 4.3 provides a commitment to consider gender and other identity factors in engagement activities for the purposes of data collection to support the IS / EA Report.	<b>Section 4.3</b>	<p>Required action was partially addressed. See comments GC-01 and GC-06.</p> <p>Established methodologies and protocols are available for scientific data collection that allow survey's results and outcomes to be reported without compromising the privacy and confidentiality of participants.</p> <p>In the Impact Statement, include a definition of what "when volunteered" meant for the data collection and provide a clear rationale for those variables that were not collected because not volunteered by participants.</p>
HH-11	<p><b>Section 4.1.1</b>  <i>"This includes the collection of Indigenous and local knowledge of the socio-economic environment, disaggregated qualitative data by identity factors when volunteered and other information relevant to understanding the current state of human health and safety conditions in the Project area."</i></p>	<p><b>Section 5.2</b>  "...The Impact Statement must include, at a minimum:...</p> <ul style="list-style-type: none"> <li>a description of efforts made by the proponent to engage diverse populations, including groups identified by gender, age or other community relevant factors (e.g., recreational hunters) to support the collection of information needed to complete the GBA+..."</li> </ul> <p><b>Section 6.3</b>  "...The Impact Statement must include, at a minimum:...</p> <ul style="list-style-type: none"> <li>a description of efforts to engage diverse populations of each Indigenous group in culturally appropriate ways, including groups identified by gender, age or other community</li> </ul>	<p>Provide more detail on how data collection will be ethical and respectful of confidentiality, including how the ownership, control, access and possession of data will be managed.</p> <p>Update the study plan to include a description of how diverse populations will be engaged to collect information necessary to support the GBA+.</p> <p>Provide details on the approach to assess differential effects that may affect diverse subgroups. This may require research on similar projects or communities using existing data sources and literature if information not volunteered by community members. Consent</p>	<p>Indigenous Knowledge and data obtained through engagement activities will be utilized in the assessment. Data will be disaggregated based on relevant identity factors including sex and age. Gender will not be considered unless publicly available or volunteered by respondents in the primary data collection program. This information will inform relevant intersectional analysis. Privacy and confidentiality will supersede all data requirements including disaggregation. Information from primary sources will only be reported with the informed consent of subjects.</p> <p>Section 4.3 provides a commitment to engage with various sub-groups.</p>	<b>Sections 2.1 and 4.3</b>	<p>Required action was partially addressed.</p> <p>The study plan commits to disaggregating data by sex and age but not by gender. Describe in the Impact Statement how data gaps or limitations (such as, but not limited to, potential gaps in the variable: Gender) were addressed with primary data collection or with secondary source information, such as academic research and qualitative and quantitative data on gendered divisions of labour, family, and community responsibility.</p> <p>Established methodologies and protocols are available for scientific data collection that allow survey's results and outcomes to</p>



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		<p>relevant factors (e.g., hunters, trappers, and other harvesters) to support the collection of information needed to complete the GBA+;...”</p> <p><b>Section 9</b>  “...The information provided must:  - be sufficient to provide a comprehensive understanding of the current community health status, while respecting the need to protect personal information and standards for the management of Indigenous data (i.e., OCAP);  - describe how community and Indigenous knowledge from relevant populations was used in establishing health baseline conditions, including input from diverse subgroups;  - provide disaggregated data and gender statistics;  - conduct intersectional gender analysis to examine differences in the status of diverse subgroups (e.g., women, youth, and elders) and their differential access to resources, opportunities and services;  describe any relevant indicators, and how they are reflective of community input...”</p> <p><b>Section 16</b>  “...The proponent must describe how community and Indigenous knowledge was used to collect baseline data and assess health effects and disaggregate the source of community or Indigenous knowledge, as well as social, economic, and health data, by representation by sex, age and other community-relevant identity factors to support identification of disproportionate effects through the application of GBA+.</p> <p>In assessing effects to valued components listed below, the analysis should discuss circumstances in a community where diverse subgroups, because of their particular circumstances, could experience adverse effects from the Project more severely than others, or be excluded from potential benefits, including Indigenous peoples or other community relevant subgroups (e.g., women, youth, elders)...”</p>	forms with information on how information will be protected should be provided in an annex.			<p>be reported without compromising the privacy and confidentiality of participants. Describe in the Impact Statement how data were anonymized and provide a clear rationale for those variables where anonymization was not a viable option to protect privacy and confidentiality of participants.</p> <p>See also comment GC-06.</p>
HH-12	<p><b>Section 4.1.1</b>  <i>“Data collection will focus on the communities most likely to be impacted by the Project including Marten Falls and Aroland First Nations. Based on the nature of the socio-community, primary data will also be collected in the regional service centre of the Municipality of Greenstone. These communities are</i></p>	<p><b>Section 5</b>  “...The Agency expects the proponent to engage with, at a minimum, the members of the public listed in the <i>Public Partnership Plan</i>.”</p> <p><b>Section 6</b>  “...The Agency requires the proponent to engage with, at a minimum, the communities listed in the <i>Indigenous Engagement and Partnership Plan</i>...”</p> <p><b>Section 7.4</b></p>	<p>Update the study plan to provide further details on defining the spatial boundaries of the Project to justify whether other communities, with members who are involved in land use activities within the project area, are or are not considered.</p> <p>Update the study plan to define how temporal boundaries of the impact assessment will be established for the Project.</p> <p>Demonstrate that all Indigenous groups listed in the IEPP will have an opportunity to comment</p>	<p>Section 6.2 has been updated to provide further details on the spatial boundaries of the Human Health and Community Safety Assessment. All communities identified in Table 4-1 will be engaged with to determine their interest and / or concern with respect to potential health and safety effects of the Project. As noted in the Study Plan, the Proponent remains open to receiving information from other communities on their activities and how interlinkages between the Project and those communities may result in Human Health and Community Safety effects. To be included in the Community Health LSA, a</p>	<p><b>Section 6.2</b></p>	<p>Required action was partially addressed. See comments GC-01 and GC-02 above.</p> <p>Include in the Impact Statement a human health effects assessment for each Indigenous group listed in the IEPP that may experience health-related impacts by the Project and/or that have expressed health-related concerns arising from the Project (direct, indirect, real or perceived) to</p>

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	<p><i>likely to experience the most Project-related change due to the location of the Project and its resulting access.”</i></p> <p><b>Section 5.1.2</b> <i>“The proponent remains open to receiving information from other communities on their activities within the Project Study Area (PSA) and how interlinkages between the Project and those communities may result in human health and community safety effects. To be included in the community health LSA, a community must demonstrate direct community-level socio-economic interest in the Project footprint; from changing access to the Marten Falls community due to the Project; or due to Project effects on the environment that impact the human health and community safety environment.”</i></p> <p><i>“Based on the information provided, the proponent will evaluate the individual communities that warrant inclusion in the local or regional study areas.”</i></p> <p><i>“Members in other communities who are involved in land use activities within the Project area are being assessed and considered under the Indigenous Knowledge Assessment, and Land and Resource Use Assessment.”</i></p> <p><b>Table 2:</b> <i>“The communities of Marten Falls First Nation; Aroland First Nation; and Municipality of Greenstone. These communities are likely to have observable</i></p>	<p>“...The spatial and temporal boundaries to be used in the impact assessment are outlined and discussed through the tailoring process, and include comments and input from federal and provincial government departments and agencies, local government, Indigenous groups, the public and other interested parties. The proponent should engage with Indigenous groups when defining spatial and temporal boundaries for valued components, especially for those that are identified by Indigenous groups. The proponent should validate with the Agency the spatial and temporal boundaries for each valued component.”</p> <p><b>Section 7.4.1</b> “...Spatial boundaries are defined taking into account the appropriate scale and spatial extent of potential effects and impacts of the Project; community knowledge and Indigenous knowledge; current or traditional land and resource use by Indigenous groups; exercise of Aboriginal and Treaty rights of Indigenous peoples, including cultural and spiritual practices; and physical, ecological, technical, social, health, economic and cultural considerations...”</p>	<p>on the list of criteria and indicators in the study plan and indicate whether the screened out groups have a direct community-level socio-community interest in the project footprint, prior to being screened out of the socio-community Local Study Area.</p> <p>Update the study plan to provide details on the engagement activities with other communities than those currently considered in the community health local study area. As per Section 5 of the Guidelines, the Agency expects the proponent to engage with, at a minimum, the members of the public listed in the Public Partnership Plan. (This is important to confirm the assumptions made prior to finalizing the community health local study area as described in Section 4.1.1 of the study plan.)</p>	<p>community must demonstrate direct community-level health or socio-economic interest in the Project footprint; from changing access to the MFFN community due to the Project, or due to potential direct and indirect Project effects on the environment that impact the Human Health and Community Safety.</p> <p>For information regarding the larger engagement program, please refer to the IS / EA Report Consultation Plan.</p>		<p>meet the requirements of Sections 6, 7 and 13 of the Guidelines.</p>

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	<p><i>changes in health due to construction and/or the increased access to lands and communities associated with the Project. Increased access to services may place additional strain on the regional service centre.”</i></p> <p><i>“However, much of the social determinants of health analysis will focus on communities, particularly those in the local study area.”</i></p>					
HH-13	<p><b>Section 4.1.2</b>  <i>“If the problem formulation step of the Human Health Risk Assessment (HHRA) identifies that a HHRA related to country food consumption is required, a tissue sampling program will be developed. This program will involve working with Indigenous communities to collect appropriate tissue samples from commonly harvested game species. It is anticipated that tissue sampling would focus on chemicals identified as being of concern in the Guidelines (e.g. arsenic, chromium, mercury and methylmercury).”</i></p>	<p><b>Section 9</b>            “...To understand the community and Indigenous context and baseline health profile, the proponent must:...            - provide baseline contaminant concentrations in drinking water and in the tissues of country foods (traditional foods) consumed by Indigenous groups and local communities. For game animals, the proponent is expected to work with local Indigenous groups to gather tissues-samples, as appropriate;            - describe the consumption of country foods (traditional foods) outside of the commercial food chain, including food that is trapped, fished, hunted, harvested or grown for consumption, medicinal purposes or has cultural value;            - if a Human Health Risk Assessment is required, provide baseline contaminant concentrations in the tissues of country foods (traditional foods) consumed by Indigenous groups and local communities; and...”</p> <p><b>Section 16.1</b>            “With respect to biophysical determinants of health, the Impact Statement must:...            - describe and quantify the health risk from exposure to COPCs (e.g., arsenic, chromium, mercury) via consumption of country foods and differential risk for vulnerable subgroups;...”</p>	<p>a) Update the study plan to provide further information on tissue sampling for all relevant country food types/species (e.g., plants, fish, birds and wildlife) that are identified through Indigenous engagement activities or a dietary/consumption survey.</p> <p>b) Update the study plan to provide further information on COPCs from project-associated emissions, and transport pathways of the COPCs into country foods (e.g., atmospheric deposition). For instance, dust, diesel particulate matter (DPM) and polycyclic aromatic hydrocarbons (PAHs) from construction activities and road traffic could deposit onto soil/vegetation on which country foods grow/occur, or which other country foods (game/higher trophic level species) may consume.</p>	See Section 7.1.2.2 for more information regarding tissue sampling. See Section 7.2.1 regarding the problem formulation step that is proposed that will examine potential COPCs of the Project.	<p><b>Sections 7.1.2.2 and 7.2.1</b></p>	<p>a) Required action was partially addressed. Section 7.1.2.2 of the Human Health study plan refers only to tissue sampling for game species.</p> <p>Provide in the Impact Statement a tissue sampling program that includes the representative country food types/species (e.g., plants, fish, birds and wildlife) of Indigenous interest, as informed by Indigenous engagement activities or appropriately justified surrogate data, to meet the requirements of Section 9 of the Guidelines.</p> <p>b) Required action was not addressed. Include in the Impact Statement further information on COPCs from project-associated emissions, and transport pathways of the COPCs into country foods (e.g., atmospheric deposition), in order to meet the requirements of Section 16.1 of the Guidelines. For instance, dust, diesel particulate matter (DPM) and polycyclic aromatic hydrocarbons (PAHs) from construction activities and road traffic could deposit onto soil/vegetation on which country foods grow/occur, or which other country foods (game/higher trophic level species) may consume.</p>
HH-14	<p><b>Section 5.1.2:</b>            “To be included in the community health LSA, a community must demonstrate direct community-level socio-economic interest in the Project footprint; from changing access to the</p>	<p><b>Section 6</b>            “...the proponent must provide Indigenous groups with an opportunity to:...            - comment on the list of valued components and indicators;...”</p> <p><b>Section 9</b></p>	Update the study plan to demonstrate that the Indigenous groups have been provided an opportunity to comment on the list of criteria and indicators in the human health and community safety study plan prior to the determination that the Indigenous groups will require detailed or less detailed community profiles.	<p>The list of VCs and indicators have not yet been circulated to Indigenous Communities for review and comment. They are considered to be draft and will be made available to interested communities once the IA / EA has commenced.</p> <p>The study plan includes references to the consideration of Indigenous Knowledge in the Human Health and Community Safety</p>	Section 5 Table 9-2	Required action was partially addressed. See comments GC-02 and GC-04.



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	<p>Marten Falls community due to the Project; or due to Project effects on the environment that impact the human health and community safety environment. Community-level socio-economic impacts can be defined as changes to the indicators (Section 5.2) that can reasonably be expected to potentially exceed a negligible magnitude (Section 6.2)."</p> <p>"Detailed community health profiles will be developed for communities listed in the community health LSA. The community health RSA will be profiled in less detail with key interactions and thematic information provided. Statistics collected on the RSAs will focus on larger regional areas such as unorganized regional districts. While many Indigenous communities are located within the regional study area, these communities will not be profiled individually given their relation to the Project is predominantly focused on cumulative effects from future developments."</p> <p>"Members in other communities who are involved in land use activities within the Project area are being assessed and considered under the Indigenous Knowledge Assessment, and Land and Resource Use Assessment."</p>	<p>"...To understand the community and Indigenous context and baseline health profile, the proponent must:</p> <ul style="list-style-type: none"><li>- complete a community health profile that describes the overall health of the community across standard health indicators including any specific community identified health concerns (real or perceived) that may be impacted by the Project;..."</li></ul>	<p>Update the study plan to clarify and cross-reference information collected through the land and resource use and Indigenous knowledge data collection that will be considered in the human health and community safety study.</p> <p>Revise the study plan to clarify what human health and community safety assessment will be considered under the Indigenous Knowledge Assessment and the Lands and Resource Use Assessment for those communities who are involved in land use activities within the project area.</p>	<p>Assessment (See Section 5). Table 9-2 outlines which other assessment results will be considered in the assessment of Human Health and Community Safety effects</p>		

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HH-15	<b>Section 5.2, Table 3</b> <i>"Human Health and Community Safety Criteria and Indicators</i> <i>Criteria: Public safety</i> <i>Indicators: Project-related Accidents; Vehicular Accidents; Violence and Harassment"</i>	<b>Section 16.2</b> "With respect to Social Determinants of Health, the Impact Statement must:... - describe effects on the safety of women and girls from project activities including worker accommodation, and as a result of new roads in remote areas;..."	Revise the study plan to provide more information around the 'Violence and Harassment' indicator to describe how it will address the safety risks to Indigenous women and girls.	The Violence and Harassment indicator has been expanded to consider this impact and includes the following statement: "Also to address potential safety risks to Indigenous women from users of the road during the operations period (e.g., human trafficking)."	Table 9-2	<p>Required action was not addressed. While Table 9-2 of the study plan now mentions potential risks to Indigenous women as a rationale for selection of Violence/Harassment as a valued component, the study plan provides no information on how the indicator will be defined nor what change (i.e., which variables) will the indicator measure.</p> <p>As required by Section 6 of the Guidelines, provide all Indigenous groups listed on the IEPP an opportunity to comment on the proposed valued components and indicators. This should include the Violence/Harassment valued component and indicators proposed to assess effects to the safety of women and girls from project activities. At a minimum, the description of the indicators should clearly outline what change will be measured and which variables will be used.</p> <p>Include in the Impact Statement an assessment of potential effects on the safety of women and girls from project activities including workers' accommodation, and as a result of new roads in remote areas, to meet the requirements of Section 16.2 of the Guidelines.</p> <p>See also GC-02.</p>
HH-16	<b>Section 5.2</b> <i>"At this time, criteria and indicators have been developed considering engagement undertaken to date with Indigenous communities, the nature of the project, and knowledge of the northern Ontario community health environment. Criteria and indicators may be further refined through future engagement activities and the collection of Indigenous knowledge."</i>  <b>Table 3: Human Health and Community Safety Criteria and Indicators</b> <i>Criteria: Public safety</i> <i>Indicators: Project-related Accidents; Vehicular</i>	<b>Section 16</b> "...Indicators should be developed by the proponent using best practice, Agency guidance, and through engagement with Indigenous groups and the public. Rationale for the indicators chosen should be provided...  ... In addition to the references listed in sections 7.2 and 9, the following sources offer examples of data tools or data sources that include indicators potentially relevant to reporting on the determinants of health: - PHAC, Health Inequalities Data Tool: ( <a href="https://health-infobase.canada.ca/health-inequalities/indicat">https://health-infobase.canada.ca/health-inequalities/indicat</a> ); - Statistics Canada: ( <a href="https://www150.statcan.gc.ca/n1/daily-quotidien/160412/dq160412a-eng.htm">https://www150.statcan.gc.ca/n1/daily-quotidien/160412/dq160412a-eng.htm</a> ); - Canadian Institute for Health Information (CIHI): ( <a href="http://www.cihiconferences.ca/indicators/epub/table_s_e.html#comm_health">http://www.cihiconferences.ca/indicators/epub/table_s_e.html#comm_health</a> );	<p>Provide an explanation for which best practices or other relevant guidance were used to identify, prioritize and select the proposed criteria and indicators.</p> <p>Provide a clear description in the study plan of how all Indigenous groups listed in the IEPP will have opportunities to provide Indigenous knowledge, including the validation of the baseline data collected. This should include a description of the proposed methods for data collection, management of confidentiality, and information storage. This should also include a methodology for tracking information that has been approved by the group, to demonstrate that guidance outlined in Section 6.2 of the Guidelines has been incorporated into this study plan.</p> <p>Provide a rationale for the proposed expression of change for the "project-related accidents"</p>	<p>Section 9.2 outlines factors that were considered in the selection of the VCs and indicators. It is also noted that the VCs and Indicators are draft and subject to further input from interested persons. Specific comments on the indicators identified or suggestions for other indicators by the Agency is welcome.</p> <p>See previous responses regarding commitment to engage with interested communities, as well as Section 4 of the Study Plan and the IS / EA Report Consultation Plan for more information on engagement.</p> <p>Section 7.2 includes a statement that commits to validating that information received has been accurately documented.</p> <p>The Project-related Accidents indicator is focused on construction and operations and maintenance activities. It is distinct from the indicator that will examine Road Use Accidents.</p>	Sections 4, 7.2, 9.2, Table 9-2	<p>Required action was partially addressed. Safety considerations during non-vehicular use of the road were included for Indigenous women only. Other vulnerable sub-groups (e.g., children, elders) may also be exposed to increased safety risks.</p> <p>In the Impact Statement, expand the "Violence and Harassment" indicator to include potential safety risks to all vulnerable sub-groups (e.g., children).</p> <p>Include in the Impact Statement a description of vulnerable female sub-groups (e.g. Indigenous women, younger women, girls, etc.), that are often disproportionately affected by health and safety risks, including intimidation and discrimination. The Impact Statement should describe the risks and negative impacts that could be experienced by groups that are not specifically involved in the Project.</p>

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	Accidents; Violence and Harassment	<p>- First Nations Information Governance Centre: (<a href="https://fnigc.ca/rhs3report">https://fnigc.ca/rhs3report</a>);</p> <p>- Positive Mental Health Indicators Framework (PHAC): (<a href="https://health-infobase.canada.ca/positive-mental-health/">https://health-infobase.canada.ca/positive-mental-health/</a>); and</p> <p>- Past health impact assessments (<a href="https://www.pewtrusts.org/en/projects/health-impact-project">https://www.pewtrusts.org/en/projects/health-impact-project</a>)..."</p> <p><b>Section 16.2</b> "With respect to Social Determinants of Health, the Impact Statement must:... describe effects on the safety of women and girls from project activities including worker accommodation, and as a result of new roads in remote areas;..."</p>	<p>indicator with respect to injuries to community members.</p> <p>Provide further information on whether non-vehicular use of the road (e.g., hitchhiking, walking) will be considered in the assessment, and how this will be considered in the indicators and expressions of change. The proportion of residents who own a vehicle or driver's license could be an indicator of how the road will be used, disaggregated by GBA+ factors.</p> <p>Provide further information on whether and how the Public Safety indicators will specifically address concerns for the safety of Indigenous women and girls.</p>	<p>More information on this indicator can be found in Table 9-2.</p> <p>The Road Use Accidents indicator will consider the potential for accidents to all road users, including pedestrians and hitchhikers. More information on this indicator can be found in Table 9-2.</p>		In the Impact Statement, include relevant mitigation measures. If temporary infrastructure is required, such infrastructure should include washroom facilities that are safe spaces for all workers.
HH -17	<p><b>Section 6.2</b></p> <p><b>Table 4: Social and Environmental Determinants of Health Magnitude Definitions</b> <i>Definitions: An effect that [may or may not be/ is small but/ is clearly] discernible and [within/beyond] the human health and community safety variability defined by baseline conditions. The effect is [within/beyond] the capacity of the health system to respond and/ or [will not/ will] alter the current health structures.</i></p> <p><i>Rationales: [negligible/low/medium/high] effects [are small and may not be/ are] noticeable. These effects [do not/may or may not/do] represent a change in day-to-day life at a community level and [can/ cannot] be responded to within the current health system resulting in systemic change.</i></p>	<p><b>Section 16.2</b> "...The variation of effects during different project phases and times of year should be described as well as potential project-related effects on the community health profile (e.g., changes to existing communal activities, support networks and cultural/spiritual practices that may contribute to community resilience..."</p> <p><b>Section 21</b> "...Proponents must describe the extent to which residual effects are adverse. Where relevant, or where best practice or evidence-based thresholds exist, effects should be described using criteria to quantify adverse effects..."</p> <p>In addition, effects should be characterized using language most appropriate for the effect (for example, impacts on the exercise of Aboriginal and Treaty rights and social effects may be described differently from biophysical effects)...</p> <p>The Impact Statement must:...</p> <ul style="list-style-type: none"> <li>- characterize residual effects for human health using human health-related criteria most appropriate for the carcinogenic and non-carcinogenic health effects of non-threshold contaminants;...</li> <li>- provide the rationale for the choice of criteria used to determine the extent to which the predicted effects are adverse. The information provided must be clear and sufficient to enable the Agency, review panel, technical and regulatory agencies, Indigenous groups, and the public to review the proponent's analysis of effects;..."</li> </ul>	<p>Provide clear definitions for quantitative and qualitative criteria that will be used to measure the expression of change for each indicator in Section 6.2 of the study plan, in order to demonstrate that the requirements of Sections 16.2 and 21 of the Guidelines would be met.</p> <p>Quantitative indicators (preferably comprising evidence-based thresholds) should be used for the assessment of residual effects on biophysical determinants of health (e.g., federal and provincial environmental quality standards and guidelines) and human health risks (e.g., Hazard Quotient and Incremental Lifetime Cancer Risk).</p> <p>Clarify how a discernable effect will be identified and used to determine the magnitude of residual effects. Where possible, include quantitative indicators and evidence-based thresholds / definitions relevant to the proposed indicators in Section 6.2 of the study plan, in order to demonstrate that the requirements of Sections 16.2 and 21 of the Guidelines would be met.</p> <p>Provide a definition of the "health system and structures", including location with respect to potentially affected communities, and links to other health practices or community support services that contribute to resilience.</p> <p>Refer to the following resources for best practices on developing assessment criteria: International Finance Corporation. 2009. Introduction to Health Impact Assessment. Available at: <a href="https://www.ifc.org/wps/wcm/connect/e7f68206-7227-4882-81ad-">https://www.ifc.org/wps/wcm/connect/e7f68206-7227-4882-81ad-</a></p>	<p>Please see Section 7.2.1 regarding the proposed approach to problem formulation in regard to environmental determinants of health. Should a HHRA study be determined to be warranted, more specific thresholds can be developed. Social determinants of health effects will be described qualitatively in a manner consistent with the magnitude definitions in Section 9.6. Quantification will be pursued where possible but may not be feasible for social factors related to Human Health and Community Safety. However, the magnitude of effect will be noted with respect to different sub-groups and relevant identity factors, where applicable.</p> <p>This suggested resource will be reviewed in the confirmation of the VCs and indicators, and has been listed as a preliminary data source in Appendix A.</p> <p>This suggested resource will be reviewed in the confirmation of the VCs and indicators, and has been listed as a preliminary data source in Appendix A.</p>	<p>Section 7.2.1</p> <p>Table 9-2, Appendix A</p>	<p>Required action was partially addressed.</p> <p>The human health study plan does not provide clear definitions for quantitative and qualitative criteria, including quantitative indicators used for the assessment of biophysical determinants of health and human health risks, and "discernable effects", which are used to measure the magnitude of residual project impacts.</p> <p>Include in the Impact Statement clear definitions for quantitative and qualitative criteria to measure the magnitude of residual project impacts on human health, which should be based on engagement with potentially affected communities and relevant health authorities.</p> <p>The human health study plan does not provide a definition for "health system" in the Human Health and Community Safety Magnitude Definition (Table 9-5; 54) or in Appendix B.</p> <p>Provide further information on the definition of "health system", referenced in Table 9-5, including the location relative to potentially affected Indigenous groups, local communities, and links to other health practices or community support services that contribute to resilience.</p>



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			<a href="https://www.inspq.gc.ca/en/publications/1800">904cd6387bb7/HealthImpact.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-e7f68206-7227-4882-81ad-904cd6387bb7-igeABQN</a> Public Health Expertise and Reference Centre. 2014. Social Impact Assessment in the Environmental Sector: health network support guide. Available at: <a href="https://www.inspq.gc.ca/en/publications/1800">https://www.inspq.gc.ca/en/publications/1800</a>	This suggested resource will be reviewed in the confirmation of the VCs and indicators, and has been listed as a preliminary data source in Appendix A.	Table 9-2, Appendix A	
HH-18	<b>Section 6.1.1</b> “Construction of future expenditure related to new human health and community safety facilities, services and/or infrastructure due to Project effects.”	<b>Section 9</b> “...Examples of social determinants of health that may be relevant to the Project are provided for consideration:... <ul style="list-style-type: none"> <li>access to health services;...”</li> </ul>	Provide further information on access to health services as well as potential increase in burden to existing community health centres (i.e. nursing stations), due to project construction activities.	As outlined in Table 9-2, the indicator Access to Health Services is included and will also consider demand changes to health services during the construction period.	Table 9-2	Required action was addressed.
HH-19	<b>Section 6.1.2</b> “Selection of Exposure Scenarios: This task reviews and considers outcomes of study area characterization, exposure pathway and route selection, and COPC identification steps of problem formulation, as well as consideration of applicable regulatory HHRA guidance. The exposure scenarios in a HHRA must reflect the means by which human receptors are most likely to come into contact with chemicals in study area environmental media and/or locally harvested food items, as a function of study area access and use patterns. Outcomes of community engagement and key IA component studies will be used to refine the development of exposure scenarios.”  “In the event that country food ingestion warrants evaluation in a HHRA (if determined by completion of the HHRA problem formulation step), the assessment of country foods would require consideration of a dietary survey that could be administered among the	<b>Section 9</b> “...The information provided must: <ul style="list-style-type: none"> <li>describe how community and Indigenous knowledge from relevant populations was used in establishing health baseline conditions, including input from diverse subgroups;...”</li> </ul> “...To understand the community and Indigenous context and baseline health profile, the proponent must:... describe the consumption of country foods (traditional foods) outside of the commercial food chain, including food that is trapped, fished, hunted, harvested or grown for consumption, medicinal purposes or has cultural value. Specify which species are used, quantities, frequency, harvesting locations, and how the data were collected (e.g., site-specific consumption surveys);...”	a) Provide a characterization of local Indigenous people’s consumption of country foods as part of the baseline assessment, as per Section 9 of the Guidelines.  b) Provide a description of how site-specific information on the consumption of country foods will be acquired to establish the baseline conditions and form the HHRA’s problem formulation step. Alternatively, consider making use of surrogate data from reference sites.  Refer to the following sources to acquire country food consumption data: <ul style="list-style-type: none"> <li>University of Ottawa, Université de Montréal, and Assembly of First Nations. 2014. First Nations Food, Nutrition &amp; Environment Study, Results from Ontario 2011 – 2012. Available at: <a href="http://www.fnfnes.ca/docs/FNFNES_Ontario_Regional_Report_ENGLISH_2019-10-16.pdf">http://www.fnfnes.ca/docs/FNFNES_Ontario_Regional_Report_ENGLISH_2019-10-16.pdf</a>.</li> <li>Health Canada. 2018. Guidance for Evaluating Human Health Impacts in Environmental Assessments: Country Foods.</li> <li>Health Canada. 2019. Guidance for Evaluating Human Health Impacts in Environmental Assessment: Human Health Risk Assessment.</li> </ul>	As outlined in Table 9-2, the indicators Food Consumption and Food Supply under the Diet VC are included. As part of the primary data collection program, information on the use of country foods will be collected from communities in the LSA and the potential for Project-related impacts will be assessed. These data collection programs will be coordinated with the Indigenous Knowledge Program. See Appendix B of the Aboriginal and Treaty Rights and Interests Study Plan for sample questions related to country food harvesting.  The data sources references will be considered and are listed as preliminary data sources in Appendix A	Table 9-2, Appendix A	a) Required action was not addressed. The human health study plan states that community specific data will only be collected if an HHRA is required, but does not specify what data will be used to characterize exposure pathways in the problem formulation step.  Characterize Indigenous groups’ consumption of country foods as part of the baseline data report and seek the Federal Review Team’s confirmation of the assumptions, the parameters and the data that will be used in the analysis related to the Human Health Risk Assessment.  Promptly inform the Federal Review Team of the Proponent’s determination of whether the Human Health Risk Assessment is warranted for the Project, including the findings that support the determination, prior to development of the Impact Statement.  If the outcome of the HHRA problem formulation step indicates that a Human Health Risk Assessment is required, provide a baseline data report including an overview of what data will be used to characterize exposure pathways.  b) Required action was addressed.

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	local Indigenous communities to determine which country foods are harvested and consumed, and at what rates, frequencies, and quantities. Such a survey could also determine the harvesting locations of country food items, which would inform whether or not the project is likely to influence country food contamination at a given harvesting location.”					
HH-20	<p><b>Section 6.1.2</b> “If the problem formulation determines that a HHRA is required, then a HHRA study would be conducted according to current Health Canada guidance documents and recommended approaches. In that event, IAAC would be consulted for input (...) If the problem formulation determines that a HHRA study is not warranted in relation to the project, rationale will be provided.”</p> <p>“Compiling of Issues of Concern: Based on the outcomes of community engagement programs, human health-related issues of concern would be compiled and tabulated. The documented issues would be considered in the subsequent tasks of problem formulation with respect to whether or not and how they could be evaluated using HHRA tools and methods.”</p> <p>“It is possible that a HHRA study may be deemed unnecessary for technical reasons (such as lack of exposure pathways or lack of chemicals of concern in study area media), but still be conducted to enable addressing public or other</p>	<p><b>Section 16.1</b> “With respect to biophysical determinants of health, the Impact Statement must: ... in situations where project related air, water or noise emissions meet local, provincial, territorial or federal guidelines, and yet public concerns were raised regarding human health effects, provide a description of the public concerns and how they were or are to be addressed;...”</p>		The documentation for the Human Health and Community Safety Assessment will include all issues raised related to this discipline as well as the responses to these issues, including how applicable and relevant issues and concerns were assessed.	IS / EA Report Consultation Plan	<p>Required action was partially addressed. See comments GC-02, GC-03, GC-05 and GC-08.</p> <p>In the human health workplan, clarify when and how Indigenous groups listed in the IEPP will be provided with an opportunity to comment on the outcome of the Proponent’s determination of whether the Human Health Risk Assessment is warranted for the Project. If a Human Health Risk Assessment is deemed not necessary, describe how human health concerns from Indigenous groups and the public concerns will be addressed.</p>
			<p>Update the study plan to demonstrate that the record of engagement will include descriptions of how issues raised by Indigenous groups and the public regarding the human health risk assessment have been considered in the Impact Statement and how they were addressed throughout the impact assessment, including situations where project related air, water or noise emissions are predicted to meet local, provincial, territorial or federal guidelines.</p> <p>If a human health risk assessment is not deemed capable of effectively addressing human health related issue(s) raised by public, Indigenous groups or other stakeholders, the proponent should consider additional measures (e.g., ambient monitoring of air, water, country foods).</p> <ul style="list-style-type: none"> <li>- Refer to the following sources to support the monitoring of potentially impacted environmental media: as per Health Canada’s guidance documents:Section 6.8 of Health Canada’s 2016 Guidance for Evaluating Human Health Impacts in Environmental Assessment: AIR QUALITY.</li> <li>- Section 6.1.4 of Health Canada’s 2016 Guidance for Evaluating Human Health Impacts in Environmental Assessment:</li> </ul>	Issues related to air and water quality will be covered by other disciplines, including the Atmospheric Environment Study Plan and Surface Water Study Plan. As noted in Table 9-2, the results from these other assessments will be considered in the Human Health and Community Safety Assessment.	<p>Record of Consultation and Engagement</p> <p>Table 9-2</p> <p>Atmospheric Environment Study Plan</p> <p>Surface Water Study Plans</p>	

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	stakeholder concerns raised about human health issues. This would only occur though if HHRA tools and methods are capable of addressing the issue(s) effectively. The HHRA problem formulation step would inventory and list all documented public and other stakeholder concerns that relate to project human health effects, and these concerns would be considered for all problem formulation tasks.”		<p>DRINKING AND RECREATIONAL WATER QUALITY.</p> <ul style="list-style-type: none"> <li>- Section 5.4 of Health Canada’s 2018 Guidance for Evaluating Human Health Impacts in Environmental Assessments: COUNTRY FOODS.</li> </ul>			
HH-21	<b>Section 6.1.2</b> “In the event that country food ingestion warrants evaluation in a HHRA (if determined by completion of the HHRA problem formulation step), the assessment of country foods would require consideration of a dietary survey that could be administered among the local Indigenous communities to determine which country foods are harvested and consumed, and at what rates, frequencies, and quantities. Such a survey could also determine the harvesting locations of country food items, which would inform whether or not the project is likely to influence country food contamination at a given harvesting location.”	<p><b>Section 9</b></p> <p>“...The information provided must:...</p> <ul style="list-style-type: none"> <li>- describe how community and Indigenous knowledge from relevant populations was used in establishing health baseline conditions, including input from diverse subgroups;...</li> </ul> <p>To understand the community and Indigenous context and baseline health profile, the proponent must:...</p> <p>describe the consumption of country foods (traditional foods) outside of the commercial food chain, including food that is trapped, fished, hunted, harvested or grown for consumption, medicinal purposes or has cultural value. Specify which species are used, quantities, frequency, harvesting locations, and how the data were collected (e.g., site-specific consumption surveys);...”</p>	<p>Provide, as part of the baseline human health assessment, further information about the plan to collect data regarding country foods consumed by each Indigenous group, including the country foods that are harvested and consumed, and consumed at what rates, frequencies, and quantities.</p> <p>Refer to the First Nations Food, Nutrition and Environment Study to obtain suggested sources for consumption data, available at <a href="http://www.FNFNES.ca">www.FNFNES.ca</a></p>	As outlined in Table 9-2, the indicators Food Consumption and Food Supply under the Diet VC are included. As part of the primary data collection program, information on the use of country foods will be collected from communities in the LSA and the potential for Project-related impacts will be assessed. These data collection programs will be coordinated with the Indigenous Knowledge Program. See Appendix B of the Aboriginal and Treaty Rights and Interests Study Plan for sample questions related to country food harvesting.	Table 9-2	Required action was addressed.
HH-22	<b>Section 6.1.2</b> “A more comprehensive HHRA, if necessary, would also be expected to consider all human receptor age classes (i.e., infant, toddler, child, adolescent, adult) for both males and females. Potential exposure pathways that would likely be considered in a more comprehensive HHRA include: ● soil ingestion/dermal contact	<p><b>Section 16.1</b></p> <p>“With respect to biophysical determinants of health, the Impact Statement must:...</p> <ul style="list-style-type: none"> <li>- provide a detailed rationale/explanation if a determination is made that an assessment of any COPCs (e.g., arsenic, chromium, mercury) or exposure pathways should be excluded and/or screened out of the assessment and if the proponent decides to deviate from the suggested assessment approaches and methods or determines that such assessment is not warranted;...</li> <li>- food security: describe effects to availability, use and consumption of country foods</li> </ul>	Provide more information on how human receptor age classes will be considered, as per Sections 16.1 and 16.2 of the Guidelines, for the determination of whether a human health risk assessment is required.	In the collection of primary data, age will be considered. Targeted engagement with different age groups (e.g., youth and elders) will be undertaken. As noted in Section 9.6, where appropriate, information regarding residual effects will be disaggregated by sex, gender, age and other community relevant identity factors to identify disproportionate residual effects for diverse subgroups.	Section 9.6	Required action was addressed.



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	<ul style="list-style-type: none"> <li>• drinking water ingestion</li> <li>• outdoor air and dusts inhalation</li> <li>• country foods ingestion</li> </ul> <p><i>In the event that country food ingestion warrants evaluation in a HHRA (if determined by completion of the HHRA problem formulation step), the assessment of country foods would require consideration of a dietary survey that could be administered among the local Indigenous communities to determine which country foods are harvested and consumed, and at what rates, frequencies, and quantities.”</i></p>	<p>(traditional foods) and health impacts of this effect; and ...”</p> <p><b>Section 16.2</b>  “With respect to Social Determinants of Health, the Impact Statement must:...  - describe and quantify specific thresholds and document if different thresholds were considered for vulnerable populations, including by sex and age; provide rationale and justification if specific thresholds not used;...”</p>				
HH-23	<p><b>Section 6.2, Table 4</b> “An effect that may or may not be discernible but is within the human health and community safety variability defined by baseline conditions. The effect is within the capacity of the health system to respond and/ or will not alter the current health structures.”</p> <p><i>“An effect that is clearly discernable and beyond the human health and community safety variability defined by baseline conditions. The effect is beyond the capacity of the health system to respond and/ or will alter the current economic structures.”</i></p>	<p><b>Section 16.2</b>  “... The variation of effects during different project phases and times of year should be described as well as potential project-related effects on the community health profile (e.g., changes to existing communal activities, support networks and cultural/spiritual practices that may contribute to community resilience...”</p> <p><b>Section 21</b>  “After considering the consequences of technically and economically feasible mitigation measures, the Impact Statement must describe any residual environmental, health, social or economic effects of the Project and whether those effects would occur in the local or regional study area. This includes consideration of both positive and negative effects of the Project and input received from the public, Indigenous groups, lifecycle regulators, jurisdictions, federal authorities and other interested parties. If an Indigenous group identifies that there are residual effects to rights or interests, those effects should be carried through for residual effects analysis. Where appropriate, information regarding residual effects should be disaggregated by sex, gender, age and other community relevant identity factors to identify disproportionate residual effects for diverse subgroups as per the GBA+...”</p> <p>Characterizing effects should be based largely on the level of concern expressed through engaging with the affected Indigenous groups and community members...”</p>	<p>Revise the study plan to provide definitions of magnitude that follow the guidance provided in the Guidelines.</p> <p>Update the study plan to provide clarity on how ‘discernable’ effects will be defined and how the input and level of concern of Indigenous groups and the public will be taken into consideration.</p> <p>Update the study plan to clarify why the indicator ‘health system capacity’ is proposed as an indicator of magnitude and not of effect to human health.</p>	<p>Definitions of magnitude of effect have been edited to be more consistent with the TISG. The reference to "health system capacity" relates to the capacity of the health system to mitigate possible effects. This has been clarified in Table 9-4.</p>	Table 9-4	<p>Required action was partially addressed.</p> <p>While definitions of magnitude of effect were improved, the revised study plan does not provide any information about how input from Indigenous groups and members of the public will inform the definitions of magnitude of effect.</p> <p>Include in the human health work plan, a description of how the level of concern expressed by potentially impacted Indigenous groups was/will be taken into consideration in the effects assessment, as required by the Guidelines.</p> <p>See comments GC-02, GC-03, and GC-04.</p>

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HH-24	<b>Section 7, Table 5, ID 6:</b> <i>‘Gender will not be considered unless publicly available or volunteered by respondents to the primary program.’</i>	<b>Section 6.3</b> “...The Impact Statement must include, at a minimum:... - a description of efforts to engage diverse populations of each Indigenous group in culturally appropriate ways, including groups identified by gender, age or other community relevant factors (e.g., hunters, trappers, and other harvesters) to support the collection of information needed to complete the GBA+;...”  <b>Section 7.1</b> “...The application of GBA+ to baseline conditions for diverse subgroups is necessary to support the GBA+ of effects. GBA+ uses standard social science quantitative and qualitative data collection and analysis methods to describe baseline conditions across diverse subgroups...”  <b>Section 9</b> “...The information provided must:... conduct intersectional gender analysis to examine differences in the status of diverse subgroups (e.g., women, youth, and elders) and their differential access to resources, opportunities and services; describe any relevant indicators, and how they are reflective of community input;...”	Provide details on how the proponent plans to assess effects that may affect diverse subgroups to meet the requirements of the Guidelines.  Describe how the proponent will engage diverse populations to collect information necessary to support the GBA+.	Section 4.3 outlines the proposed approach to the consideration of identify and GBA+. If primary data are not available from all communities in the LSA to support the GBA+ analysis, then information from secondary sources would be considered to complete the assessment to the best of our ability. Ideally, sufficient primary data is provided to support the GBA+ analysis can be obtained. If this information is not provided by the communities then an approach to complete the GBA+ assessment without these data will be developed with input from the Agency.	Section 4.3	Required action was partially addressed. See comments GC-02, GC-04, GC-05 and GC-06.  The Impact Statement must include a human health and community safety baseline community profile for <u>each</u> Indigenous group listed in the Indigenous Engagement and Partnership Plan and for each local community listed in the Public Participation Plan, to meet the requirements of Section 9 of the Guidelines. The baseline community profiles should be used to inform the effects assessment required by Sections 16, 16.1 and 16.2 of the Guidelines.
			The proponent should seek to solicit information necessary to support the GBA+, and if unsuccessful, efforts made should be described in the Impact Statement. Section 6.3 of the Guidelines state that the Impact Statement must include, at a minimum, a description of efforts to engage diverse populations of each Indigenous group in culturally appropriate ways, including groups identified by gender, age or other community relevant factors (e.g., hunters, trappers, and other harvesters) to support the collection of information needed to complete the GBA+. Refer to Agency guidance for more information on the GBA+ approach: <a href="https://www.canada.ca/en/impact-assessment-agency/services/policy-guidance/practitioners-guide-impact-assessment-act/gender-based-analysis.html">https://www.canada.ca/en/impact-assessment-agency/services/policy-guidance/practitioners-guide-impact-assessment-act/gender-based-analysis.html</a>	Noted. See above response.	Section 4.3	
HH-25	<b>Section 7, Table 5, ID 8:</b> <i>“Data collection, information sources, study areas and assessment methods have been designed respective of the guidance included here. This will include drawing on other impact assessments (bio-physical and socio-economic), data sources provided by IAAC, and relevant primary and</i>	<b>Section 9</b> “...In preparing the report on baseline community health profile, the proponent must identify the environmental and social area of influence of the Project. To understand the community and Indigenous context and baseline health profile, the proponent must: - provide baseline contaminant concentrations in drinking water and in the tissues of country foods (traditional foods) consumed by Indigenous groups and local communities...	Update the study plan with the description of the approach proposed to understand which country foods are consumed by Indigenous groups and local communities, as required by Section 9 of the Guidelines. Provide further information on the assessment of food security, availability and use.  Provide a description of the approach to collect baseline contaminant concentrations in country food tissues.	As outlined in Table 9-2, the indicators Food Consumption and Food Supply under the Diet VC are included. As part of the primary data collection program, information on the use of country foods will be collected from communities in the LSA and the potential for Project-related impacts will be assessed. These data collection program will be co-ordinated with the program to collect Indigenous Knowledge. See Appendix B of the Aboriginal & Treaty Rights study plan for sample questions related to country food	Table 9-2 Section 7.1.2.2 Appendix A	Required action was not addressed.  The study plan does not provide enough information to determine whether the requirements concerning food security of the Guidelines will be met.  In addition, the questionnaire described in Appendix B of the Aboriginal Treaty Rights Study Plan relating to country foods is limited and analysis may be difficult. A list of commonly consumed foods, including

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	<i>secondary data sources including the socio-economic primary data program and Indigenous knowledge program.”</i>	<ul style="list-style-type: none"> <li>- describe the consumption of country foods (traditional foods) outside of the commercial food chain, including food that is trapped, fished, hunted, harvested or grown for consumption, medicinal purposes or has cultural value. Specify which species are used, quantities, frequency, harvesting locations, and how the data were collected (e.g., site-specific consumption surveys);</li> <li>- if a Human Health Risk Assessment is required, provide baseline contaminant concentrations in the tissues of country foods (traditional foods) consumed by Indigenous groups and local communities; and</li> <li>- describe the status of food security and food sovereignty within the Indigenous groups and local communities.”</li> </ul>	Refer to the First Nations Food, Nutrition and Environment Study to access existing study/data sources for baseline consumption of country foods, and food security, available at <a href="http://www.FNFNES.ca">www.FNFNES.ca</a>	<p>harvesting. The specific details on the program to collect the information are to be developed.</p> <p>Refer to section 7.1.2.2 regarding tissue sampling.</p> <p>The referenced study will be reviewed and considered and has been included in the preliminary list of data sources in Appendix A.</p>		<p>specie/types should be developed along with the questionnaire.<sup>3</sup></p> <p>As required by Section 6 of the Guidelines, provide all Indigenous groups listed on the IEPP an opportunity to comment on the proposed approach to assess potential impacts of the Project to food security and effects to country foods (traditional foods) availability. This should include an opportunity to provide feedback on the questionnaire and share information on commonly consumed foods.</p> <p>See also GC-02.</p>
HH-26	<p><b>Section 7, Table 5, ID 8:</b>  <i>“Data collection, information sources, study areas and assessment methods have been designed respective of the guidance included here. This will include drawing on other impact assessments (bio-physical and socio-economic), data sources provided by IAAC, and relevant primary and secondary data sources including the socio-economic primary data program and Indigenous knowledge program.”</i></p> <p><b>Section 7, Table 5, ID 21:</b>  <i>“Completion of a consolidated checklist applicable to the Project may be considered by the proponent, if provided by Health Canada.”</i></p>	<p><b>Section 9</b>          “...To understand the community and Indigenous context and baseline health profile, the proponent must:...</p> <ul style="list-style-type: none"> <li>- provide the approximate number, distance and identity factors of likely human receptors, including any foreseeable future receptors, that may be impacted by changes in air, water, country food quality (e.g., dust deposition on vegetation), and noise levels....</li> <li>- describe drinking water sources which may be effected by the Project...</li> <li>- provide baseline contaminant concentrations in drinking water and in the tissues of country foods (traditional foods) consumed by Indigenous groups and local communities...</li> <li>- describe the consumption of country foods (traditional foods) outside of the commercial food chain...</li> <li>- if a Human Health Risk Assessment is required, provide baseline contaminant concentrations in the tissues of country foods (traditional foods) consumed by Indigenous groups and local communities;...”</li> </ul> <p><b>Section 16.2</b>          “...It is requested that the proponent complete the checklists provided in the Health Canada guidance documents so as to assist Health Canada and other participants verify that the main components of the assessment are completed and to identify the locations of this information. Completing the checklists is especially useful when the analyses on</p>	<p>a) Provide further clarification in the concordance table to indicate explicitly how the Section 9 requirements of the Guidelines will be addressed in the human health and community safety study plan.</p> <p>b) Provide further information to indicate whether the checklists from Health Canada guidance documents will be included in the Impact Statement.</p> <p>Refer to the following Health Canada guidance document checklists: Air Quality, Noise, Drinking and Recreational Water Quality, Country Foods, and Human Health Risk Assessment</p>	<p>The referenced Health Canada guidance documents will be referenced and considered in the assessment.</p>	Appendix A	<p>a) Required action was not addressed. Include in the Impact Statement a clear description of how the Section 9 requirements of the Guidelines were addressed.</p> <p>b) Required action was not addressed. Ensure that the checklists from Health Canada guidance documents are completed and included in the Impact Statement.<sup>4</sup></p>

<sup>3</sup> Refer to [www.FNFNES.ca](http://www.FNFNES.ca) for sample food survey questionnaire.

<sup>4</sup> Refer to the following Health Canada guidance document checklists: Air Quality, Noise, Drinking and Recreational Water Quality, Country Foods, and Human Health Risk Assessment



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		a topic are found in multiple sections of the Impact Statement documentation...”				
HH-27	<b>Section 7, Table 5, ID 11:</b> <i>“Assessment of the effects of the Project on human health must consistently take into account real and perceived risk and carry out baseline studies using recognized methodological best practices to determine perceived risk. Real and perceived risk, as identified through engagement, will be considered in the assessment.”</i>	<b>Section 16</b> <i>“...The assessment must consistently take into account real and perceived risk and carry out baseline studies using recognized methodological best practices and as reflected in these guidelines, to determine perceived risk...”</i>	Provide further information on how the Impact Statement will consider the perception of risk related to food and water.	When engaging with communities as part of the primary data collection program, individual perceptions of risk regarding the project will be explored.	Section 7.1.2.1	Required action was addressed.
				The use of surveys and questionnaires will be considered when exploring issues and concerns related to risk perception of the project, including the perceived risk associated with road use.	Section 7.1.2.1	
HH-28	<b>Section 2:</b> <i>“Health determinants related to social structures and equity factors will primarily be documented in other reports.”</i>  <b>Section 6.1.1:</b> <i>“The Social Determinants of Health Assessment will assess Project and cumulative impacts using the same methodologies and frameworks as the larger Project Impact Assessment.”</i>  <i>“The Social Determinants of Health Assessment is informed by academic literature, best practices in social impact assessment and previous similar EAs. The methodology to complete the Social Determinants of Health Assessment will include gathering local knowledge and utilising consultation processes to analyse the concerns of interested and affected communities related to the criteria and indicators as per Section 5.2. (...) Data used in the Social Determinants of Health Assessment will be disaggregated (where</i>	<b>Section 10</b> <i>“...Baseline information must be sufficiently disaggregated and analysed to understand the differences in norms, roles and relations for diverse subgroups; the different level of power they hold; their differing needs, constraints and opportunities; and the impact of these differences in their lives, including consideration of disproportionate effects to surrounding communities...”</i>  <b>Section 16</b> <i>“...Interconnections between human health and other valued components and interactions between effects must be described, particularly where proponents suggest a potential impact occurring indirectly as the result of the proposed Project. Given that changes to any given health determinant may result in an impact to one or more health outcomes, it is important to include interactions within and across the higher-level health determinants (i.e., Level 2, pertaining to material circumstances/resources and psychosocial factors, and Level 3, pertaining to structural factors and equity factors) in order to identify the pathways of health effects that are most likely to be affected by project-related changes to the determinant(s) of health...”</i>  The assessment must illustrate an understanding of linkages and effect pathways, so that when a change in one domain is predicted, there is an understanding of what other effects or consequences may be felt across the other domains. Applying a “determinants of health approach” in the assessment of human health effects will support the identification of these	a) Update the study plan to provide clarification on the methodology that will be used to assess the possible impact of the proposed project on the social determinants of health. Health Canada supports a detailed human impact assessment, as indicated in the Guidelines, be used in determining whether positive and/or adverse impacts to the determinants of health are expected to result from a project. Appendix 1 of the Guidelines includes a number of resources and guidance to support a human impact assessment.  b) Provide a preliminary list of determinants of health relevant to the Project. Resources and examples of potentially relevant indicators are provided in the Guidelines.  c) Describe how the assessment will identify interactions within and across health determinants and the linkages between effects. Effect pathways (causal models) can be used to outline how the Project could directly and indirectly affect specific health issues. This approach will help prioritize the health effects for further assessment. A matrix with supporting explanation can be a useful way to organize a qualitative analysis and to convey results in a manner that is easy to understand. Describe how data will be disaggregated and analyzed to show differences in norms, roles, and relations, needs, effects, etc.	Sections 7.1.2.1 and 7.2 provide an expanded description of the approach to the social determinants of health. References have been added to potential pathways which will be confirmed during the IA / EA process.	Section 7.1.2.1 Section 7.2	a) Required action was partially addressed. Ensure that the required action is fully addressed in the Impact Statement.  b) Required action was addressed, however, some adjustments to the list of health determinants would increase relevance. For example, “biology” represents the final link between a project and health outcomes in effect pathways, while “genetic endowment” is not necessary or applicable since it cannot be affected by the Project.  It is recommended that “genetic endowment” be removed from the list of potentially relevant social determinants of health.  c) Required action was partially addressed. (i) The examples provided in Section 7.2.1 of the study plan do not fully describe pathways of health effects. Individual-level factors are missing to link project components and activities (i. e., level-3 structural determinants) to the health impacts.  Ensure that factors pertaining to health-related behaviours and mental well-being, which have biological implications underlying health risks, are integrated in the health impact assessment.  Ensure that the Impact Statement assesses both positive and negative

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	<p><i>possible) and analysed to understand differences in norms, roles, and relations for diverse subgroups; the different level of power they hold; their differing needs, constraints and opportunities, and the effects of these differences in their lives related to social determinants of health criteria and indicators.</i></p> <p><b>Section 7, Table 5, ID 12:</b>  <i>"The approach proposed is holistic and considers relevant disciplines."</i></p> <p><b>Section 7, Table 5, ID 13 and ID 17:</b>  <i>"Interactions between effects will be considered as part of the holistic approach."</i></p>	<p>linkages, as well as of disproportionate effects across subgroups...</p> <p>A detailed health impact assessment inclusive of other reasonably foreseeable future projects would be appropriate to capture potential positive and adverse effects on social factors and economic factors (and where applicable cultural factors) in addition to the biophysical environmental factors. A health impact assessment may be able to assess the positive and negative consequences (i.e., differential) of effects on the environment and human health of those Indigenous groups whose territories are lost or removed along the road alignment..."</p>				<p>health effects to all potentially impacted Indigenous groups listed in the IEPP.</p> <p>(ii) Some adjustments to the valued components being covered under the Human Health and Community Safety assessment are recommended to enhance clarity and ease cross-referencing with the other assessments:</p> <ul style="list-style-type: none"> <li>- The Diet valued component category appears to cross-reference to an Aboriginal and Treaty Rights and Interests valued component (i.e., food supply).</li> <li>- There is no category that focuses on the individual level (i.e., biological and behavioral factors), which immediately underlie health outcomes.</li> <li>- It is recommended to change the health indicator "Substance Abuse" to the more appropriate term "Substance Use".</li> </ul> <p>In the Impact Statement, provide clear descriptions of pathways of effect that connect potentially positive or negative project-related effects on environmental, economic, social and/or cultural factors at the community level (level-2 health determinants) to changes to any health-related behaviour and/or state of mental well-being at the individual level.</p> <p>(iii) It is recommended to specify that "Public Health" is the category used to group key indicators from the Social and Economy valued components, including relevant cultural valued components. Public Safety can remain a separate valued component from the social category.</p> <p>It is recommended to replace the "Social and Economic Structures" indicator under the Public Health valued component, with those currently listed in the "Rationale for Selection" column. Moreover, consider that the indicator "Food Supply" under the valued component "Diet" could also be a social indicator under the Public Health valued component.</p>

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						<p>(iv) Indicate in the Impact Statement that the Mental Health valued component, which reflects psychosocial factors at the community level (e.g., improved social connections), would also draw information from all other assessments found to have an effect on community residents' mental well-being in order to capture cumulative effects.</p> <p>(v) It is recommended to add a "Health-related Behaviour" valued component, which would include as indicators at the individual level: "Substance Use" and "Food Consumption".</p>
HH-29	<b>Section 7, Table 5, ID 18:</b> <i>"Describe food security effects to country foods and health impact of these effects."</i>	<b>Section 9</b> "...Examples of social determinants of health that may be relevant to the Project are provided for consideration:... • food security, access to country foods (traditional foods);..."	Update the study plan to provide information on how baseline studies will collect information on access to country foods and on the potential impact of project construction on the availability of country foods (traditional foods) and on food security.	As outlined in Table 9-2, the indicators Food Consumption and Food Supply under the Diet VC are included. As part of the primary data collection program, information on the use of country foods will be collected from communities in the LSA and the potential for Project-related impacts will be assessed. These data collection program will be coordinated with the Indigenous Knowledge Program. See Appendix B of the Aboriginal and Treaty Rights and Interests Study Plan for sample questions related to country food harvesting. The specific details on the program to collect the information are to be developed.	Section 7.1.2.1, Table 9-2	Required action was partially addressed. See comment HH-25 above.
HH-30	<b>Section 7, Table 5, ID 24:</b> <i>"Will the baseline studies consider mental health and well-being in Neskantaga and other affected communities?"</i>  <b>Section 7, Table 5, ID 25:</b> <i>"How will Marten Falls demonstrate that the Project will improve mental health and wellbeing in the context of mitigating the ongoing crises? What kinds of evidence will Marten Falls rely on to demonstrate this?"</i>	<b>Section 9</b> "...Examples of social determinants of health that may be relevant to the Project are provided for consideration:... - community mental health and well being (including feelings of isolation, remoteness, concern for future generations, and other elements that have been raised in the wake of youth suicides in rural and remote FN communities);..."	Update the study plan to provide further information on how baseline studies may consider the mental health and well-being of potentially affected communities, and how the Project may positively or adversely affect mental health and well-being, particularly in the context of the ongoing crises affecting other communities.	An indicator specific to the potential for changes to Mental Health has been added to Table 9.2. Section 7.2 has also been added to specifically reference the consideration of potential changes to mental health as a result of the Project.	Section 7.2, Table 9-2	Required action was partially addressed.  Although the human health and community safety study plan recognizes the Project's potential impact on the mental-well being of potentially impacted Indigenous groups and local communities, the study plan does not describe how these issues will be assessed.  Include in the Impact Statement an effects assessment of the Project's potential impact on the mental-well being of potentially impacted Indigenous groups and local communities.



New comments based on the revised Human Health and Community Safety Study Plan submitted in 2021.				
	Study Plan Section	Guidelines Section	Context	Required Action for the Proponent
HH-31	<b>Section 2.1.2</b> "...If applicable, a process for handling confidential health information will be developed. This process will conform to Ownership, Control, Access, Possession (OCAP) (First Nations Information Governance Centre 2020) requirements and will also aim to preserve the confidentiality of individual persons providing information to the Project..."	<b>Section 9</b> "...The information provided must: <ul style="list-style-type: none"> <li>- be sufficient to provide a comprehensive understanding of the current community health status, while respecting the need to protect personal information and standards for the management of Indigenous data (i.e., OCAP<sup>[48]</sup>);..."</li> </ul>	While OCAP ensures that information about a community is shared with the community and the community has authority/control over and ownership of this information, each individual has a right to privacy and owns their personal information.	During the data collection, a commitment to have any individual health information anonymized (de-identified) should be made. It is not enough to state that the Proponent will " <i>aim to preserve the confidentiality</i> ", as depersonalization of personal health information is a common survey standard to be met.
HH-32	<b>Section 7.1.2.1</b> "...The main determinants of health include: <ol style="list-style-type: none"> <li>1. Income and social status</li> <li>2. Employment and working conditions</li> <li>3. Education and literacy</li> <li>4. Childhood experiences</li> <li>5. Physical environments</li> <li>6. Social supports and coping skills</li> <li>7. Healthy behaviours</li> <li>8. Access to health services</li> <li>9. Biology and genetic endowment</li> <li>10. Gender</li> <li>11. Culture</li> <li>12. Race / Racism..."</li> </ol>	<b>Section 9</b> "...Examples of social determinants of health that may be relevant to the Project are provided for consideration: <ul style="list-style-type: none"> <li>• housing availability, housing affordability, and home ownership, disaggregated by sex and gender;</li> <li>• access to health services;</li> <li>• crowdedness in housing, disaggregated by sex and gender;</li> <li>• income (average), poverty and income inequality, disaggregated by sex and gender;</li> <li>• food security, access to country foods (traditional foods);</li> <li>• education levels (number of residents completed high school, college or higher), disaggregated by sex and gender;</li> <li>• proportion of youth who complete high school in the community or from an urban setting, disaggregated by sex and gender;</li> <li>• community mental health and well being (including feelings of isolation, remoteness, concern for future generations, and other elements that have been raised in the wake of youth suicides in rural and remote FN communities);..."</li> </ul> <b>Section 16.2</b> "...Specific priority indicators must be determined or validated by community members but may include, for example: <ul style="list-style-type: none"> <li>○ Level-1 health determinants related to behavioural factors (e.g., potential indicators related to diet/nutrition, alcohol and drug use);</li> <li>○ Level-2 health determinants related to access to health, educational, social and other community services (e.g., potential indicator related to availability of health- care service providers) [see Section 17];</li> <li>○ Level-2 health determinants related to material circumstances (e.g., potential indicators related to living conditions, food availability) [see Section 18];..."</li> </ul>	For Indigenous groups, other factors should be considered among the social determinants of health. For example, as indicated in Section 9 of the Guidelines, food security/access to country foods and colonization/marginalization.	In the Impact Statement, include food security/access to country foods, as well as effects of colonization/marginalization as valued components or indicators within Table 9-2 in order to ensure that all social determinants of health are considered as part of the assessment.
HH-33	<b>Section 9.1 - Table 9-2:</b> "...Food Consumption: (..) project may improve access to food supply....  ...Food Supply: (..) may result in changes to consumption..."	<b>Section 9</b> "...To understand the community and Indigenous context and baseline health profile, the proponent must: ... <ul style="list-style-type: none"> <li>• describe any context-specific definitions of health and well-being, including from the perspective of the relevant Indigenous cultures, including community and spiritual wellbeing;..."</li> </ul>	<b>Table 9-2</b> in the Study Plan provides indicators for food consumption and food supply; however the rationale for both seem to be reversed.	Review Table 9-2 to ensure that the rationale is associated with the right indicator.

New comments based on the revised Human Health and Community Safety Study Plan submitted in 2021.				
	Study Plan Section	Guidelines Section	Context	Required Action for the Proponent
HH-34	<b>Footnote 8, Section 9.2</b> “In February 2020 a regional assessment of the Ring of Fire region commenced; however, it is not sufficiently advanced at this time to inform the Project VCs. The VCs will be consulted and engaged on early in the IA/EA process and finalized taking into consideration the input received. Therefore, only information relevant to the Project that arises from the regional assessment of the Ring of Fire within an appropriate timeline will inform the VCs for the Project.”	<b>Editorial comment</b>	The statement in the footnote 8 in Section 9.2 “ <i>In February 2020 a regional assessment of the Ring of Fire region commenced; however, it is not sufficiently advanced at this time to inform the Project VCs.</i> ” is inaccurate, as the Regional Assessment in the Ring of Fire area has not yet begun.	Replace the text in footnote 8 with “ <i>In February 2020, the Minister of Environment and Climate Change determined that a regional assessment will be conducted in an area centred on the Ring of Fire mineral deposits in northern Ontario. Relevant information available in relation to the Regional Assessment in the Ring of Fire area would be considered in the impact assessment of the Project.</i> ”
HH-35		<b>Section 7.3</b> “...For each of the valued components that will be assessed in the Impact Statement, the proponent must create a study plan and a work plan to be validated by the Agency. Upon receipt of a study plan, the Agency may request that the proponent present and discuss the study plan at technical meetings, which will be scheduled during the impact statement phase.”	In order to meet the requirements of Section 7.3 of the Guidelines, a work plan or work plans for the valued components to be assessed in the Impact Statement must be submitted to the Agency for validation.  Since this human health and community safety study plan does not include content for a work plan, notably this plan does not outline when baseline data will be collected for each Indigenous group (i.e., scheduling, sequencing), the submission of a work plan is an outstanding requirement of the Guidelines.	Provide a work plan that outlines how the human health and community safety study plan will be executed in the field, including when baseline data will be collected. The work plan should include scheduling and sequencing of engagement activities relative to proposed baseline work, engagement on the study plan, spatial and temporal boundaries determinations, and particularly in relation to collection of Indigenous knowledge.
HH-36	<b>Table 11-3: Study Plan Federal and Provincial Concordance – Requirement Deviations</b>		Proposed amendments and/or deviations from the Guidelines will not be reviewed or approved during the study plans review process.  The Agency will provide guidance on the process to propose amendments and/or deviations to the Guidelines to the project team.	