

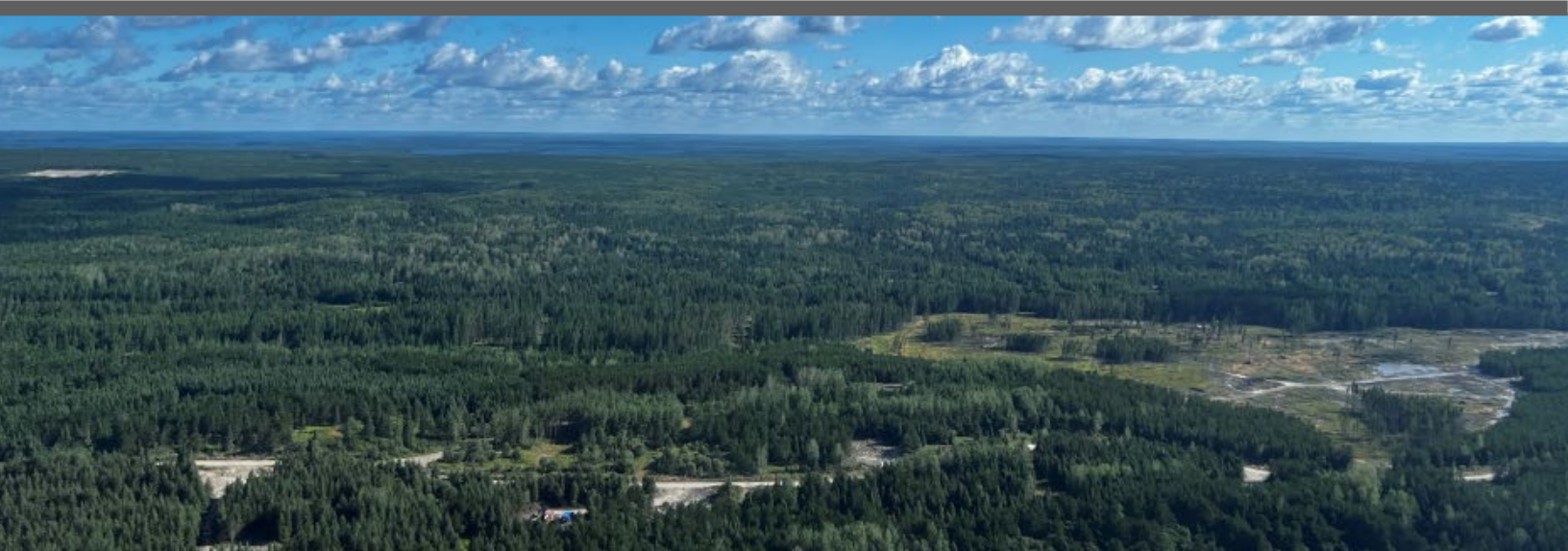
KINROSS

Great Bear

Great Bear Gold Project Impact Statement

Appendix X: Gender Based Analysis Plus

Identification of Vulnerable Groups



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RE: Great Bear Resources GBA Plus: Identification of Vulnerable Groups

1.0 Introduction

The intent of this memo is to provide supplemental information on the Gender Based Analysis Plus (GBA Plus) process applied to Sections 10 to 14 of the Impact Statement (IS) for the Kinross Great Bear Resources Project.

Certain populations, or sub-groups are more likely than others to be acutely impacted by change to current conditions. Examples of these changes can include:

- new or revised regulation, policy, and programing; and
- physical / environmental modifications such as new roadways, or the development of resource projects, like a mining operation.

To identify at-risk subgroups, a methodology called Gender Based Analysis Plus is used. The inclusion of GBA Plus is a requirement in the IS as specified in the TISG.

2.0 Methods

The process SLR used to execute the GBA Plus analysis consisted of three steps: desktop review, community engagement and verification, and lastly the identification of the sub-populations who may experience Project-related impacts more acutely than others. This methodology was applied to determining GBA Plus Considerations in Community Services and Infrastructure, Current Use of Land and Resources, Indigenous Physical, Cultural Heritage, Structures, Sites or Things of Significance, and Community Well-being. The GBA Plus Considerations for *Health* requires a different analytical approach, and is presented below in Section 4.0.

2.1 Desktop Review

SLR collected desktop information (the 2016 and 2021 Statistics Canada's Community Census Profiles, and community websites), focusing on identity characteristics including, but not limited to: age, ethnicity, sexuality, gender identification, education, health characteristics, location, and income. Typically, communities with high rates of homogeneity have fewer at-risk sub-populations.

Once the desktop data was assembled, SLR grouped the information to identify potentially vulnerable groups. An example of a GBA Plus subgroup:

*People who do not speak English fluently would most likely find it difficult to find work in rural remote Canadian communities, compared to those who are fluent English speakers. Therefore, non-English speakers would most likely fall into the low-income category, and have lower participation rates in the labor market. Additionally, non-English speakers may also struggle to identify and access the appropriate health and social service resources, put them at risk for poor health, and social isolation. **Therefore, those not fluent in English may be a vulnerable sub-group.***

Here is another example of a GBA Plus:

The Statistics Canada community census indicates that a town has more working males than females, and most of those males work in resource extraction. Typically, resource extraction requires workers to be out of town for extended periods, which has been documented to contribute to degraded community cohesion, and increased stress in the household. To conduct the GBA Plus for this community, the consultants would connect with key service providers to learn about the community's well-being, and how the town's females (historically a vulnerable demographic) manage, and experience their day-to-day lives with their partner's working out of town.

Direct engagement with GBA Plus sub-groups through focus groups, questionnaires, or interviews can validate desktop studies and offer deeper insight into the challenges these populations face. However, this approach is often impractical in small communities or during Indigenous-led processes, where anonymity is critical and difficult to maintain, or service providers are unable to facilitate introductions that would enable further data collection.

2.2 Community Engagement and Verification of Current Conditions

SLR verified their desktop data finding to make certain that the process was advancing without subconscious biases and/or working under false assumptions.

The verification process required engagement and consultation with key service providers and community official's familiar with residents of their community and region. This engagement was conducted via one-on-one interviews, and confirmed, or dispelled the statistical findings from the desktop review, facilitated SLR in developing a more fulsome understanding of the general population, and identify the vulnerable groups.

Due to service provider resourcing challenges, and privacy concerns, SLR was unable to engage directly with sub-populations, however, every interview conducted included several GBA Plus focused questions.

2.3 Identification

Once the existing conditions were established, SLR was able to identify how the Great Bear Resources Project may impact the general population and the potentially vulnerable groups. Understanding the possible impacts to the vulnerable groups is used to mitigate negative impacts or enhance positive outcomes.



3.0 Identification of Vulnerable Groups for the Kinross Great Bear Resources Project

A regulatory requirement of the Great Bear Resource Project (the Project) Impact Statement (IS) application is consideration of how the proposed Project could impact Indigenous populations in proximity to the Project, with a focus on Indigenous People’s community service and infrastructure, community well-being, health, current use of land and resources for traditional purposes, and Impact to Rights. There were no specific requirements for GBA Plus considerations for archeology or Indigenous physical and cultural heritage, and structures, sites or things of significance.

Applying the GBA Plus lens, the general Indigenous population, and Indigenous Men+, Women+, Elders, those with health challenges (including mental health), youth, and/or members of the Two Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual + (2SLGBTQIA+) community are sub-populations who are vulnerable to change, and therefore at risk.

Table 1 summarizes the existing GBA Plus vulnerable populations within Project area and the rationale for their identification.

Table 1: Existing vulnerable subgroups in the LSA for Indigenous Peoples

Services and Infrastructure
<ul style="list-style-type: none"> • General Indigenous populations: lack of appropriate schools/training centers in the region create a barrier to accessing employment opportunities associated with the Project. There is also hesitation to leave home communities due to historical trauma associated with residential schools (Herkimer, 2021). • Women and girls: Gender Based Violence disproportionately impacts Indigenous women and girls – see MMIWG (Government of Canada, 2025) • Women and youth: Employment: Resource-based employment opportunities tend to attract men, leading to less opportunities for youth and women. This contributes to economic dependence on others for these community members, and increases economic disparity. • Boys aged 16-18: Emergency housing services: There are no emergency housing services for boys aged 16-18 in Red Lake, this impacting I these young men from communities who rely on these services’ delivery in Red Lake (Chamberlin, 2025).
Community Well-being
<ul style="list-style-type: none"> • General Indigenous populations: Indigenous residents of remote reserve communities have limited access to specialized health (e.g. mental health, addiction support) services. There are also limited social services for Gender diverse populations (e.g. Pride agency in City of Kenora). These individuals would be vulnerable to changes in their environments • Women: The role of caregiver (caring for Elders, children) is typically filled by women. These women will have less support in the home if their partners pursue work which would require them to be in camp on a rotational basis, requiring them to be away from home for weeks at a time. • General Indigenous populations: If people within an Indigenous community pursue wage-economy opportunities, there will be less inter-community support available if working adults are gone for rotational work (less help driving Elders or Youth to appointments, taking Elders or Youth out, and onto the land), including traditional land use activities. Collectively, fewer available resources in the community can result in degraded social and community ties.



Services and Infrastructure
<ul style="list-style-type: none"> • Women and Youth: Employment: Due to the remoteness of the region, there are limited job opportunities for youth and women. New opportunities can increase economic disparity, and increase economic dependency. Economic dependency is a primary reason why victims of abuse do not leave their abusers (Hill, 2024).
<p>Current Land and Resource Use for Traditional Practices, and Indigenous Physical Cultural Heritage, Structures, Sites or Things of Significance</p>
<ul style="list-style-type: none"> • General Indigenous Population: The inability for men+, women+, Elders, those with health challenges and the youth to access an area within a traditional territory to engage in land-based activities could result in loss of intergenerational transmission of knowledge.
<p>As defined by Statistics Canada “Men+” includes men and boys, and “Women+” includes women and girls. The “+” is used to include non-binary persons in the preferred gender identify (Statistics Canada, 2022).</p>

4.0 Health and Gender Based Analysis Plus

The Health components, presented in Sections 10-14 were produced by WSPs Human Health team, who also execute a Health Impact Assessment (HIA) and HHERA (Human Health Effects Risk Assessment) as required for this IS by the TISG. Collectively, the results of the HIA and HHERA inform the GBA Plus results. The following analysis was produced and provided by WSP (Great Bear Gold Project Impact Statement (March 2026) appendix N-1 and appendix N-2).

In accordance with Health Canada (2024a) guidance, the health assessment takes an equity approach to assessing potential effects by examining the potential distribution of effects across different sub-populations within the Indigenous communities.

Established best practices in HIA inherently includes consideration of ways that effects from projects, policies, or programmes may be experienced differently among diverse subgroups of the population. The assessment applied a GBA Plus approach by purposefully evaluating how potential health and wellness effects may be influenced by different identity factors and how these factors intersect with local context and lived experience. Where sufficient data were available to do so, the assessment quantitatively evaluated effects to unique subgroups (e.g., consideration of women and children in quantitative risk estimates). Where data were unavailable or insufficient for disaggregation, the HIA qualitatively discussed the potential for effects to be influenced by different identity factors such as gender, age and Indigenous identity.

Therefore, GBA Plus is embedded throughout the HIA (Appendix N-2) since evaluation of the distribution of effects across a community is standard HIA practice. In addition, GBA Plus considerations have been provided in the discussions related to approach and methodology, baseline health profile, assessment of determinants of health, mitigation and enhancement measures, and the limitations and uncertainty.

The HIA applied a GBA Plus lens that treats Indigenous identity as a central identity factor, and the other identity factors described herein are discussed within this context. It is recognized that Indigenous identity intersects with the other GBA Plus subgroups that are identified herein, and this concept is considered throughout the HIA (Appendix N-2). While Indigenous identity is considered broadly as a central identity factor for the purposes of the GBA Plus analysis, it is recognized that Indigenous people are not a homogenous group and that First Nations, Métis, and Inuit communities have diverse identities, needs, and lived experiences, which are discussed throughout the HIA as appropriate (Appendix N-2).



Several GBA Plus identity factors were selected based on established best practices, a review of consultation and engagement records, public health data presented in the Baseline Health Profile (Attachment A of Appendix N-2), as well as the demographic and socio-economic information documented in the Socio-Economic Baseline Study (Appendix O-1). It is acknowledged that several additional identity factors, such as religion, ethnicity, geography, race, sexual orientation, and others, are also relevant within a GBA Plus framework. However, within the context of this Project and for the purposes of this assessment, the GBA Plus identity factors listed below in Table 2 represent the primary subpopulations of analytical focus for the assessment of Indigenous health.

Table 2: Key GBA Plus Identity Factors Selected for the Assessment of Health

Identity Factor	Description and Subgroups
Gender ⁽¹⁾	<ul style="list-style-type: none"> • Description: “Gender refers to an individual’s personal and social identity as a man, woman or non-binary person (a person who is not exclusively a man or a woman). Gender includes the following concepts: (i) gender identity, which refers to the gender that a person feels internally and individually; and (ii) gender expression, which refers to the way a person presents their gender, regardless of their gender identity, through body language, aesthetic choices or accessories (e.g., clothes, hairstyle and makeup), which may have traditionally been associated with a specific gender. A person’s gender may differ from their sex at birth [...]. A person’s gender may change over time. Some people may not identify with a specific gender,” (Statistics Canada 2022). • Men+: Individuals whose gender identity aligns with or is associated with masculine roles and social positioning, including cisgender, transgender, and gender diverse people. • Women+: Individuals whose gender identity aligns with or is associated with feminine roles and social positioning, including cisgender, transgender, and gender diverse people.
Age	<ul style="list-style-type: none"> • Description: Age is a key demographic variable used to identify population groups (e.g., children, working-age adults, seniors) and is derived using the person’s date of birth and the reference date (Statistics Canada 2022). • Youth (children and infants): Individuals in early developmental stages (individuals under 18 years of age) • Young adults: Individuals in transitional life stages typically associated with workforce entry, increased mobility, and evolving socioeconomic determinants (individuals 15-29 years of age). • Elders and seniors: Older adults and community-recognized Elders with increased susceptibility to health effects due to age-related physiological changes and cumulative lifetime exposures (individuals 65+ years of age).



Identity Factor	Description and Subgroups
Physical Ability	<ul style="list-style-type: none"> • Description: The <i>Accessible Canada Act</i> defines disability as “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society” (Department of Justice 2022). This identity factor focuses on physical abilities such as those that influence strength, endurance, flexibility, balance, and coordination. • Individuals with disabilities: Persons with pre-existing mobility, sensory, cognitive, or functional limitations. • Individuals with chronic health conditions: Persons with pre-existing health conditions (e.g., cardiovascular, metabolic, or respiratory diseases).
Socio-economic Status	<ul style="list-style-type: none"> • Description: Socio-economic status refers to an individual’s level of income, wealth, education, and social standing, and is commonly used to describe a person’s or group’s economic and social position within society (PHAC 2018). • Low-income individuals and households: Populations with constrained material and financial resources where food security and housing needs may be difficult to meet. • Individuals with low educational attainment or limited labour market participation: Populations with lower levels of education (e.g., without a high school diploma) and / or insufficient skill development.
Mental Ability	<ul style="list-style-type: none"> • Description: The <i>Accessible Canada Act</i> defines disability as “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society” (Department of Justice 2022). This identity factor focuses on physical, cognitive, psychomotor, and sensory abilities. • Individuals with pre-existing mental health conditions: Persons with diagnosed or self-reported mental health challenges (e.g., anxiety, depression) • Individuals with concurrent substance use (e.g., alcohol, drugs) and mental health challenges: Populations experiencing cooccurring mental health and substance use disorders.

Notes:

GBA Plus = Gender-based Analysis Plus (sometimes referred to as GBA+)

1. The categories of men+ and women+ were used for analytical simplicity and were adopted from categories used in the census by Statistics Canada (2022a). These categories include cisgender and transgender persons, and non-binary persons are denoted by the + symbol.

A GBA Plus analysis was completed for each determinant of health in the HIA (Appendix N-2). Each identity factor was reviewed to determine whether potential effects, should they occur, were expected to be even or disproportionate to assess how Project-related changes to determinants of health may affect different population subgroups.



This assessment drew on available demographic data, baseline health indicators, and evidence from primary and grey literature.

It is important to note that while [the respective Health components in sections 10-14] identifies subgroups that have the potential to experience effects uniquely from changes to biophysical and social determinants of health, the analysis should be considered in the context of the potential effects assessment findings. For example, while the GBA Plus analysis for air quality identifies that individuals with pre-existing lung or heart conditions (such as asthma and Chronic Obstructive Pulmonary Disease) are at the highest risk of potential effects related to poor air quality, the results from the HHERA indicate that Project activities are not anticipated to pose risks to the Indigenous communities from exposure to POPS in air. The analysis below identifies populations that could be disproportionately affected and also discusses the potential health effects, or lack thereof, as identified in the assessment.

Also important to GBA Plus is the concept of intersectionality. The concept of intersectionality was first developed by Kimberle Crenshaw in 1989 and is now widely recognized as an analytical approach that describes how *“groups of people are not homogeneous, as they have multiple, and diverse intersecting factors that impact how they understand, [...] shape their perspectives, ideologies, and experiences,”* (Women and Gender Equality Canada 2022). Intersectionality is key to GBA Plus as it recognizes that there are multiple factors that could influence how an individual or community could experience an effect, which individually may not put them at a disadvantage but combined can lead to higher vulnerability.

In addition to analysis of individual identity factors for each determinant of health, analysis of intersectionality was completed, as detailed in the HIA (Appendix N-2):

- Intersectional effects may occur for individuals who identify with, or are experiencing, a combination of any (or all) of the identified subgroups (i.e., gender, age, physical ability, socioeconomic status, mental ability). It is also acknowledged that Indigenous identity intersects with all of the other GBA Plus identity factors discussed. For example, in terms of access to health and social services, a low-income woman with pre-existing health conditions may experience more barriers (e.g., lack of childcare or money for transportation to attend medical appointments that have increasingly higher wait times) compared to either of those groups individually. Indigenous people also continue to face culturally unsafe care, or racism and discrimination when accessing care, which are rooted in historical factors such as colonialism (Statistics Canada 2024a).
- In addition, intersectional effects were also considered across the health determinants. For example, individuals who identify as women+, are within the youth or seniors age group, and are living in low-income households may experience overlapping effects related to housing, food security, access to health and social services, and economic conditions, where barriers or constraints in one determinant can interact with challenges in another. Similarly, youth with pre-existing chronic health conditions, disabilities, and / or mental health conditions may experience intersecting effects related to housing, food security, access to health and social services, and mental wellness and community cohesion. These interactions highlight how combinations of gender, age, socioeconomic status, physical ability, and mental ability can influence how individuals experience the determinants of health differently.

Additional details on intersectionality considerations for each health determinant are provided in the HIA (Appendix N-2)



5.0 Conclusion

The identified GBA Plus sub-groups of the Indigenous communities considered in this Impact Statement identify potential impacts to vulnerable Indigenous Peoples, and inform mitigation measures. For example, access to healthcare was identified as a potential Project interaction which could impact the general Indigenous population. Great Bear Resources has responded with the proposed mitigation measure of providing Employee Assistance programs, which would include telehealth for employees and their families. This mitigation measure will relieve pressure off the existing healthcare system, and prevent outside workers (and their family members) from placing additional demands on the health care system.

The at-risk and vulnerable sub-populations identified through the GBA Plus process, and the subsequent mitigation measures, which will limit the potential for negative impacts is presented in Sections 10 to 14 of the Great Bear Resources Impact Statement.

Note: not all communities will experience project interactions and related impacts, and in these cases, the GBA Plus subgroups will not be included in the assessment. Proximity to the Project, likelihood to access contracting and employment opportunities associated with the Project, and dependency on the communities of Red Lake and Ear Falls will determine the likelihood of GBA Plus subgroups being affected.



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