

Information Request 8.1

Methodology

Methodology for Significance Determination

References:

EIS Guidelines	- Section 2.7.1.5, p. 48 (PDF 53)
EIS Main Report	- Section 6.1.3, p. 6.14 (PDF 520)
	- Table 6.1-4, p. 6.15 (PDF 521)
	- Section 6.2.11.11, p. 6.136 (PDF 642)

Contributing IRs:

MOE EA-15
MNR-EA-24
Ontario Nature

Rationale:

In Table 6.1-4, it appears that, regardless of the significance of the residual effects for each of the assessment factors (magnitude; spatial extent; duration; frequency; reversibility; ecological/societal value), the overall significance for each residual effect is always “Not Significant”. For example, the VECs surface water quantity, forest cover, and provincially and regionally rare vegetation species, all contain at least one “high” effects rating criteria for residual effects and yet each are determined to have “No Significant Effect”.

Without a clear explanation of the method used to reach conclusions, it is not evident how the final conclusions were made.

Information Request:

Explain how the six assessment factors were combined and weighted to determine the overall significance for each VEC. Sufficient detail should be provided for the Panel to understand how the conclusions were reached for each VEC.

SCI RESPONSE

As discussed in Section 6.1.1.5 of the main EIS Report, the Stillwater EIS considered the following six factors when determining the significance of adverse residual effects:

- Magnitude of effect;
- Spatial extent of effect;
- Duration of effect;
- Frequency (or probability) of effect;
- Reversibility of effect; and
- Ecological importance or societal value.

Societal and ecological value were considered by SCI based on input and feedback it received regarding the Project from the public, local community members, government and Aboriginal peoples, as well as the experience of the EA study team.

Each criterion listed above was rated consistent with the EIS guidelines according to the following categories:

- MINIMAL = Potential effect may result in a slight decline in a resource or VEC or indicator in the study area during construction, operation and closure, but the resource should return to baseline levels;
- LOW = Potential effect may result in a slight decline in a resource or VEC or indicator in the study area during the life of the Project;
- MEDIUM = Potential effect could result in a decline in a resource within the study area to lower than baseline, but stable, level in a study area after Project closure and into the foreseeable future; and,
- HIGH = Potential effect could threaten sustainability of the resource or VEC or indicator within the Project study area and should be considered a management concern.

All predicted effects are residual in the sense that they are considered after the application or consideration of mitigation measures either incorporated in the conceptual mine design or developed to deal with the predicted effect (including mandated requirements such as the Fish Habitat Compensation Plan).

The methodology used to determine overall significance for each residual adverse effect followed a two-step process.

- Step 1: If at least one of the criteria dealing with the nature or extent of the effect including magnitude, spatial extent, frequency, duration, and reversibility was assigned a rating of high, the residual adverse effect was carried forward to Step 2, otherwise the residual adverse effect was considered not significant.
- Step 2: If the criterion dealing with the ecological or social implication of the effect was rated high, the residual adverse effect was considered significant, and additional mitigation opportunities were considered.

The following table provides a summary of the assessment of residual adverse effects based on the two-step process described above. Nine VECs were forwarded to the Step 2 Assessment. In the Step 2 Assessment, with the exception of two VECs, all residual adverse effects were deemed to be not significant based on the assessment in the EIS and the supporting information documents and as elaborated on in various IR responses to the Panel.

The two VECs for which additional mitigation was considered warranted were “Aboriginal land and resource uses for traditional purposes including country foods” and “PRFN community trapline”. Residual adverse effects associated with these two VECs underwent evaluation with respect to applying further mitigation measures, specifically including (1) direct compensation for harvesters who will be directly impacted by the Project, and, (2) financial participation in the Project.

Table 1: Summary of Significance Assessment for Residual Adverse Effects

VECs Forwarded to Step 2 Assessment	Results of Step 2 Assessment	Results After Further Mitigation
Surface water quantity	Not significant	
Forest cover	Not significant	
Non-forest cover	Not significant	
Provincially and Regionally rare veg. species	Not significant	
Rusty blackbird	Not significant	
Olive-side flycatcher	Not significant	
Navigable waters	Not significant	
Aboriginal land and resource uses for traditional purposes including country foods	Significant – further mitigation required	Not significant
PRFN community trapline	Significant – further mitigation required	Not significant

It should be noted that the assessment concerning caribou has been updated as reflected in the response to IR 23.1.

Information Request 8.2

Aboriginal Health as a VEC

References:

EIS Guidelines	- Section 2.7.1.5, p. 48 (PDF 53) - Section 2.6.4.2, p. 42 (PDF 47) - Section 2.7.3.5, p. 68 (PDF 73)
EIS Main Report	- Section 6.2.11.3, p. 6.132 (PDF 638) - Section 5.11.3, p. 5.169 (PDF 494) - Section 6.2.11, p. 6.131 (PDF 637)

Contributing IRs: HC-2

Rationale:

Section 2.6.4.2 of the EIS Guidelines calls for “a discussion on Aboriginal people’s health-related traditional activities” and states: “The Proponent shall provide a description of traditional dietary habits and dependence on country foods and harvesting for other purposes, including harvesting of plants for medicinal purposes. Information on current consumption of country foods and its quality by food type, amounts consumed, and parts consumed (whole body as opposed to a specific organ) by Aboriginal people and groups shall be provided, where available.” Further, while the EIS Guidelines specify that human health should be examined as a VEC when assessing the effects of the Project on the social and economic environment, the discussion of human health included in the EIS does not discuss the effects of the Project on the health of Aboriginal people.

While section 6.2.11 discusses many of the factors that can influence Aboriginal health, such as country foods and the preponderance of traditional dietary habits, the analysis in the EIS does not tie these factors together to assess the overall potential effect of the Project on the health of Aboriginal people.

In addition, the baseline information in the EIS regarding Aboriginal health is taken from the Ontario Ministry of Health and Long Term Care Health Status Report of Aboriginal People in Ontario. Therefore, there is no site specific baseline data regarding Aboriginal health, or any discussion demonstrating how the data that was used is representative of local Aboriginal communities.

Information Request:

Using the information available, provide a more thorough discussion on the effects of the Project on Aboriginal people’s health, and explain how the information provided meets the requirements of section 2.6.4.2 of the EIS Guidelines.

SCI RESPONSE

The Project footprint includes portions of a Pic River First Nation (PRFN) community trapline (see Section 5.11.7.1 of the EIS – Main Report) and is within an area that PRFN

asserts to be their exclusive territory (see Section 6.2.11.2 of the EIS – Main Report). Section 6.2.11.2 also notes that an application seeking a court declaration of this exclusive title was initiated in Ontario Superior Court in 2004 and has not been concluded. In addition to PRFN's asserted title to the Project territory, Section 6.2.11.2 notes that Pic Mobert First Nation (PMFN), Pays Plat First Nation (PPFN) and Red Sky Métis Independent Nation (RSMIN) assert Aboriginal and Treaty Rights within the Robinson-Superior Treaty area, which includes the Project site. Furthermore, based on documents provided by the Métis Nation of Ontario (MNO) and the Ontario Coalition of Aboriginal Peoples (OCAP) and their affiliate group, the Jackfish Métis Association (Jackfish Métis), and discussed in the response to IR Comment no. 17.6, these groups also assert use and rights within an area which includes the Project site. During interviews conducted in January 2013, however, community members from PRFN stated that they rarely observe individuals from other communities access the Project site area for traditional or domestic purposes (PRFN KPI Program 2013)¹.

This response provides additional baseline information and discussion on potential pathways of effect of the Project on Aboriginal health. Additional baseline information is provided in Attachment A.

Potential pathways of effect on Aboriginal health related to Project activities include:

- 1) Physical environment changes including changes to water quality and air quality that may directly affect the health of Aboriginal people; and
- 2) Changes affecting the use of country foods by Aboriginal people, including relative accessibility and abundance of preferred country foods and safety of country food use.

Each of these pathways is discussed in detail below. PRFN Members would be most likely to experience potential effects associated with these pathways given the relative proximity of the PRFN reserve to the Project in comparison to the Pic Mobert or Pays Plat reserves, and the lack of any Metis settlement in the local or regional study areas.

PHYSICAL ENVIRONMENT

Air quality

Effects to air quality are discussed in Section 6.2.1 of the EIS – Main Report and implications for human health associated with air quality are described in Section 6.2.9.5. Predicted air quality for receptors immediately beyond the Project boundary, such as those at Hare Lake and May's Gifts meets applicable regulatory criteria. Air quality at the PRFN reserve will be well within applicable regulatory standards.

¹ According to interviews with resource users and the Lands and Resource Department in PRFN, PRFN no longer issues permissions for inter-Treaty harvesters to use the LSA following the copying of official permission documents (PRFN KPI Program 2013). As a result, few non-PRFN members are expected to use the Local Study Area and Site Study Area for domestic resource use and collection of traditional or country foods.

Water Quality

Effects to surface and groundwater quality are addressed in Section 6.2.3 of the EIS – Main Report and implications for human health are described in Section 6.2.9.5.

During all phases of the Project there will be discharges of constituents of potential concern (COPC) from the process solids management facility (PSMF) and drainage from the Mine Rock Storage Area (MRSA). As discussed in Sections 6.2.3.3.2 and 6.3.2.12 of the EIS – Main Report, SCI has committed to collect and treat water from these facilities as required to meet applicable regulatory criteria prior to its discharge into Hare Lake and the Pic River. As noted in Section 6.2.9.5, surface water standards for aquatic life are generally considered to be protective of human health as they are more stringent than Ontario Drinking Water Standards.

With respect to groundwater, the Project is not hydraulically connected to the Town of Marathon's potable water source and is outside of the area designated by the Town as a groundwater protection zone. PRFN draw their potable water from a series of wells located near Long Lake, which are neither hydraulically connected to the Town of Marathon nor to the Project (PRFN KPI Program 2013). Further details of the potable water system located on the PRFN reserve can be found in the response to IR Comment 16.3.

Groundwater at the Project site plays a role in the hydrologic cycle as a conduit for flow from upland recharge areas to lowland discharge zones to provide baseflow to local streams and ponds on the site. In this manner, groundwater represents a potential pathway for COPCs from potential source areas or mine components to the surface water receiving environment. Mass loading rates at the base of the MRSA and the PSMF were conservatively assumed to be transported to the surface waters without attenuation and even under these circumstances surface water quality was not predicted to be adversely affected.

SCI's response to Information Request 22.3 provides further information on water chemistry management following pit closure.

Based on these conclusions, surface and groundwater quality is not expected to represent a risk to Aboriginal health.

COUNTRY FOOD USE

Section 6.2.11.3 of the EIS – Main Report notes that traditional land and resources uses reported by PRFN to occur in the Site Study Area (SSA) and Local Study Area (LSA) include animal harvesting; plant harvesting; fish harvesting, and timber harvesting for both traditional and domestic purposes. Key person interviews with PRFN Members conducted in January 2013 confirmed that speckled and rainbow trout, moose, "partridge," rabbit and beaver are preferred country food species. Blueberries were also identified as an important country food for PRFN Members. Similarly, other local Aboriginal users identify the harvesting and use of these animals and plants by their members in the RSA and LSA.

Two potential pathways are examined related to country food use and Aboriginal health:

1. Potential Project effects on the abundance and availability of preferred country food species; and
2. Potential risks to country foods from Project activities.

Availability of Preferred Country Foods

Potential effects of the Project on environmental components and VECs that include preferred country foods identified by PRFN Members are summarized below:

- **Fish and Fish Habitat:** Much of the SSA is isolated from the Pic River and Lake Superior by steep relief and much of the site is fishless. Habitat compensation will be required for losses in Stream 6, which provides limited habitat for fish species, particularly in the upper reaches where the Project is located. After mitigation, there are no residual effects anticipated to fish and fish habitat, and as such, a determination of significance of these effects was not required (Section 6.2.4.4).
- **Aboriginal Fisheries:** Reported use for fishing by Aboriginal peoples is focused on Bamooos Lake, Hare Lake and the lower reaches of its outlet creek, as well as the Pic River and the near shore area of Lake Superior (see Sections 5.11.7.3 and 6.2.4.1; PRFN KPI Program 2013)². Access to Bamooos Lake will still be possible during mine operations – SCI will provide guided access for Aboriginal peoples until general site access is restored (upon closure) (Section 6.2.4.3). Water quality in Hare Lake (and downstream areas) and the Pic River is predicted to comply with the relevant (Provincial Water Quality Objectives (PWQO) (or Council of Minister of the Environment [CCME]) levels (Section 6.2.3.3). As such, fish and fish resources in these areas are not expected to be affected by the Project.

Three Finger Lake, a small lake at the south end of the Project Claim Boundary near the TransCanada Highway, is also identified as a location for walleye fishing by local Aboriginal users. This lake is located outside the Site Study Area and the Local Study Area for the Aquatic environment, as identified in Figure 2.4-2 of the EIS and well beyond the influence of the Project.

- **Wildlife:** Effects identified on furbearers, moose, grey wolf, black bear, and migratory birds in the SSA were assessed to be not significant (Section 6.2.7.8). Removal of forest cover and other vegetation will affect wildlife habitat and cause some wildlife to leave the site in search of alternatives; however ample similar suitable habitat generally exists in the LSA. Such losses will occur mainly during the site preparation and construction phases and extend throughout the life of the

² Both PMFN and PPFN identified Hare Lake as a recreational fishery for their Members in IR PMFN/PPFN-44, dated October 26, 2012: “First Nation Band members use Hare Lake as a recreational fishery” (PMFN/PPFN-44 2012).

Discussions with Members of PRFN also confirmed the use of Hare Lake and Hare Creek for recreational and domestic fishing (PRFN KPI Program 2013).

Such use does not appear to be extensive. During several weeks of survey work on Hare Lake between 2008 and 2012 by SCI, there were no users of Hare Lake other than one couple canoeing on one occasion.

Project for some wildlife. The identified adverse residual effects on wildlife should be reversible through site reclamation.

A portion of the PRFN, trapline in the SSA will be removed by the Project. Harvester/community compensation will be negotiated with PRFN in this regard.

- **Vegetation:** Removal of forest cover (primarily white birch), non-forest vegetation (e.g., thicket swamp, treed fen habitat, shore fen, meadow marsh) will occur; however, care will be taken to minimize the footprint and use previously disturbed areas where possible (Section 6.2.6.5). Loss of vegetation will be limited to the SSA, and will occur mainly during the construction phase, extending into operation, decommissioning and post-closure. Site reclamation will help to reverse these adverse effects. Upon closure, continuing vegetation succession may lead to higher densities of other plant species, such as blueberries (Section 6.2.7.8).

Risks to Country Foods from Project Activities

Although the Project is not anticipated to result in any risks to the consumption of fish and wildlife, some Aboriginal resource users may change their current behaviours and avoid using the SSA for traditional resource use. In their information request no. 44 (referenced in Deficiency Statement 17.2),³ Pic Mobert First Nation (PMFN) and Pays Plat First Nation (PPFN) provide their view that the knowledge that treated mine effluent is discharged in Hare Lake may be sufficient to prevent resource users from continuing the fishery in that location. It is not possible to predict the extent to which changes in country food use in the study area result from concern about Project discharges, as compared to restrictions to site access, noise, or displacement of wildlife – all of which could factor into an individual's decision to avoid the SSA for resource use purposes.

Section 6.2.11.9 of the EIS – Main Report outlines mitigation for potential effects to Aboriginal considerations, including the use of country foods. SCI is committed to provide continued access to Aboriginal people to areas of the SSA that are outside of mining activity, including use of the Camp 19 Road to access the Pic River. SCI will also provide a safe access route to Bamooos Lake. Further to this, SCI is committed to further engagement with Aboriginal people regarding the closure plan for the site, specifically to help determine how the site can be reclaimed to support land and resource use by Aboriginal people and other stakeholders. Finally, SCI intends to engage PRFN and other interested aboriginal groups in the Project monitoring activities. The monitoring program can be used as a means to communicate results of environmental monitoring (e.g., water quality) to help alleviate potential concerns Aboriginal resource users have regarding Project impacts.

³ The text of the information request (PMFN/PPFN-44) is available in the Comments from Pic Mobert First Nation and Pays Plat First nation on the Environmental Impact Statement for the Stillwater Canada Inc. Marathon PGM-Cu Project dated October 26, 2012 and submitted by Blue Heron Environmental on behalf of PMFN and PPFN. The document is available on the CEAA registry at <http://www.ceaa.gc.ca/050/documents/p54755/83099E.pdf>.

References

Earle, L. (2011). Traditional aboriginal diets and health. Prepared for the National Collaborating Centre for Aboriginal Health. University of Northern British Columbia: Prince George, B.C.

Pic River First Nation Key Person Interview (KPI) Program. (2013). Community-based research involving interviews with community members in person in January 2013.

ATTACHMENT A TO IR 8.2

Aboriginal Health as a VEC

Information related to Aboriginal health in the Local Study Area (Town of Marathon and Pic River First Nation [PRFN]) is provided in Sections 2.2.1.5 and 2.2.1.8 of Supporting Information Document (SID) no. 23 – Economic and Social Impact Assessment (Stantec Consulting Ltd. et al. 2012), as well as in several sections of SID no. 22 – Baseline Economic and Social Conditions (gck Consulting Ltd. 2011)⁴. Sections of each document also contain information on the health and services available to Members Pic Moberg First Nation (PMFN) and Pays Plat First Nation (PPFN) in the Regional Study Area⁵. In addition, health services and issues affecting the general population in Marathon and neighbouring communities in the Regional Study Area, including Métis and First Nations populations who use health facilities there, are discussed in Section 5.9.5 in the Environmental Impact Statement – Main Report (EcoMetrix et al. 2012).

Section 2.2.1.8 in SID no. 23 (Stantec Consulting Ltd. et al. 2012) describes the key findings of an Ontario Ministry of Health and Long Term Care report entitled *Health Status Report of Aboriginal People in Ontario* (2005). The key findings review social and economic determinants of health and provide an overview of health issues and concerns among First Nations communities in the province of Ontario. While the report documents general concerns, it does not provide details on concerns specific to Aboriginal peoples in the Regional Study Area and Local Study Area.

In order to provide additional information on Aboriginal health in the Local Study Area (including the Town of Marathon and PRFN) as well as other communities in the Regional Study Area (including PMFN and PPFN) this document summarizes supplementary health information from the following sources:

- A key person interview (KPI) program conducted with health care representatives of PRFN in January 2013, as well as a report on health concerns and programs provided by the community and conducted in 2011;
- A report from the North West Local Health Integration Network (NWLHIN) on health conditions and services in northwest Ontario; and
- The results of a study on health conditions among Métis residents of Ontario completed by the Métis Nation of Ontario (MNO).

⁴ Marathon is discussed in SID no. 22 Sections 2.1.5 Health Services and Programs; 2.1.8 Poverty and Social Issues; 2.1.9 Community Services, Programs and Facilities; and 2.1.12 Community Well-Being and Quality of Life. PRFN is discussed in SID no. 22 Sections 7.1.5, 7.1.8, 7.1.9, and 7.1.12.

⁵ In addition to Sections 2.2.1.5 and 2.2.1.8 of SID no. 23, PMFN is discussed in SID no. 22 Sections 8.1.5 Health Services and Programs; 8.1.8 Poverty and Social Issues; 8.1.9 Community Services, Programs and Facilities; and 8.1.12 Community Well-Being and Quality of Life. Similarly, PPFN is also discussed in SID no. 22 Sections 9.1.5, 9.1.8, 9.1.9, and 9.1.12.

Pic River First Nation

KPIs conducted with PRFN health representatives, as well as the other documents provided by the community, confirmed the importance of several issues identified in SID no. 23 for its Members. These issues include diabetes, obesity and lack of physical activity, high smoking rates and a growing population (PRFN KPI Program 2013; Zad Consulting 2011). With regard to diabetes and diabetes management, PRFN identified food security and the high cost of healthy food as concerns to on-reserve Members (PRFN KPI Program 2013).

In addition to the issues discussed in SID no. 23, PRFN Health representatives identified a number of other health-related concerns in the community. These include access to medical services such as addictions programs, mental health services, and speech and language programs. Due to jurisdictional differences between the provincial and federal governments related to First Nations health, community members must go off-reserve to access these services. There are often waiting lists for mental health and addictions services in neighbouring communities (PRFN KPI Program 2013).

The *OPRFN Community Health Plan: Program Evaluation Report 2007-2011* (Zad Consulting 2011) provides supplementary information on community health concerns based on the results of surveys and focus groups conducted with PRFN Members. PRFN has had a Health Transfer Agreement with Health Canada since May 1997, which has been renewed every five years since that time. This agreement allows some autonomy by the First Nation in determining the services required to meet community needs and outlines the mandatory programs in the community. The evaluation report was prepared to review the programs funded through the Health Transfer Agreement, identify collaboration and services with programs within and outside PRFN, and to provide recommendations for the next community health plan (Zad Consulting 2011). Community concerns identified in the report include:

- Diabetes and diabetes prevention and care;
- Interdisciplinary health and traditional healing;
- Smoking and smoking cessation programs;
- Obesity;
- Physical activity and recreation;
- Mental health and addictions, including alcohol, drugs and prescription medications;
- Family violence; and
- Prenatal care and parenting programs (Zad Consulting 2011).

Through the KPI program PRFN health representatives confirmed many of these concerns and described a number of programs available to both on- and off-reserve Members. Many of these programs were designed to address community-specific health and wellness concerns. Programs include diabetes prevention and treatment, prenatal nutrition, and immunization programs. In addition, the community introduced a number of healthy living programs, including a healthy food bag program, a community garden, traditional hunting camps, and active living events and activities (PRFN KPI Program 2013; Zad Consulting 2011). Beyond these programs, PRFN Health is responding to Members' requests for

traditional healing practices and a holistic approach to health services. The reserve has three healing lodges and brings traditional healers into the community to provide services (PRFN KPI Program 2012; Zad Consulting 2011).

PRFN noted that, in addition to traditional healing programs – which are in high demand in the community – Aboriginal health for PRFN Members relates to their land-based activities, which are instrumental for personal and community Anishinabe identity, healthy living, and food security. In the past, people moved away from traditional country foods to less healthy store-bought foods and this had detrimental impacts on the health of community members. As a result, food security in the form of local country foods is important for PRFN (PRFN KPI Program 2012).

Funding for traditional healing and other health programs is also a concern for the PRFN Health department. In addition to access issues related to health specialists and programs, many programs and professional services available on-reserve are only partly funded or funded for only part time work (PRFN KPI Program).

North West Local Health Integration Network

The NWLHIN is a non-profit health organization that covers the Thunder Bay District, including the communities in the Project Regional Study Area (RSA), the Rainy River District, as well as most of the Kenora District of northwestern Ontario. It is headquartered in Thunder Bay. The NWLHIN does not directly provide health care services but works with health care providers, communities and the public to set priorities and plan health services in northwestern Ontario. The organization is also responsible for allocating funding to hospitals, community care access centres, community support service organizations, long-term care homes, community health centres, and community mental health and addictions agencies in northwestern Ontario (NWLHIN 2013).

A report prepared for the NWLHIN entitled *Aboriginal Health Programs and Services Analysis & Strategies Final Report* (DPRA Canada 2010) identifies key findings on Aboriginal health for First Nations, Métis and other Aboriginal residents living in the RSA. The study reviewed data from the 2006 Statistics Canada Aboriginal Peoples Survey on Métis people, reports from the provincial and federal governments, as well as information on health provided by Aboriginal organizations in the region. Health data from the 2002-2003 First Nations Regional Longitudinal Health Survey was also reviewed for the report. In addition, the study collected information on health programs, health services, and health status and conditions in Aboriginal communities through community engagement sessions and telephone interviews. Members of PRFN, PMFN and PPFN participated in the engagement sessions and telephone interviews (DPRA Canada 2010).

Health concerns identified in the report include:

- Socio-economic determinants of health, including housing, employment, the cost of living, and family relationships;
- Addictions, including prescription drug use, narcotics, and alcohol;

- Mental Health issues including depression, dementia, and psychiatric disorders. These issues are linked to addictions, family violence and suicide;
- Chronic Diseases such as diabetes, heart disease, obesity, high blood pressure/hypertension, asthma and other respiratory diseases, cancer, and arthritis;
- Poor nutrition/diet and lack of activity/exercise; and
- Other health issues and concerns such as suicide, children in care, intergenerational issues, teen pregnancy, FASD, H1N1, lack of dental services or coverage, and back problems (DPRA Canada 2010).

The report also reviewed gaps that community members identified in locally available services. These include:

- Mental health and addictions services;
- Chronic disease diagnosis and management;
- Health services for acute diseases/accidents and injuries;
- Active and engaged parenting programs;
- Children programs and services;
- Youth programs and services;
- Seniors programs and services;
- Continuity of care and the provision of essential services and specialized care;
- Infrastructure;
- Culturally appropriate services;
- Transitional assistance;
- Wellness education and preventative health care; and
- Discussion of traditional or holistic approaches to healing, particularly in terms of mental health care (DPRA Canada 2010).

Overall, the findings of the study prepared for the NWLHIN confirm several of the issues identified in the EIS – Main Report and SIDs in terms of the issues affecting Aboriginal people in Ontario. In addition, the report provides further detail on specific issues identified by Aboriginal people living in the RSA and provides perspectives on gaps in locally available services and programs for Aboriginal people.

Métis Nation of Ontario

Founded in the 1990s, the MNO represents the collective rights, aspirations and interests of Métis people and communities in Ontario. The organization delivers a broad range of programs and services throughout the province, including programs in the areas of health, education, housing and resources (MNO 2013).

In order to better understand the health care requirements and concerns of their Membership, the MNO launched its Chronic Disease Surveillance project in 2008 with funding from the Public Health Agency of Canada. Métis people in Ontario and throughout Canada may be excluded from both the First Nations and provincial health care systems. In addition, there have been very few Métis-specific health studies conducted in Ontario or elsewhere in Canada. Overall, the Métis population accesses their health care through the provincial health care systems; however, these services tend to offer fewer Aboriginal- and

Métis-specific health services and may not respond directly to the specific health care needs of Métis people (MNO 2012).

The project cross-referenced the MNO Citizenship Registry with the Ontario Health Card database, linking approximately 14,000 MNO Members to their records (MNO 2012). Several reports⁶, including an overview report, *MNO Knowledge Translation Report on Chronic Diseases in the Métis Nation of Ontario*, were recently released, providing analysis of incidence and issues related to chronic diseases among MNO Members throughout Ontario. While the report reviews the health of Métis residents throughout the province, MNO notes that Métis residents are “more likely to live in northern Ontario than the province’s general population” (MNO 2012: 10).

Chronic health issues highlighted in the MNO report include cardiovascular disease, diabetes, cancer, and respiratory illnesses. The report notes that Métis residents of Ontario have higher rates of heart attacks and congestive heart failure, higher smoking rates, higher rates of diabetes, higher rates of cancer among residents 65 years of age and older, and higher rates of asthma and chronic obstructive pulmonary disease (COPD) than the general population (MNO 2012). The report identifies health care access as an issue among Métis residents, particularly in terms of accessing Métis-specific Aboriginal and traditional healing (MNO 2012).

The report also notes some demographic differences between the Métis community, other Aboriginal groups and the general population of Ontario that influence health issues and concerns. These include a slightly older population profile than that of First Nations and the general population, as well as more male Members and a higher proportion of rural residents than the general population of Ontario (MNO 2012). In addition, among residents living in urban areas, the report notes MNO Members are more likely to live in lower income neighbourhoods than urban Ontarians in the general population (MNO 2012).

Summary

Supporting Information Documents no. 22 and 23 as well as the EIS – Main Report focused on Aboriginal health information provided by the Ontario Ministry of Health and Long Term Care in their report entitled *Health Status Report of Aboriginal People in Ontario* (2005). While this report provided general information on the health status of Aboriginal people in the province as a whole, it did not focus on the specific health concerns that are important to the Aboriginal people of the RSA. In addition, the report focused on First Nations health, and did not provide detail on the health of other Aboriginal peoples, such as Métis, off-reserve First Nations, and non-Status Indians.

In order to provide a more thorough understanding of the baseline health conditions of Aboriginal people in the RSA, the information in the EIS – Main Report was reviewed along with other reports on Aboriginal health in the region. A KPI program was also conducted

⁶ In addition to this overview report, MNO also published more in depth reports on the specific conditions discussed here. These are available through the MNO website:
<http://www.metisnation.org/programs/health--wellness/chronic-disease-studies>

with representatives of PRFN. Overall, the findings of the reports and interviews confirm the relevance of the health issues identified in the *Health Status Report of Aboriginal People in Ontario* and reported in the Project EIS – Main Report and SIDs. The additional sources provide supplementary information on the more specific concerns experienced by Aboriginal people in the RSA.

References

DPRA Canada. (2010). North West Local Health Integration Network (NWLHIN) Aboriginal Health Programs and Services Analysis & Strategies: Final Report. April 2010.

EcoMetrix Inc., True Grit Consulting Ltd., Northern Bioscience, Knight Piesold Ltd., Calder Engineering, Stantec Consulting Ltd., Engineering Northwest Ltd., Ross Archaeological Resources Associates, and Di Matteo, L. (2012). Marathon PGM-Cu Project: Environmental Impact Statement – Main Report. Prepared for Stillwater Canada Inc., Thunder Bay, Ontario.

gck Consulting Ltd. (2011). Supporting Information Document No. 22 Baseline Economic and Social Conditions in the Vicinity of the Marathon PGM-Cu Project. Prepared for Stillwater Canada Inc., Thunder Bay, Ontario.

MNO [Métis Nation of Ontario]. (2012). Knowledge Translation Reports Chronic: Diseases in the Métis Nation of Ontario - Chronic Disease Surveillance Program. March 2012. Available from <http://www.metisnation.org/programs/health--wellness/chronic-disease-studies> [accessed March 8, 2013].

MNO. (2013). Métis Nation of Ontario Healing & Wellness Overview, Programs and Services. Available online at: <http://www.metisnation.org/programs/health--wellness>. Accessed March 8, 2013.

North West Local Health Integration Network [NWLHIN]. 2013. Available from <http://www.northwestlhin.on.ca>. [accessed March 8, 2013].

Pic River First Nation Key Person Interview (KPI) Program. (2013). Community-based research involving interviews with community members in person in January 2013.

Stantec Consulting Ltd., Di Matteo, L., and gck Consulting Ltd. (2012). Supporting Information Document no. 23: Economic and Social Impact Assessment for the Marathon PGM-Cu Project. Prepared for Stillwater Canada Inc., Thunder Bay, Ontario.

ZAD Consulting Inc. (2011). Community Health Plan: Program Evaluation Report, 2007-2011. December 2011 Prepared for Ojibways of Pic River First Nation, Heron Bay, Ontario.