

Community Health Programs and Infrastructure Study Report

Southwestern Ontario Community Study

April 20, 2023

PREPARED FOR:

Nuclear Waste Management Organization
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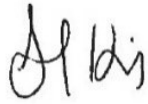


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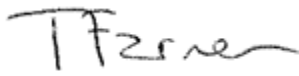
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Table of Contents

1	Introduction	1
1.1	Background and Context	1
1.2	Land Acknowledgement	3
1.3	Purpose and Scope	3
1.3.1	Peer Review Approach	4
1.3.2	Spatial Boundaries.....	4
1.3.3	Temporal Boundaries	4
2	Methodology.....	6
2.1	Community Study Work Plans	6
2.2	General Approach.....	6
2.3	Data Collection / Information Sources	7
2.3.1	Knowledge Holder Interviews	7
2.3.2	Other Key Information and Data Sources.....	8
2.4	Assessment	9
2.5	Limitations.....	9
3	Existing Conditions	10
3.1	Health Services.....	10
3.1.1	Health Services in the Study Area.....	10
3.1.2	Health Services in Surrounding Local/Regional Communities	16
3.1.3	Additional Services in the Study Area	27
3.1.4	Additional Services Outside the Study Area.....	31
3.2	Challenges Faced by Health Services.....	37
3.3	Gaps in Health Services	40
3.4	Barriers to Accessing Health Services.....	41
3.5	Current Priorities and New/Planned Initiatives	42
4	Relevant Project Characteristics.....	45
4.1	Project Workforce	45
4.2	Population Projections	46
4.3	Housing Considerations.....	47
4.4	Health Services Considerations.....	48
4.5	Emergency Services Considerations.....	48
5	Preliminary Analysis/Effects Assessment	49
5.1	Potential Changes to Health Programs and Infrastructure	49
5.1.1	Potential Positive Effects	50
5.1.2	Potential Negative Project Effects	51
5.2	Future Studies.....	52

6	Options Assessment	53
6.1	Overview of Options.....	53
6.2	Specific Options.....	54
6.2.1	Option 1: Proactive Information Sharing.....	55
6.2.2	Option 2: Participatory Social Monitoring Program	55
6.2.3	Option 3: CSR Program.....	57
6.2.4	Relevant Options from the <i>Emergency Services Study</i>	58
7	Summary.....	60
8	References.....	62

List of Figures

Figure 1: Community Health Programs and Infrastructure Study Spatial Boundaries	5
Figure 2: Location of Hospitals	12
Figure 3: Location of Paramedic Services	28

List of Tables

Table 1: Programs and Services Provided by Wingham and District Hospital.....	11
Table 2: Services Provided by South Bruce Grey Health Centre	13
Table 3: Services Provided Directly by Brockton and Area Family Health Team.....	13
Table 4: Services Provided by the Kincardine Family Health Team.....	14
Table 5: Services Provided Directly by North Huron Family Health Team	14
Table 6: Services Provided by Other Health Clinics.....	15
Table 7: Services Provided by the Canadian Mental Health Association.....	15
Table 8: Services Provided by South Bruce Grey Health Centre (Outside Study Area)	17
Table 9: Services by Provided by Grey Bruce Health Services.....	17
Table 10: Services Provided by Alexandra Marine and General Hospital.....	19
Table 11: Services Provided by Hospitals of the Huron Perth Medical Alliance	20
Table 12: Services Provided by the Hanover and District Hospital	21
Table 13: Services Provided by the Kincardine Family Health Team.....	22
Table 14: Services Provided by Hospitals of the Huron Community Family Health Team.....	22
Table 15: Services Provided by the Hanover Family Health Team	23
Table 16: Services Provided by the Bluewater Area Family Health Team.....	24
Table 17: Services Provided by the Louise Marshall Hospital and the Palmerston and District Hospital	24
Table 18: Services Provided by the Canadian Mental Health Association.....	25
Table 19: Services provided by the Children’s Hospital at London Health Sciences Centre	25
Table 20: Services Provided by the London Regional Cancer Program	26
Table 21: Services Provided by Home and Community Support Services	27

Table 22: Paramedic Services	29
Table 23: Long-term Care Facilities	29
Table 24: Allied Health Facilities	30
Table 25: Dental Health Facilities	31
Table 26: Home and Community Support Services.....	31
Table 27: Paramedic Services	33
Table 28: Summary of Long-term Care Facilities and Hospices	34
Table 29: Allied Health Facilities	35
Table 30: Dental Health Facilities	36
Table 31: Current Priorities and New/Planned Initiatives	42
Table 32: Workforce by Project Phase	45
Table 33: Base and Impact Case Population Projections, 2021-2046	46
Table 34: Base Case and Impact Case Housing Projections, 2021-2046	47
Table 35: Option 1 – Proactive Information Sharing.....	55
Table 36: Option 2 - Participatory Social Monitoring Program	56
Table 37: Option 3 - CSR Program.....	58

List of Appendices

- Appendix A. List of Socio-Economic Community Studies
- Appendix B. Inventory of Knowledge Holders Interviewed

List of Acronyms

APM	Adaptive Phased Management
BIRCH.....	Breastfeeding Information Resource for the County of Huron
CMHA.....	Canadian Mental Health Association
CSR.....	Corporate Social Responsibility
CT	Computerized Tomography
DPRA	DPRA Canada Inc.
ECG.....	Electrocardiogram
EMS	Emergency Medical Services
FHT	Family Health Team
GB.....	Grey Bruce
GBHS.....	Grey Bruce Health Services
GBOHT	Grey-Bruce Ontario Health Team
HDH	Hanover & District Hospital
HP&A	Huron Perth & Area
HPHA	Huron Perth Healthcare Alliance
IA.....	Impact Assessment
IT.....	Information Technology
LGBTQ2+.....	Lesbian, gay, bisexual, transgender, queer, and two-spirited
LWHA.....	Listowel Wingham Hospitals Alliance
MCR Project..	Major Component Replacement Project (Bruce Power)
MRI.....	Magnetic Resonance Imaging
MSB	Municipality of South Bruce
NWMO	Nuclear Waste Management Organization
OHIP.....	Ontario Health Insurance Plan
OHT.....	Ontario Health Team
PWLE	Persons with Lived Experience
RSV.....	Respiratory Syncytial Virus
SBGHC.....	South Bruce Grey Health Centre
STOP.....	Smoking Treatment for Ontario Patients

1 Introduction

1.1 Background and Context

Since 2012, the Municipality of South Bruce (MSB) has been involved in a process of learning about the Nuclear Waste Management Organization's (NWMO) Adaptive Phased Management (APM) Project ('the Project') for the long-term management of Canada's used nuclear fuel. The two remaining siting areas in the process are the South Bruce Area and Ignace Area. The NWMO plans to complete all preliminary assessment work and to select one community/area to host the Project by 2024. Preliminary studies suggest that the Project can be implemented safely in the South Bruce Area for a repository that will contain, and isolate, used nuclear fuel from people and the environment for the long timeframes required.

Further detailed studies are required to fully assess the potential impacts of the Project in the community and regionally. Building on previous work, engagement completed to-date, and the MSB's 36 Guiding Principles, the NWMO and the MSB have worked together to prepare a suite of community studies which have been shared broadly with the community. The list of socio-economic community studies is included in **Appendix A**. These studies were undertaken by the NWMO or MSB, with some being joint efforts. The MSB has retained consultants (the GHD team) to develop a number of studies and to peer review others developed by the NWMO and their consultants (the DPRA Canada Inc. (DPRA) team). The information acquired through these studies is expected to help MSB leadership and residents make informed decisions about whether the APM Project is a good fit for their community, and if they are willing to consider hosting it and under what circumstances and terms.

The *Community Health Programs and Infrastructure* is one of the last of the community studies being prepared.

This study is organized as follows:

- Purpose and Scope (**Section 1.3**)
- Methodology (**Section 2**)
- Existing Conditions (**Section 3**)
- Relevant Adaptive Phased Management Project Characteristics (**Section 4**)
- Preliminary Analysis/Effects Assessment (**Section 5**)
- Options Assessment (**Section 6**)
- Summary (**Section 7**)
- References (**Section 8**)

Note to Reader:

This and other community studies are preliminary and strategic in nature, all intended to identify possible consequences (e.g., to social programs and programs and services used by vulnerable populations) in the South Bruce Area based on our current level of understanding of the APM Project. Using information known at this point in time, these community studies will describe a range of possible consequences that are the subject of specific and separate studies. For each possible consequence, potential options are offered to leverage opportunities and/or mitigate possible negative consequences/effects.

It is important to note that these community studies (developed collaboratively by the NWMO and the MSB) being investigated at this time are not the formal or final baseline or effects studies that will be part of the Impact Assessment (IA). Those studies will be completed at a later date if the Project is located in the area. However, these current studies will inform the effects studies that will be initiated at a later date.

These community studies are intended to support current dialogue between the MSB and the NWMO regarding a potential hosting agreement by:

- a) Exploring in more detail the questions, aspirations and topics of interest expressed by the community through the Guiding Principles approved by the MSB following the project visioning process completed in the community;
- b) Assisting the NWMO and the MSB in developing a deeper understanding of the community aspirations/values and to work with the MSB in identifying possible programs and commitments which ensure that the Project will be implemented in a manner that fosters the well-being of the community and area;
- c) Advancing learning and understanding on topics of interest to the neighboring areas; and
- d) Providing the community with information it has requested to help them make an informed decision in 2023.

The NWMO is committed to collaboratively working with the communities to ensure questions, concerns and aspirations are captured and addressed through continuous engagement and dialogue.

The NWMO will independently engage with the Saugeen Ojibway Nation to understand how they wish to evaluate the potential negative effects and benefits that the Project may bring to their communities.

1.2 Land Acknowledgement

It is acknowledged that the lands and communities discussed in this report are situated on the Traditional Territory of the Anishinabek Nation: The People of the Three Fires known as Ojibwe, Odawa and Pottawatomie Nations. The Chippewas of Saugeen and the Chippewas of Neyaashiinigiing (Nawash), now known as the Saugeen Ojibway Nation, are the traditional keepers of this land and water. It is also recognized that the ancestors of the Historic Saugeen Métis and Georgian Bay Métis communities shared this land and these waters.

1.3 Purpose and Scope

The objectives identified in the Statement of Work for the *Community Health Programs and Infrastructure Study* (December 2021 as amended March / October, 2022) are to:

1. Describe the current health care system in and serving the Core Study Area¹;
2. Identify potential effects on health programs and infrastructure arising from construction and operation of the Project in relation to effects associated with baseline population growth; and
3. Identify and describe preliminary considerations and potential options to enhance health care for the community and mitigate possible undesirable effects.

Programs and infrastructure supporting both physical and mental health conditions will be considered, with links to other relevant community studies. For the purposes of this report, the term 'health services' is used to refer to both health programs and infrastructure.

The scope of the study is based on the objectives in the Statement of Work. In particular, Objective #2 states: "*Identify potential effects on health programs and infrastructure arising from construction and operation of the Project in relation to effects associated with baseline population growth*". Changes to the natural or socio-economic environment that may affect mental or physical health (including for example an assessment of changes to the social determinants of health, which could affect health and the health system) are beyond the scope of this *Community Health Programs and Infrastructure Study*. This study considers the effects of the population growth related to the Project on health programs and infrastructure.

The *Community Health Programs and Infrastructure Study* is relevant to the MSB Guiding Principles (2020) #10, #16 and #32

- #10: "The NWMO will identify the potential for any positive and negative socio-economic impacts of the Project on South Bruce and surrounding communities and what community benefits it will contribute to mitigate any potential risks."
- #16: "The NWMO will implement the Project in a manner that promotes diversity, equality and inclusion."
- #32: "The NWMO, in consultation with the Municipality and other local and regional partners, will prepare a strategy to ensure there are sufficient community services and amenities, including health, child-care, educational and recreational facilities, to accommodate the expected population growth associated with hosting the Project in South Bruce."

¹ The Core Study Area includes the MSB, the Township of Huron-Kinloss, the Municipality of Brockton, the Township of North Huron, and the Municipality of Morris-Turnberry. This Core Study Area is identical to the Core Study Area used in the various Economic community studies (Keir Corp., 2022), and in metroeconomics (February 2022) South Bruce and Area Growth Expectations memorandum.

While Principle #28 “The NWMO will prepare a review of the existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce.” is specific to the *Emergency Services Study*, it is closely aligned with the *Community Health Programs and Infrastructure Study*.

The *Community Health Programs and Infrastructure Study* provides information directly relevant to Principle #32 and contributes more generally to Principle #10. The *Community Health Programs and Infrastructure Study* provides information that the NWMO and MSB can use to inform agreements and funding arrangements (e.g., as may be needed in addressing Principles #32) in the future as part of negotiations of a draft hosting agreement and/or subsequent studies/ discussions if the South Bruce Area is ultimately selected as the Project location. For clarity, development of these types of agreements/arrangements is not part of the objectives / work plan for this study.

The NWMO is responsible for the completion of the *Community Health Programs and Infrastructure Study*. This study has been undertaken by DPRA.

1.3.1 Peer Review Approach

The Peer Review Protocol provides for a collaborative approach to conducting the peer review, with peer review activity occurring throughout the execution of the study. The *Community Health Programs and Infrastructure Study* is an NWMO-led study, with NWMO determining the spatial study area, the data and inputs used to establish baseline conditions, and the assessment of the forecasted effects resulting from the Project.

Options developed to address potential effects will be presented in the report for review by the MSB and NWMO.

The peer review of the draft *Community Health Programs and Infrastructure Study* work plan is being led by GHD.

1.3.2 Spatial Boundaries

As shown in Figure 1, the spatial boundaries of the Study Area for the *Community Health Programs and Infrastructure Study* are:

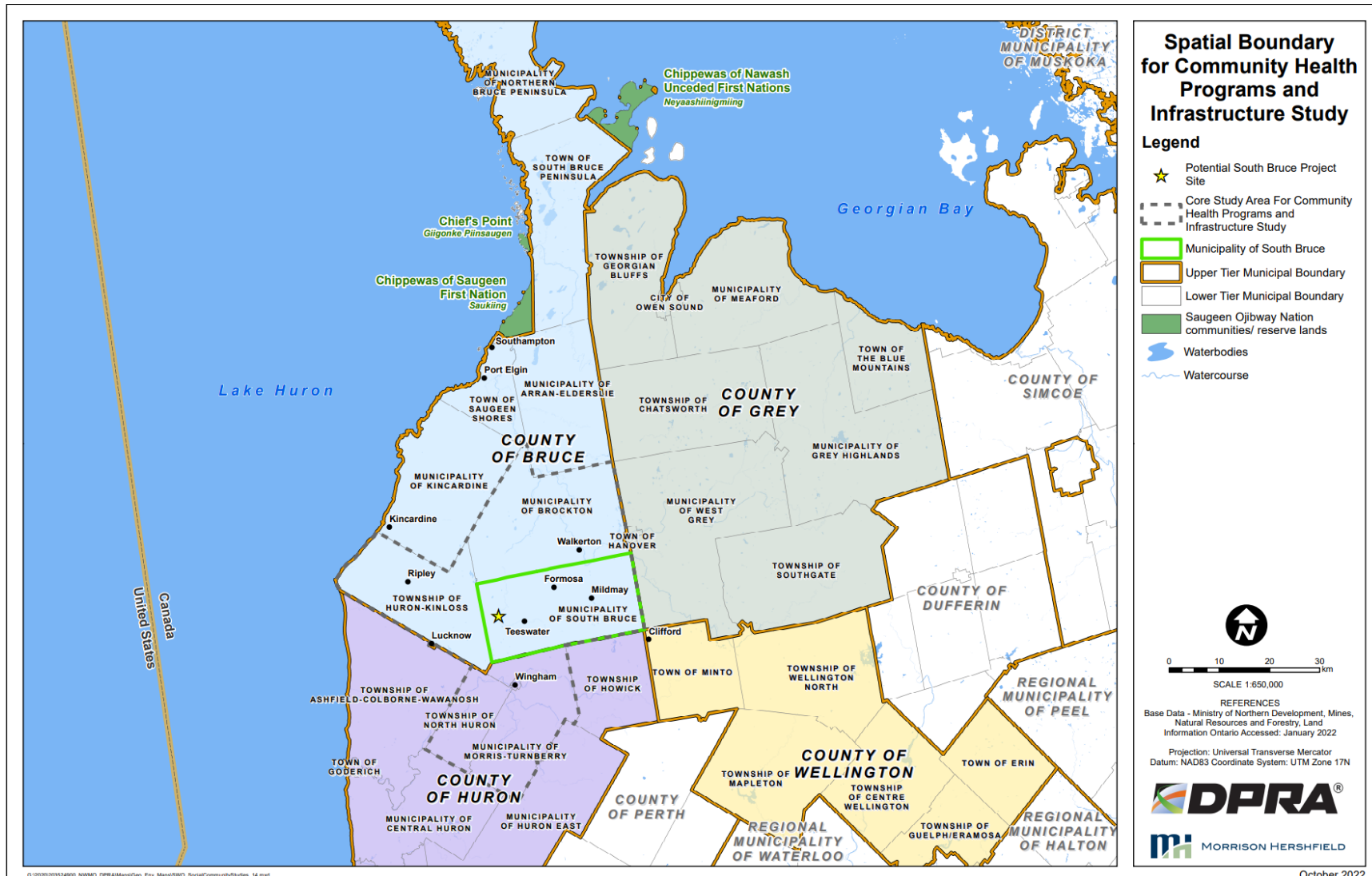
- Municipality of South Bruce (including Teeswater, Mildmay and Formosa) and nearby neighbors:
 - Township of Huron-Kinloss (including Ripley and Lucknow)
 - Municipality of Brockton (including Walkerton)
 - Township of North Huron
 - Municipality of Morris-Turnberry

1.3.3 Temporal Boundaries

The temporal boundaries for the *Community Health Programs and Infrastructure Study* are as follows:

- Current Period (2016/2023)
- Near-term (2024 to 2032)
 - Aligns end of site preparation phase in 2032 and construction start 2033
- Mid-term (2033 to 2042)
 - Aligns with construction phase ending in 2042 and operations start 2043
- Long-term (2043 and beyond)
 - Aligns with operations phase (approximately 40 years; does not include monitoring and decommissioning)

Figure 1: Community Health Programs and Infrastructure Study Spatial Boundaries



2 Methodology

2.1 Community Study Work Plans

The NWMO and the MSB drafted Statements of Work for each community study in response to the MSB's 36 Guiding Principles. As previously mentioned, the community studies are being undertaken by the NWMO or the MSB, with some being joint efforts.

The following general methodology used for the *Community Health Programs and Infrastructure Study* pertains to the 14 community studies solely or jointly led by the NWMO. For the complete list of the socio-economic community studies, see **Appendix A**.

Based on the Statements of Work, work plans for each community study were developed. The work plans:

- Outlined the peer review approach with the MSB
- Identified linkages to other studies
- Identified the spatial and temporal boundaries
- Identified key assumptions that will dictate the completion of the study
- Described the tasks associated with the study and schedule for each task
- Identified key information sources and data collection methods

Draft work plans were reviewed by the MSB and its peer review team. Peer review team and NWMO comments on the draft *Community Health Programs and Infrastructure Study* work plan were received in October and November, 2022. DPRA provided a revised final work plan to respond to the comments in November (DPRA 2022a).

2.2 General Approach

The general approach for the *Community Health Programs and Infrastructure Study* entailed four steps:

1. Existing Conditions: Gathering information to identify existing conditions without the Project;
2. Knowledge Holder Interviews: Engaging with the local and regional health care organizations to collect information on existing conditions as well as identify potential Project effects;
3. Change Analysis: Completing a change analysis that summarizes the potential changes because of the Project; and
4. Options Assessment: Based on those changes considered most material from a Project commitment perspective, identifying and describing potential options to maximize opportunities and minimize negative effects and constraints relating to community health programs and infrastructure.

Additionally, to support the study, a Peer Review Team "check-in" meeting was held on December 12, 2022.

In addition, meetings with neighbouring municipalities (i.e., the Township of Huron-Kinloss, Municipality of Brockton, Township of North Huron and Municipality of Morris-Turnberry) are being held to discuss the progress and scope of the community studies. The draft *Community Health Programs and Infrastructure Study* was presented to the neighbouring municipalities in February 2023.

2.3 Data Collection / Information Sources

Data and key information for this study was collected from primary sources such as knowledge holder interviews, and secondary sources such as Project information from the NWMO and data/documents from local and regional organizations as well as publicly available websites. The sections below describe how data and information was collected from these sources.

In addition, relevant information was obtained from the findings/results of the *Social Programs Study*, the *Vulnerable Populations Study* (DPRA, 2022b), the *Emergency Services Study* (IEC and DPRA, 2022), the *Housing Needs and Demand Analysis Study* (Keir Corp. 2022c), and the *Workforce Development Study* (Keir Corp., 2022a). The *Community Studies Planning Assumptions* (Confidential) (NWMO, October 2021) describes the labour workforce projected for the Project by three phases and location (on- or off-site).

As per the Statement of Work and work plan, there was no intent to engage with residents of the Study Area for the purposes of this study. Engagement with local residents may occur in future impact assessment (IA) studies if this Project is located in MSB.

2.3.1 Knowledge Holder Interviews

The selection of knowledge holders was undertaken through an iterative review process between the NWMO, the MSB and DPRA. Knowledge holders were selected based on their knowledge of and experience with health programs and services and/or health infrastructure.² A representative from NWMO reached out to the potential knowledge holders to determine their interest and availability to take part in the interview process and to schedule interviews. In some instances, those knowledge holders referred NWMO to someone more suited to address the questions. In instances in which knowledge holders were unfamiliar with the Project, links to the Project website were sent to increase their familiarity and understanding. Representatives from the NWMO and DPRA were present during all of the interviews; representatives from the MSB peer review team (GHD) were in attendance for most interviews. The knowledge holders were provided with an Interview Guide prior to the interview that provided background information on the Project and the interview questions. During the interviews, DPRA and MSB's peer review team representative asked questions identified in the Guide as well as more specific questions relevant to the community study. The NWMO representative took notes during the interviews and distributed the notes and any documents/links received from the knowledge holders to DPRA/the peer review team members. DPRA and the peer review team had an opportunity to review and revise the notes as necessary. The interview notes were shared with the knowledge holders for review if requested. Information received from these interviews was used in the development of the study report.

Knowledge holder interviews were conducted with representatives from the following organizations:

- Listowel Wingham Hospitals Alliance (LWHA)
- Teeswater Medical Centre Committee
- Grey Bruce Health Services (GBHS)
- Brockton and Area Family Health Team (FHT) & Hanover Family Health Team
- Grey Bruce Public Health Unit
- Huron Perth Healthcare Alliance (HPHA)
- Huron, Perth and Area Ontario Health Team & North Perth – North Huron Family Health Team

² For the purposes of the current studies, there was no intent to engage directly with vulnerable populations or individuals. Additional engagement can occur in future studies if the Project is located in the South Bruce Area.

Knowledge holders were asked to provide information on:

- Organizational health program and infrastructure priorities;
- Target populations;
- Existing health programs and infrastructure in the Study Area and surrounding communities;
- Gaps and challenges in health program and service delivery;
- Gaps in health infrastructure;
- Potential future need for radiation decontamination facilities (hospital organizations only);
- Current and planned health program and infrastructure initiatives;
- Challenges/barriers to access health services;
- Potential Project effects (positive and negative) and enhancement/mitigations; and
- Options to enhance/protect community health.

While the focus of these interviews was on health programs and infrastructure, knowledge holders also touched upon topics relevant to the *Housing Needs and Demand Analysis Study* (e.g., lack of available and affordable housing, particularly rental and supportive), and *Workforce Development and Analysis* (lack of health human resources).

In addition, information from knowledge holder interviews completed for the *Vulnerable Populations and Social Programs* studies, and for the *Emergency Services* study, have been incorporated where relevant in this study.

Further detail on the knowledge holder interviews is provided in **Appendix B**.

2.3.2 Other Key Information and Data Sources

Key information and data sources related to Study Area and surrounding community health infrastructure and programs include:

- Documents related to existing health programs and infrastructure (e.g., annual reports, assessments)
- Documents on priorities and initiatives, including strategic plans, and news releases on current initiatives and service updates
- Community studies reports – *Social Programs Study / Vulnerable Populations Study* (DPRA, 2022), *Emergency Services Study* (IEC and DPRA, 2022), *Labour Baseline Study* (Keir Corp., 2022a), *Workforce Development Study* (Keir Corp., 2022b), and *Housing Needs and Demand Analysis Study* (Keir Corp., 2022c)
- Project-related documents, e.g.:
 - MSB Guiding Principles (2020)
 - *Community Studies Planning Assumptions* (Confidential) (NWMO, October 2021)
 - *South Bruce and Area Growth Expectations Memorandum* (metroeconomics, 2022)
- A report and a presentation from the Municipality of South Bruce Teeswater Medical Centre Development Steering Committee

The MSB (metroeconomics, 2022) prepared base case ('without the Project') projections for population, housing and employment for the five Core Study Area municipalities. A corresponding set of incremental 'anticipated Project effects' projections for each of these demographics was also prepared (metroeconomics, 2022) utilizing MSB Project-related growth targets.

2.4 Assessment

To complete the assessment of the *Community Health Programs and Infrastructure Study*, an analysis of existing conditions without the Project and characterization of the potential effects of the Project were completed. Existing conditions and potential Project effects were described through analysis of primary and secondary data sources for key themes, including availability of/gaps in community health programs and infrastructure in the Study Area, and challenges facing health care providers and residents attempting to access services.

Information provided by NWMO on the Project was then used to understand the Project features that could interact with health programs and infrastructure in the Study Area and in surrounding local/regional communities. Project features were then considered against the existing environment to understand the nature and extent of possible effects (positive and negative) (refer to Section 5.0).

Options were then developed to maximize potential Project benefits and opportunities and minimize potential Project risks and adverse effects (refer to Section 6.0).

2.5 Limitations

There are some limitations that were encountered in conducting the research and analysis for the *Community Health Programs and Infrastructure Study* report.

1. Because there are a number of community health programs, services and supports available in the Study Area, and because DPRA did not speak to every provider, it is not possible to exhaustively comment on the challenges/gaps that each of these organizations currently experience or to gather information on new/planned program and infrastructure initiatives.
2. Because there are so many programs, services and supports offered by so many service providers in the Study Area, the inventory of health services identified in Section 3.0 is not exhaustive but rather illustrative/representative of the breadth of services currently available to residents both within and outside the study area.
3. Because of existing pressures on health services in the Study Area and surroundings, it was not always possible to interview selected knowledge holders as they did not have the time available.
4. Health care organizations vary considerably regarding the information and documentation on their current challenges, priorities, and initiatives that is made available to the public.

3 Existing Conditions

The health programs and infrastructure presented in this section are targeted at residents in Study Area and the surrounding communities. Emergency Department services offered at the local/regional hospitals are also available to tourists and visitors.

Information in this section is organized by health services provided in the Study Area and health services delivered outside of the Study Area in surrounding local/regional communities and available to residents of the Study Area. While the spatial boundaries of the *Community Health Programs and Infrastructure Study* are focused on the Municipality of South Bruce and nearby neighbours (refer to Section 1.3.2), residents access care both inside and outside the boundaries based on a variety of factors such as:

- Availability of the type of care needed (e.g., more advanced specialized medical care such as cardiac surgery is available in larger urban centres),
- Availability of health care provider (e.g., individuals not attached to a family doctor may access primary care at an emergency department or walk-in clinic),
- The ease of access (ability to access transportation),
- Hours of operation (after hours services may not be available),
- Past experiences/recommendations,
- Cost of care, and
- Culture/language.

For these reasons, and others, local and regional health services have been identified.

The findings in this section represent information gathered through knowledge holder interviews and secondary research, as well as from other relevant community study reports.

3.1 Health Services

As noted earlier, for the purposes of this report, the term 'health services' is used to refer to both health programs and infrastructure.

3.1.1 Health Services in the Study Area

Within the Study Area, health services are offered by the following organizations:

- Wingham and District Hospital
- South Bruce Grey Health Centre (Walkerton site)
- Brockton and Area Family Health Team
- Kincardine Family Health Team (Ripley Site)
- North Huron Family Health Team
- Other Smaller Health Clinics (Mildmay Community Medical Clinic and Holyrood Health Clinic (Walk-in) (Huron-Kinloss))
- CMHA
- Teeswater Medical Centre (in development)

These organizations and their relevant programs and infrastructure are described below.

1. Wingham and District Hospital

Wingham and District Hospital is part of the Listowel Wingham Hospitals Alliance and offers a wide variety of programs and services to Wingham and other communities within the Study Area. Refer to Table 1 for a listing of programs and services offered. Figure 2 shows the location of hospitals in the Study Area and surrounding area.

Table 1: Programs and Services Provided by Wingham and District Hospital

Programs and Services Provided by Wingham and District Hospital
Adult Speech and Language Services
Chemotherapy / Oncology Unit (Wingham Satellite Oncology Program) (Affiliated with London Regional Cancer Program ³)
Complex Continuing Care
Diabetes (Living Well with Diabetes Program)
Diagnostic Imaging (offered at Wingham) (Radiology, Ultrasound)
24-hour Emergency Room Service
Inpatient Care ⁴ (Acute Care Services, Inpatient Rehabilitation, Complex Continuing Care, Palliative Care (working with Huron Hospice Volunteer Service (Wingham site))
Laboratory ⁵ (Core Chemistry, Hematology, Coagulation and Immunohematology, Microbiology, Pathology and Cytology, Specimen collection, Electrocardiogram (ECG), Holter and Loop recorders and Stress tests)
Community Outpatients Lab ⁶ (Biochemistry, Hematology, Electrocardiography)
Nutrition and Food Services (Registered Dietitian Consultation, Food service)
Outpatient Services/ Specialist Clinics (Cancer; Cardiology/Echocardiography/Carotid Doppler; Dermatology; Ear, Nose, Throat; Echo Lab; Gastroenterology; Internal Medicine/Stress Test; Obstetrics/Gynecology; Pediatrics; Physical Medicine/Rehabilitation; Surgical; Urology; Outpatient Social Worker)
Pharmacy
Surgical Services ⁷ (General Surgeries, Obstetrical / Gynecological, Gastroenterology, Urology, Plastic, Maxillofacial, Dentistry – Paediatric & Adult, Orthopedics)
Ambulance/Paramedic/Emergency Air Ambulance Services ⁸

Source: [Listowel Wingham Hospitals Alliance | Patient Health & Emergency Care \(lwha.ca\)](https://www.listowelwinhamhospitalsalliance.ca/patient-health-emergency-care)

³ Wingham site provides systemic therapy (chemotherapy) for patients living in Huron, Perth, and Bruce Counties. This allows some patients to receive their cancer treatment closer to home. Patients are initially assessed at the London Regional Cancer Program and then referred back to the Wingham site.

⁴ Inpatient care provided by an Interdisciplinary Care Team consisting of: Physician, Nursing, Physiotherapy, Occupational Therapy, Clinical Nutrition, Speech Language Pathology, Social Work, Recreation Therapy, Hospital Pharmacy, Chaplain, Home and Community Care Discharge, Laboratory, Diagnostic Imaging, Nutrition and Food Services, Environmental Services, Building Services

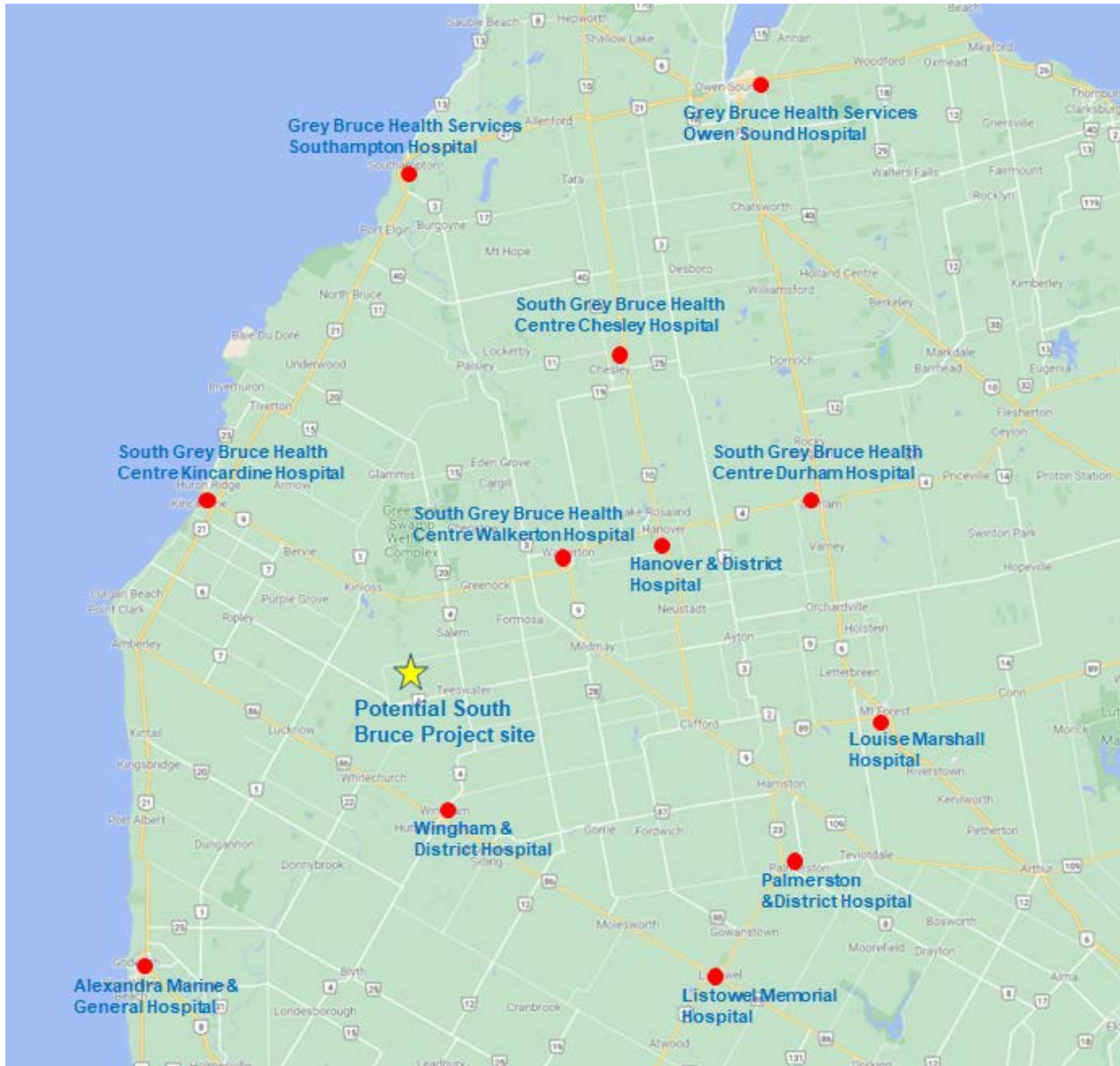
⁵ With Interhospital Laboratory Partnership (IHLP)

⁶ (Wingham) – located at Royal Oaks Health and Wellness Centre

⁷ Team includes local and visiting, surgeons, anesthetists, registered nurses and registered practical nurses

⁸ <https://www.northhuron.ca/en/living-here/health-care.aspx>

Figure 2: Location of Hospitals



Source: Emergency Services Study (IEC and DPRA, 2022)

2. South Bruce Grey Health Centre

The South Bruce Grey Health Centre (SBGHC) has infrastructure located across the South Bruce Grey area, however there is only one facility that falls within the Study Area: Walkerton Hospital. This hospital serves Walkerton, Mildmay, and Formosa. Table 2 presents the services provided by the SBGHC Walkerton Site.

Table 2: Services Provided by South Bruce Grey Health Centre

Services Provided by South Bruce Grey Health Centre (Walkerton Site)
Out-Patient Specialist Clinics (Audiology/Ear, Nose and Throat (ENT), General Surgery, Gynecology, Internal Medicine, Pediatrics, Urology)
Cardiorespiratory Services (Ambulatory Blood Pressure Monitoring, Arterial Blood Gas, Cardiac Stress Testing, Electrocardiogram (ECG), Holter Monitoring, Spirometry Testing)
Community Lab Collections
Diagnostic Imaging (Computerized Tomography (CT) Scanning, Mammography, Ultrasound)
Echocardiography
Emergency Departments
Outpatient Physiotherapy
Perioperative Department (Elective general surgery, Endoscopy, Specialty services)

Source: South Bruce Grey Health Centre website <https://www.sbghc.on.ca/>

3. Brockton and Area Family Health Team

The Brockton and Area Family Health Team operates health clinics out of Mildmay and Walkerton. There is an additional clinic (and other health care services) proposed for Teeswater (as part of the proposed Teeswater Medical Centre). Refer to Table 3 for services provided by the Brockton and Area Family Health Team.

Table 3: Services Provided Directly by Brockton and Area Family Health Team

Brockton and Area Family Health Team
Chronic Disease Support (Prevention, early diagnosis and management; Community Outreach)
Kinesiology (Support, Prevention Through Exercise, Team UNBREAKABLE) ⁹
Geriatric Medicine Outreach Clinic
Mental Health (Social Workers and Counsellors; Team UNBREAKABLE)
Nutrition (Mindful Eating Group, Pediatric Nutrition Groups, Community Outreach)
Pre/Post Natal Support* (Prenatal Care and Classes, Postpartum Recovery Program, Breastfeeding Education and Support, Early Years Lactation Workshop, Nutrition)
Primary Care (includes Telemedicine)
Respiratory Health* (Respiratory Therapist)
Smoking Treatment for Ontario Patients (STOP) Program

* Walkerton site only

Source: Brockton and Area Family Health Team website <https://bafht.com/>

⁹ A Cameron Helps program, is a physical-health-for-mental-health-program for teenagers

4. Kincardine Family Health Team (Ripley Clinic)

Within the Study Area, the Kincardine Family Health Team operates one small health clinic out of Ripley. Refer to Table 4 for services provided by the Kincardine Family Health Team's Ripley site.

Table 4: Services Provided by the Kincardine Family Health Team

Kincardine Family Health Team (Ripley site)
Primary Care

Source: Kincardine Family Health Team <https://kincardinefht.ca/programs-services/>

5. North Huron Family Health Team

Within the Study Area, the North Huron Family Health Team (a member of the Listowel Wingham Hospitals Alliance) operates small health clinics out of Teeswater and Lucknow, and a larger one out of the Royal Oaks Health and Wellness Centre in Wingham. Refer to Table 5 for services provided by the North Huron Family Health Team.

Table 5: Services Provided Directly by North Huron Family Health Team

North Huron Family Health Team
Municipalities Served: South Bruce, Huron-Kinloss, North Huron and Morris-Turnberry
<i>Teeswater Clinic - North Huron Family Health Team</i>
Primary Medical Care
<i>Royal Oaks Health and Wellness Centre (Wingham)</i>
Primary Care
STOP Smoking Cessation Program
Chronic Disease Management Program
Diabetes and Prediabetes Program
Travel Vaccine Evaluation Program
Medication Evaluation Programs
Lung Health Programs
18 Month Well Baby Program
Geriatric Program
Oncology Nurse Navigator Program
Healthy Eating Workshop Series (Craving Change Program)
Seasonal Flu Vaccine
<i>Lucknow Medical Centre</i>
Primary Care

Sources: North Huron Family Health Team <https://lwha.ca/northperth-northhuron-family-health-team/>; SouthWest Healthline [North Huron Family Health Team - southwesthealthline.ca](https://southwesthealthline.ca/north-huron-family-health-team)

6. Other Smaller Health Clinics

Within the Study Area, there are two small clinics in Mildmay and Huron-Kinloss. As shown in Table 6, these health clinics each offer primary care. Mildmay Community Medical Clinic offers mental health support through a social worker, and Holyrood Health Clinic offers lab services.

Table 6: Services Provided by Other Health Clinics

Other Health Clinics
Mildmay Community Medical Clinic (South Bruce (Mildmay))
Primary Care
Mental Health (Social worker)¹⁰
Holyrood Health Clinic (Walk-in) (Huron-Kinloss)
Primary care Clinic¹¹ (led by a Nurse Practitioner)
Drop-in Appointments
Drop-in Lab Services

Source: SouthWest Healthline <https://www.southwesthealthline.ca/displayservice.aspx?id=152075>;
<https://www.southwesthealthline.ca/displayservice.aspx?id=172893>

7. Canadian Mental Health Association

There is one CMHA chapter located within the Study Area in Walkerton. Refer to Table 7 for a listing of the mental health and addictions services offered.

Table 7: Services Provided by the Canadian Mental Health Association

Canadian Mental Health Association (Walkerton site)
Mental Health Services (Mental Health Crisis Line, Drop-In Clinic, Mental Health Court Support, Peer & Family Support, Intensive Case Management, Urgent Response, Community Mental Health Teams)
Addictions Services (New Directions, CHOICES Drug and Alcohol Counselling for Youth, G&B House, Addiction Court Support, Addictions Treatment for Pregnant and/or Parenting Mothers, Problem Gambling Treatment, Concurrent Disorders Treatment Services, Community Drug & Alcohol Strategy)
Housing and Support (Community Connections, Apartment Program & Outreach Support, Recovery Oriented Programs, , Addiction Supportive Housing, Residential Services, Group Services)
Community Programs & Services (Social Recreation & Leisure, Education & Training, The Men's Program, Primary Care Telemedicine Program)

Source: Canadian Mental Health Association <https://greybruce.cmha.ca/>

¹⁰ Team includes two family physicians, one nurse practitioner and one social worker

¹¹ Led by a Nurse Practitioner with access to physicians, pediatrician, midwives and public health

8. Teeswater Medical Centre

The Municipality of South Bruce purchased the properties on 26 and 28 Clinton Street South as the site for the new Teeswater Medical Centre. The new facility will provide services for residents in the Municipality of South Bruce. Renovations are set to begin in May 2023 (Teeswater Medical Centre Committee, 2022). The Centre is slated to include facilities for:

- Phase 1: two doctors' offices (and/or Nurse Practitioners); pharmacy; allied health services (e.g., mental health, nutrition, education, telehealth); and
- Phase 2: chiropractor office; physiotherapy office; and expanded allied health services (e.g., vaccination clinic, counselling, massage) (Nicole Duquette Consulting, 2021)

It has been decided that the Centre will be operated by a Not-For-Profit Corporation, rather than by the Municipality of South Bruce (Teeswater Medical Centre Committee, 2022).

3.1.2 Health Services in Surrounding Local/Regional Communities

The following organizations are located outside the Study Area but offer health services that are available to the residents of the Study Area:

- South Bruce Grey Health Centre
- Grey Bruce Health Services
- Alexandra Marine and General Hospital
- Huron Perth Medical Alliance
- Hanover and District Hospital
- Kincardine Family Health Team
- Huron Community Family Health Team
- Bluewater Area Family Health Team
- North Wellington Health Care
- CMHA
- Children's Hospital at London Health Sciences Centre
- London Regional Cancer Program

These organizations and their relevant programs and infrastructure are described below.

1. South Bruce Grey Health Centre

There are three SBGHC facilities located outside the Study Area. These are Chesley Hospital, Durham Hospital and Kincardine Hospital. Table 8 presents the services provided by these facilities.

Table 8: Services Provided by South Bruce Grey Health Centre (Outside Study Area)

Services Provided by South Bruce Grey Health Centre (Chesley, Durham and Kincardine Sites)
Out-Patient Specialist Clinics (Audiology/ENT, General Surgery, Gynecology, Internal Medicine, Pediatrics, Urology)
Cardiorespiratory Services (Ambulatory Blood Pressure Monitoring, Arterial Blood Gas, Cardiac Stress Testing, Electrocardiogram (ECG), Holter Monitoring, Spirometry Testing)
Community Lab Collections
Diagnostic Imaging (CT Scanning, Mammography, Ultrasound)
Echocardiography
Emergency Departments
Outpatient Physiotherapy
Perioperative Department (Elective general surgery, Endoscopy, Specialty services)
Radiation Decontamination (Kincardine Hospital – 29 kms from the potential Project Site)*

Source: South Bruce Grey Health Centre website <https://www.sbghc.on.ca/>

* Bruce Power signed a MOU in 2015 to support Kincardine and Southampton hospitals for radiation monitoring and decontamination (IEC and DPRA, 2022). Other hospitals in the Study Area are currently not equipped to measure radioactivity or to provide a decontamination room.

2. Grey Bruce Health Services

Grey Bruce Health Services (GBHS) hospitals are located outside the Study Area. While the six hospitals that are part of this network provide core hospital services, additional services are provided by the Owen Sound Hospital (e.g., cancer surgery, inpatient mental health services). Table 9 identifies the programs and services provided.

Table 9: Services by Provided by Grey Bruce Health Services

Services Provided by Grey Bruce Health Services (Owen Sound, Lion's Head, Markdale, Meaford, Southampton and Warton Sites)
Ambulatory Care (walk-in clinics - Congestive Heart Failure Clinic, Dermatology Clinic, Ear Nose and Throat Clinic, Endocrinology Testing, Fracture Clinic, Geriatric Assessment Clinic, Gynecology, Hepatitis C Clinic, Minor Procedure Clinic, Ophthalmology, Urology Clinic)
Autism Spectrum Disorder Clinic
Cardiac Rehab Program
Cardiology Services
Complex Continuing Care (Grey Bruce Health Services Complex Continuing Care unit located at the Warton Hospital)
Critical Care Unit
Diabetes Grey Bruce
Dialysis (Satellite Dialysis Clinic located at the Own Sound Hospital)
Emergency Department
GBHS Cancer Centre (Cancer surgery available at Owen Sound Hospital)

Services Provided by Grey Bruce Health Services (Owen Sound, Lion's Head, Markdale, Meaford, Southampton and Wiarton Sites)
Lab (as of January 1, 2023, GBHS will be eliminating outpatient lab services at the Owen Sound Hospital)
Medical Imaging (specialties include General Radiography, Gastrics, Angiography, Bone Mineral Densitometry, Computed Tomography, Mammography/Ontario Breast Screening Program, Ultrasound, Nuclear Medicine, and Magnetic Resonance Imaging)
Mental Health & Addiction Services (New Wellness & Treatment Centre in Owen Sound – scheduled to open 2023, inpatient mental health services (schedule 1 facility in Owen Sound), outpatient mental health services, geriatric services, addiction services)
Occupational Therapy
Pharmacy (Owen Sound Hospital)
Physiotherapy
Radiation Decontamination (Southampton Hospital – located 70 km from the potential Project Site)*
Rehabilitation
Sexual Abuse Centre
Sleep Lab
Social Work
Spiritual Care (main Spiritual Care office located at the Owen Sound Hospital)
Stroke Centre (Owen Sound Hospital)
Surgery
Virtual Urgent Care
Women, Labour & Child Care (Women and Child Care Unit is located at the Owen Sound Hospital)

Source: Bruce Grey Health Services <https://www.gbhs.on.ca/>

* Bruce Power signed a MOU in 2015 to support Kincardine and Southampton hospitals for radiation monitoring and decontamination (IEC and DPRA, 2022). Other hospitals in the Study Area are currently not equipped to measure radioactivity or to provide a decontamination room.

3. Alexandra Marine and General Hospital

The Alexandra Marine and General Hospital is located outside the Study Area in Goderich and serves the municipalities of North Huron and Morris-Turnberry. Refer to Table 10 for a listing of the services offered. Alexandra Marine and General Hospital is a Schedule 1 Mental Health facility¹².

¹² Schedule 1 refers to designated psychiatric facilities.

Table 10: Services Provided by Alexandra Marine and General Hospital

Alexandra Marine and General Hospital
Communities Served: North Huron, Morris-Turnberry
Ambulatory Care / Outpatient Clinics (Endocrinology, General Surgery, Gynecology, Internal Medicine – Cardiology, Obstetrics, Pediatrics, Prenatal Clinic)
Diabetes Education Program (includes Assessment, clinical monitoring and management; Weekly diabetes clinics; Assistive Devices Program; Individual nutritional counselling; Group education)
Diagnostic Services (Cardiology, Laboratory, Medical Imaging Services)
Dialysis
Emergency Department
Inpatient Acute Care / Medicine ¹³ (20 beds)
Mental Health Inpatient (Schedule 1 Facility) (Assertive Community Treatment Team, Seniors Mental Health, The Eating Disorder Program, Intensive Case Management, Prevention and Early Intervention Program for Psychosis, Psychiatry Services, Social Work Services)
Mental Health Outpatient (Huron Community Mental Health Services, Dialectical Behaviour Therapy, Cognitive Behaviour Therapy, Relaxation Therapy, Depression Group, Psychosocial Rehabilitation Groups, Huron Outreach Eating Disorder Program, Intensive Case Management)
Obstetrics (Antenatal care, Intrapartum care, Postpartum care, Newborn Care, Prenatal Clinic, Midwives (Collaboration with Huron Community Midwifery Services), BIRCH (Breastfeeding Information Resource for the County of Huron))
Inpatient Palliative Care (Interdisciplinary (including Physiotherapy, Speech Therapy, Registered Dietitians, Social Work and CCAC); Collaboration with Hospice Huron; Nurses with Comprehensive Advanced Palliative Care Education certification)
Pharmacy
Physiotherapy
Speech Language Therapy
Surgical Services (On-call Emergency Surgery, Endoscopic procedures, General surgery, Gynecological/obstetrical surgery)

Source: Alexandra Marine and General Hospital <https://www.amgh.ca/>

4. Huron Perth Healthcare Alliance Hospitals

HPHA operates hospitals outside the Study Area in Clinton, Seaforth, St. Mary's and Stratford. The hospitals in Clinton and Seaforth serve North Huron and Morris-Turnberry (the other two hospitals serve the Town of St. Mary's and the City of Stratford – information is not presented on their services) Refer to Table 11 for the services offered by these two hospitals in Clinton and Seaforth.

¹³ Provided by Interdisciplinary Care Team consisting of CCAC, Dietitian, Nurses, Nursing students, Pharmacist and Pharmacy Technicians, Physician(s), Physiotherapist, Social Work, Speech Language Pathologist, Residents

Table 11: Services Provided by Hospitals of the Huron Perth Medical Alliance

Services Provided by Huron Perth Medical Alliance
Clinton Public Hospital
Complex Continuing Care / Inpatient Unit (20-bed acute and complex continuing care)
Ambulatory Clinics (Allergy, ENT, General Surgery, Geriatric, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Plastics, Urology)
Ambulatory Surgical Services (Day surgery for dental, ENT, general, gynecology, ophthalmology, orthopedic, plastics and urology; Endoscopy)
Emergency Department
Imaging Department (Bone mineral densitometry, Ultrasound, X-ray)
Laboratory Services
Physiotherapy
SmallTALK (Speech therapy assessment and intervention for infants and children)
Social Work Services
Spiritual Care
Seaforth Community Hospital
Complex Continuing Care ¹⁴ (10-bed rehabilitation program)
Huron Perth Diabetes Program (one-on-one or group diet and lifestyle consultation; registered nurse and dietitian)
Outpatient Clinics
Adult Speech Therapy Services (Assessment, treatment, and management of swallowing, communication; cognitive communication disorders in adults)
Community Stroke Rehabilitation Team ¹⁵ (Rehabilitation; secondary prevention, system navigation, community reintegration, and caregiver supports)
Emergency Department
Imaging Department (Ultrasound, X-ray)
Laboratory Services
Occupational Therapy
Physiotherapy
SmallTALK (Speech therapy assessment and intervention for infants and children)
Social Work Services

Source: Huron Perth Medical Alliance <https://www.hpha.ca/>

¹⁴ Access to nursing care, therapy, and weekly follow-ups with a doctor or nurse practitioner

¹⁵ Consists of rehabilitation team includes a registered nurse, physiotherapist, occupational therapist, speech language pathologist, social worker, therapeutic recreation specialist, and rehabilitation therapist

5. Hanover and District Hospital

Hanover and District Hospital (HDH) operates a hospital outside the Study Area in Hanover. This hospital serves Hanover and the surrounding catchment area. Refer to Table 12 for the services offered by HDH.

Table 12: Services Provided by the Hanover and District Hospital

Services Provided by Hanover and District Hospital
Emergency Department
Acute Care Unit/In-Patient Services (Intensive Care Unit, Rehabilitation Services, In-Patient Pharmacy, Patient Meals, Family Centred Care Suites)
Laboratory
Physiotherapy Program
Surgical Services Department
Family Centred Birthing Unit
Hemodialysis Unit
Diagnostic Imaging (e.g., CT scanner)
Palliative Care Services
Community Services (access provided to community service such as Community Mental Health and Addiction Services, Chaplaincy Services, Grey-Bruce Diabetes, Home and Community Support Services, Home and Community Care SWLHIN and the Hanover Family Health Team)
Outpatient Speciality Clinics (Endocrinology/Diabetes Clinic, Nephrology/Renal Clinic, Obstetrics Clinic, Ophthalmology Clinic, Orthopedics Clinic, Pediatric Clinic, Peripherally Inserted Central Catheter (PICC) Placement Clinic, Rapid Access Addictions Medicine (RAAM) Clinic, Urology Clinic)

Source: Hanover and District Hospital <https://www.hanoverhospital.on.ca/departmentsServices>

6. Kincardine Family Health Team

The Kincardine Family Health Team operates at a single site in Kincardine but offers health clinics outside the Study Area. The Kincardine FHT provides primary care, mental health support, as well as chronic disease management. Refer to Table 13 for the services offered by Kincardine Health Team.

Table 13: Services Provided by the Kincardine Family Health Team

Kincardine Family Health Team (Kincardine site) ¹⁶
Primary Care
Kincardine FHT Cardiac Rehab Program (includes telephone-based health assessment, nutrition advice and counselling)
Chronic Disease
Chronic Pain (Occupational Therapists)
Exercise and Physical Activity (Boosting Balance, Stride Alive, Team UNBREAKABLE)
Mental Health (Registered Social Worker; Comprehensive initial psychosocial and mental health assessments)
MINT Memory Clinic ¹⁷
Occupational Therapy (General occupational therapy Assessments, Home Assessments, Vestibular Assessments, Fall Prevention Assessments, Pain Management, Mobility Device Assessments)
Respiratory Health
Nurse Practitioner Same-Day Appointment Clinic

Source: Kincardine Family Health Team <https://kincardinefht.ca/>

7. Huron Community Family Health Team

The Huron Community Family Health Team is located outside the Study Area in Seaforth. Refer to Table 14 for the services offered by Huron Community Family Health Team.

Table 14: Services Provided by Hospitals of the Huron Community Family Health Team

Huron Community Family Health Team ¹⁸
Primary Care ¹⁹
Education Programs (Cholesterol Education Program, Hypertension Education Program)
Mental Health Programs (Memory Clinic, Mind, Body, Medicine)
New Parent Programs (Introduction to Solids, Newborn Support Program)
Women's Health Programs (Let's Talk Menopause, PAP Clinic)
Addiction Programs (Smoking Cessation Program – STOP, My Journey)
Foot Health Programs (Foot Care Clinic)

Source: Huron Community Family Health Team <https://www.hcfht.ca/>

¹⁶ <https://kincardinefht.ca/programs-services/>

¹⁷ Team includes Physicians, Occupational Therapists, Nurses, Nurse Practitioners, an Alzheimer's Society Counsellor, as well as specialist consults when required

¹⁸ <https://www.hcfht.ca/programs-services/>

¹⁹ Team includes Physicians, Nurse Practitioners, Physician Assistants, Mental Health Clinicians, Registered Dieticians

8. Hanover Family Health Team

The Hanover Family Health Team is located outside the Study Area. Refer to Table 15 for the services offered by the Hanover Family Health Team.

Table 15: Services Provided by the Hanover Family Health Team

Hanover Family Health Team
Primary Care
Women’s Health (e.g., PAP, sexual health)
Parenting (Prenatal Program, Parenting/Behavioural Management Program)
Healthy Child (Infant Feeding Support, 3-Year Well Child Program, Baby-Friendly Initiative) Parenting
Immunization Clinics
Mental Health (One-on-One or Group Counselling, Conquering Social Anxiety, Depression/Anxiety, Health and Wellness: Take Charge of Your Health!)
Lung Health (chronic obstructive pulmonary disease /asthma)
Cardiac Rehab
Lifestyle / Chronic Disease (Blood Pressure Clinic, Building Healthy Bones, Craving Change, Healthy You, Living with Arthritis, Diabetes Clinic, Smoking Cessation Reduction Group and Individual Appointments)
Chronic Pain Self-Management
Medication Review
Elder Care (Memory Clinic, Cognitive Impairment)

Source: Hanover Family Health Team <https://www.hcft.ca/programs-services>

9. Bluewater Area Family Health Team (Zurich)

The Bluewater Area Family Health Team operates outside the Study Area in Zurich. Refer to Table 16 for the services offered by Bluewater Area Family Health Team.

Table 16: Services Provided by the Bluewater Area Family Health Team

Bluewater Area Family Health Team (Zurich)
Acupuncture
Foot care
L.I.F.E. Exercise classes
Mental Health Program
Sleep Therapy
STOP Smoking Cessation Program
Alzheimer's Society of Huron County (Memory Testing, Education and Training, General Support and Counselling)

Source: Bluewater Area Family Health Team <https://bluewaterareafht.ca/programs-services/>

10. North Wellington Health Care

North Wellington Health Care operates outside the Study Area in Mount Forest (Louise Marshall Hospital) and Palmerston (Palmerston and District Hospital). Refer to Table 17 for services offered at these two sites.

Table 17: Services Provided by the Louise Marshall Hospital and the Palmerston and District Hospital

Louise Marshal Hospital and Palmerston and District Hospital
Ambulatory Care (Clinics, Diabetes Education, Physiotherapy, Respiratory Services, Speech Pathology and Dialysis)
Diagnostic Imaging
Emergency Department
Inpatient Care
Minto Rural Health Centre (located beside the Palmerston and District Hospital)
Obstetrics
Oncology
Surgery / Endoscopy
Additional Services (e.g., COVID, cold and flu clinics)

Source: North Wellington Health Care. Home/Patient Services. <https://www.nwhealthcare.ca/>

11. Canadian Mental Health Association

The CMHA operates the following sites outside the Study Area:

- CMHA Markdale Site – The Coach House
- CMHA Owen Sound Site – Union Place
- CMHA Hanover Site – The Loft
- CMHA Southampton Site – Bruce Shoreline Community Mental Health Team
- CMHA Kincardine Site – Bruce Shoreline Community Mental Health Team
- CMHA Kincardine Site – The Dory

Refer to Table 18 for mental health and addictions services offered at one or more of sites listed above.

Table 18: Services Provided by the Canadian Mental Health Association

Canadian Mental Health Association
Mental Health Services (Mental Health Crisis Line, Drop-In Clinic, Mental Health Court Support, Peer & Family Support, Intensive Case Management, Urgent Response, Community Mental Health Teams)
Addictions Services (New Directions, CHOICES Drug and Alcohol Counselling for Youth, G&B House, Addiction Court Support, Addictions Treatment for Pregnant and/or Parenting Mothers, Problem Gambling Treatment, Concurrent Disorders Treatment Services, Community Drug & Alcohol Strategy)
Housing and Support (Community Connections, Apartment Program & Outreach Support, Recovery Oriented Programs, Community Homes for Opportunity (Hanover, Meaford and Owen Sound), Addiction Supportive Housing, Residential Services, Group Services, The Green House (Warton))
Community Programs & Services (Social Recreation & Leisure, Education & Training, The Men's Program, Primary Care Telemedicine Program)

Source: Canadian Mental Health Association <https://greybruce.cmha.ca/>

12. Children's Hospital at London Health Sciences Centre

The Children's Hospital at London Health Sciences Centre (in London, Ontario) provides comprehensive inpatient and outpatient care for children from birth to age 18. An overview of the services provided by the Children's Hospital at London Health Sciences Centre is presented in Table 19.

Table 19: Services provided by the Children's Hospital at London Health Sciences Centre

Children's Hospital at London Health Sciences Centre
Acute Paediatric Rehabilitation Services
Art & Music Therapy
Cardiology, Cystic Fibrosis, Diabetes, Hematology & Oncology, Endocrinology, Nephrology & Hypertension, Neurology, Epilepsy, Rheumatology, Orthopaedic Surgery & Paediatric Orthopaedics
Mental Health Care Program, Psychology, Social Work
Day and In-patient Surgery
Trauma & Emergency Department

Children’s Hospital at London Health Sciences Centre
Gastroenterology, Hepatology and Nutrition
Education (Injury Prevention, Healthy Eating and Activity Program)
Medical Genetics for Children
NICU & Paediatric Critical Care Unit
Paediatric Chronic Pain Program
Paediatric Dentistry
Respiratory Therapy

Source: Children’s Hospital of Western Ontario <https://www.lhsc.on.ca/childrens-hospital/welcome-to-the-childrens-hospital>

13. London Regional Cancer Program

London Health Sciences Centre runs the London Regional Cancer Program, which is a world-class cancer care facility, providing the high quality cancer care to patients and their families across the Southwestern Ontario (including Middlesex/London, Elgin, Oxford, Perth, Huron, Grey, Bruce, Lambton and Kent counties). As mentioned in Section 3.1.1, the Wingham Satellite Oncology Program, which is affiliated with the London Health Sciences Centre, which is located within the Study Area, although initial assessments are conducted in London. Services provided are identified in Table 20.

Table 20: Services Provided by the London Regional Cancer Program

London Regional Cancer Program
Inpatient and outpatient cancer care
Radiation therapy
Chemotherapy
Support services to help cancer patients and their families throughout the treatment process

Source: London Regional Cancer Program <https://www.lhsc.on.ca/london-regional-cancer-program/about-london-regional-cancer-program>

Additional Services Provided to the Municipality of South Bruce

This section presents services available outside the Study Area but available to residents living within the Study Area. These include:

- Home/Community Support Services (Transportation, Medical /Nursing Home Care, Non-Medical Home Support, Meals and Nutrition, Respite Services/ Adult Day Care)
- Ontario Telemedicine Network
- Paramedic Services
- Long-term care facilities and hospices
- Allied Health (Pharmacies, Physical Medicine and Rehabilitation, Medical Laboratories)
- Dental/Oral Health Facilities

3.1.3 Additional Services in the Study Area

This section presents additional services offered in the Study Area.

1. Home/Community Support Services

Home and community support services that are offered within the Study Area include transportation, non-medical home support, meals and nutrition, respite services/ adult day care. Table 21 presents the names of the companies and organizations that provide these services.

Table 21: Services Provided by Home and Community Support Services

Home/Community Support Services
Transportation Services
ONE CARE Home & Community Support Services (Supports seniors and persons with disabilities to maintain their independence)
Rural Home Care (Private)
Sunshine Helpers - Mobile Service
Non-Medical Home Support
ONE CARE Home & Community Support Services (Supports seniors and persons with disabilities to maintain their independence) – includes Telehomecare
Rural Home Care (Private)
Sunshine Helpers - Mobile Service (Lucknow)
Meals and Nutrition
ONE CARE Home & Community Support Services (Supports seniors and persons with disabilities to maintain their independence)
HCSS - Home and Community Support Services of Grey Bruce
Sunshine Helpers - Mobile Service (Lucknow)
Respite Services/ Adult Day Care
ONE CARE Home & Community Support Services (Supports seniors and persons with disabilities to maintain their independence)
HCSS - Home and Community Support Services of Grey Bruce

Sources: Home & Community Support Services of Grey Bruce <https://hcsgreybruce.com/>; ONE CARE Home & Community Support Services <https://www.onecaresupport.ca/services/>; Sunshine Helpers - Mobile Service <https://brucegreycommunityinfo.cioc.ca/record/HUR0029>; Rural Home Care <https://ruralhomecare.ca/our-services/>;

2. Ontario Telemedicine Network

Ontario Telemedicine Network services are offered within the Study Area.

3. Paramedic Services

Of the three paramedic service bases (Bruce County, Grey County, and Huron County) (refer to Figure 3), two are located within the Study Area – those for Bruce and Huron counties. Bruce County Paramedic Service operates six stations, one of which is directly located within the study area in Walkerton. Likewise, Huron County Paramedic Services operates seven stations, one of which is directly located within the study area in Wingham. Refer to Table 22.

Please see Section 3.2.2 for the locations of the other stations for each of these paramedic services located beyond the Study Area, as well as those located in Grey County.

Refer to the *Emergency Services Study* (IEC and DPRA, 2022) for more information on paramedic and other emergency services.

Figure 3: Location of Paramedic Services



Source: Emergency Services Study (IEC and DPRA, 2022)

Table 22: Paramedic Services

Community Health Program Provider
Paramedic Services
Bruce County Paramedic Service (One of six stations is located within the Study Area: Walkerton)
Huron County's Paramedic Service (One of seven stations is located within the Study Area: Wingham)

Source: Emergency Services Study (IEC and DPRA, 2022); Bruce County Paramedic Services <https://www.brucecounty.on.ca/services/paramedic-services-health-services/paramedic-services>; Huron County Paramedic Services <https://www.huroncounty.ca/emergency-services/paramedic-services>

4. Long-Term Care Facilities

There are three long-term care facilities within the Study Area, located in Formosa, Walkerton and Lucknow (refer to Table 23).

Table 23: Long-term Care Facilities

Community Health Program Provider
Long-Term Care Facilities
Valley View Terrace Seniors (Formosa)
Brucelea Haven Long-term Care Home (Walkerton)
Pinecrest Manor (Lucknow)

Sources: Bruce County Long-term Care Facilities <https://www.brucecounty.on.ca/services/health-services/long-term-care>; Revera Pinecrest Manor <https://reveraliving.com/en/live-with-us/ontario/lucknow/pinecrest-manor>

5. Allied Health Facilities

Allied health service²⁰ providers include pharmacies, physical medicine and rehabilitation services and medical laboratories. These service providers are located throughout the Study Area in Walkerton, Lucknow, Mildmay, Wingham, and Teeswater. Refer to Table 24.

²⁰ Using Government of Ontario's Department of Health definition of Allied Health Professionals: "allied health professions include audiologists, dietitians, medical laboratory technologists, medical radiation technologists, occupational therapists, pharmacists, physiotherapists, respiratory therapists, speech-language pathologists."
<https://www.health.gov.on.ca/en/pro/programs/hhrs/other/#:~:text=Eligible%20allied%20health%20professions%20include,therapists%2C%20speech%2Dlanguage%20pathologists>.

Table 24: Allied Health Facilities

Community Health Program Provider
Allied Health Service Providers
Pharmacies
Lucknow Pharmasave (Lucknow)
Brown's Guardian Pharmacy (Walkerton)
Pellow Pharmasave (Walkerton)
PharmaChoice (Mildmay)
Brown's Pharmasave (Wingham)
RX Drugmart IDA (Wingham)
Teeswater Pharmacy (Teeswater)
Stewart's Pharmacy (Mildmay)
Physical Medicine and Rehabilitation
Wingham and District Hospital – Physical Medicine and Rehabilitation Clinic (Outpatient)
South Bruce Grey Health Centre (Outpatient)
Walkerton site
Ripley Physical Therapy and Wellness (Private Clinic)
Partners Physiotherapy Service (located in Total Body Wellness) (Walkerton)
Walkerton Physiotherapy and Sports Injury Clinic (Walkerton)
Glassier Physiotherapy Clinic (Wingham)
Medical Laboratories
Wingham and District Hospital (with Interhospital Laboratory Partnership (IHLP))
South Bruce Grey Health Centre
Walkerton site
Royal Oaks Health and Wellness Centre - Community Outpatients Lab ²¹ (Wingham)

Source: Bruce & Grey Community Info 211 <https://brucegreycommunityinfo.cioc.ca/>

²¹ <https://lwha.ca/care/laboratory/>

6. Dental/Oral Health Facilities

Within the Study area, there are four dental /oral health clinics located in Walkerton, Wingham and Lucknow . Refer to Table 25.

Table 25: Dental Health Facilities

Community Health Program Provider
Dental/Oral Health
Maitland Family Dental (Wingham)
The Tooth Corner Wingham (Wingham)
Dawson Dental (Lucknow)
Walkerton Dental Centre

Sources: Maitland Family Dental <https://www.maitlandfamilydental.com/>; The Tooth Corner Wingham <https://toothcorner.com/services/>; Dawson Dental <https://dawsondental.ca/locations/lucknow/>; Walkerton Dental Centre <https://visitwalkerton.com/profile/walkerton-dental-centre/4304/>

3.1.4 Additional Services Outside the Study Area

This section presents additional services offered outside the Study Area in surrounding local/regional communities and available to residents of the Study Area.

1. Home/Community Support Services

Home and community support services that are offered adjacent the Study Area include transportation, medical /nursing home care, non-medical home support, meals and nutrition, respite services/ adult day care. Table 26 presents the names of the companies and organizations that provide these services.

Table 26: Home and Community Support Services

Home/Community Support Services
Transportation Services
Right At Home Canada [Central East]
TJ's Taxi Service
Saugeen Mobility and Regional Transit
Spectrum Patient Services
Carol's Time for You (Hanover)
Canadian Cancer Society (Bluewater)
Medical /Nursing Home Care
Woodley Care Services (Owen Sound)
ParaMed Home Health Care (Owen Sound)
NEXIM Health Care Consultants (Barrie)

Home/Community Support Services
Right At Home Canada [Central East] (Collingwood)
CarePartners (Owen Sound, Wingham, Stratford)
SE Health (Huron East)
South West Home and Community Care Support Services - In-Home Services (Stratford)
Non-Medical Home Support
Golden Touch Mobile Service (Tara)
ParaMed Home Health Care (Owen Sound)
Carol's Time for You (Hanover)
NEXIM Health Care Consultants (Barrie)
Right At Home Canada [Central East] (Collingwood)
CarePartners (Owen Sound, Wingham, Stratford)
SE Health (Huron East)
South West Home and Community Care Support Services - In-Home Services (Stratford)
VON Canada (Owen Sound)
Meals and Nutrition
Golden Touch Mobile Service (Tara)
ParaMed Home Health Care (Owen Sound)
Carol's Time for You (Hanover)
NEXIM Health Care Consultants (Barrie)
Heart to Home Meals (Collingwood)
Right At Home Canada [Central East] (Collingwood)
CarePartners (Owen Sound, Wingham, Stratford)
South West Home and Community Care Support Services - In-Home Services (Stratford)
Respite Services/ Adult Day Care
Golden Touch Mobile Service (Tara)
ParaMed Home Health Care (Owen Sound)
Carol's Time for You (Hanover)
NEXIM Health Care Consultants (Barrie)

Sources: Home & Community Support Services of Grey Bruce <https://hcsgreybruce.com/>; ONE CARE Home & Community Support Services <https://www.onecaresupport.ca/services/>; Sunshine Helpers - Mobile Service <https://brucegreycommunityinfo.cioc.ca/record/HUR0029>; Rural Home Care <https://ruralhomecare.ca/our-services/>; Saugeen Mobility and Regional Transit <https://saugeenmobility.ca/>; SouthWest Healthline <https://www.southwesthealthline.ca/display/service.aspx?id=12550>; Carol's Time for You <http://www.carolstimeforyou.com/>; NEXIM Health Care Consultants <https://www.neximcare.ca/services/>; ParaMed Home Health Care <https://www.paramed.com/owen-sound/>; 211 Ontario <https://211ontario.ca/service/71100504/golden-touch-golden-touch/>; South West Home and Community Care Support Services <https://healthcareathome.ca/region/south-west/>; CarePartners <https://www.carepartners.ca/Our-Services.htm>; Right At Home Canada <https://www.rightathomecanada.com/>; Heart to Home Meals <https://www.hearttohomemeals.ca/?remembersite=true>

2. Paramedic Services

As mentioned in Section 3.2.1, of the three regional paramedic services bases (Bruce County, Grey County, and Huron County), two have stations located within the Study Area – those for Bruce and Huron counties (in Walkerton and Wingham, respectively). Grey County Paramedic Services operate eight stations, all of which are outside the Study Area. Refer to Table 27 below, and Figure 3 above.

Table 27: Paramedic Services

Community Health Program Provider
Paramedic Services
Bruce County Paramedic Service (Five of six stations are located outside the Study Area: Chesley, Kincardine, Port Elgin, Wiarton and Tobermory)
Huron County Paramedic Service (Six of seven stations are located outside the Study Area: Exeter, Goderich, Tuckersmith, Clinton, Zurich, Bayfield)
Grey County Paramedic Service (Eight stations are located outside the Study Area: Owen Sound, Meaford, Markdale, Dundalk, Durham, Hanover, Craigeleith and Chatsworth)

Source: Emergency Services Study (IEC and DPRA, 2022); Bruce County Paramedic Services <https://www.brucecounty.on.ca/services/paramedic-services-health-services/paramedic-services>; Huron County Paramedic Services <https://www.huroncounty.ca/emergency-services/paramedic-services>; Grey County Paramedic Services <https://www.grey.ca/resident-services/paramedic-services>

Refer to the *Emergency Services Study* (IEC and DPRA, 2022) for more information on emergency response services.

3. Air Ambulance/Ornge

As noted in the *Emergency Services Study* (IEC and DPRA, 2022), the main air ambulance service provider in Ontario is Ornge. Ornge’s core business is providing patient transportation involving a range of paramedical services (Ornge, 2022), by air and by land, including:

- Emergent and urgent interfacility transport
- Emergent scene response
- Repatriation of interfacility patients
- Non-urgent transport based on geographic and population needs
- Support for health care in remote communities through new and innovative approaches
- Provincial Transfer Authorization Centre (PTAC) authorization in support of public health objectives
- Transportation related to organ transplant

Ornge owns a fleet of aircraft and land ambulances operating out of 12 bases across Ontario. The closest base to the potential Project Site is located in London, Ontario.

4. Long-Term Care Facilities and Hospices

There are long-term care facilities and hospices located in nearby communities. Refer to Table 28.

Support for long-term care in the south west is provided through Home and Community Care Support Services South West Region Long-Term Care Homes Network.

Table 28: Summary of Long-term Care Facilities and Hospices

Community Health Program Provider
Long-Term Care Facilities
Blue Water Rest Home (Zurich)
Elgin Abbey Continuing Care Residence for Seniors (Chesley)
Georgian Heights Health Care Centre (Owen Sound)
Gateway Haven (Warton)
Grey Gables (Markdale)
Hanover Care Centre
Huronview Home for the Aged (Clinton)
Lee Manor (Owen Sound)
Maitland Manor (Goderich)
Meaford Long Term Care Centre
Maple View Long-Term Care (Owen Sound)
Parkview Manor Health Care Centre (Chesley)
Rockwood Terrace (Durham)
Seaforth Long Term Care Home and Retirement Community (Seaforth)
Southampton Care Centre (Southampton)
Summit Place Long Term Care (Owen Sound)
The Village Seniors' Community Long Term Care (Hanover)
Trillium Court (Kincardine)
Hospice / Palliative Care
Huron Shores Hospice (Kincardine)
Grey Bruce Hospice - Chapman House (Owen Sound)

Sources: West Huron Care Centre <https://westhuroncarecentre.com/>; Elgin Abbey Continuing Care Residence for Seniors <https://www.liveyourretirement.com/home/elgin-abbey-continuing-care-residence-for-seniors>; Georgian Heights Health Care Centre <https://georgian-heights.ca/>; Gateway Haven <https://www.brucecounty.on.ca/office-location/gateway-haven>; Grey Gables <https://www.grey.ca/resident-services/long-term-care/grey-gables>; Hanover Care Centre <https://www.southwesthealthline.ca/displayservice.aspx?id=11842>; Huronview Home for the Aged <https://www.huroncounty.ca/homes-for-the-aged/long-term-care/huronview>; Lee Manor <https://www.grey.ca/resident-services/long-term-care/lee-manor>; Maitland Manor <https://maitlandmanor.ca/>; Meaford Long Term Care Centre <https://www.southwesthealthline.ca/displayservice.aspx?id=11883>; Maple View Long-Term Care <https://maple-view.ca/>;

Parkview Manor Health Care Centre <https://parkview-manor.ca/>; Rockwood Terrace <https://www.grey.ca/resident-services/long-term-care/rockwood-terrace>; Seaforth Long Term Care Home and Retirement Community <https://seaforthltc.ca/>; Southampton Care Centre <https://www.jarlette.com/long-term-care/southampton-care-centre>; Summit Place Long Term Care <https://reveraliving.com/en/live-with-us/ontario/owen-sound/summit-place-ltc>; The Village Seniors' Community Long Term Care, Trillium Court <https://reveraliving.com/en/live-with-us/ontario/kincardine/trillium-court>; Huron Shores Hospice <https://www.huronshoreshospice.ca/>; Grey Bruce Hospice - Chapman House <https://www.greybrucehospice.com/>

5. Allied Health Facilities

Allied health service²² providers include pharmacies, physical medicine and rehabilitation services and medical laboratories. These service providers are located outside the Study Area but available to Study Area residents. Refer to Table 29.

Table 29: Allied Health Facilities²³

Community Health Program Provider
Allied Health Service Providers
Pharmacies
Shoppers Drug Mart (Kincardine)
Gordon's Pharmasave (Kincardine)
McKechnie Pharmacy (Kincardine)
Rexall Pharma Plus (Kincardine)
Physical Medicine and Rehabilitation
South Bruce Grey Health Centre (Outpatient)
Kincardine site
Huron Perth Medical Alliance
Seaforth Community Hospital
New Horizons Rehabilitation Services Inc. (Listowel)
Saugeen Physiotherapy & Allied Health Centre (Hanover)
Hanover Physiotherapy and Sports Rehabilitation (Hanover)
Medical Laboratories
South Bruce Grey Health Centre
Kincardine site
Alexandra Marine and General Hospital (Goderich)

²² Using Government of Ontario's Department of Health definition of Allied Health Professionals: "allied health professions include audiologists, dietitians, medical laboratory technologists, medical radiation technologists, occupational therapists, pharmacists, physiotherapists, respiratory therapists, speech-language pathologists." <https://www.health.gov.on.ca/en/pro/programs/hhrsd/other/#:~:text=Eligible%20allied%20health%20professions%20include,therapists%2C%20speech%2Dlanguage%20pathologists>.

²³ Using Government of Ontario's Department of Health definition of Allied Health Professionals: "allied health professions include audiologists, dietitians, medical laboratory technologists, medical radiation technologists, occupational therapists, pharmacists, physiotherapists, respiratory therapists, speech-language pathologists." <https://www.health.gov.on.ca/en/pro/programs/hhrsd/other/#:~:text=Eligible%20allied%20health%20professions%20include,therapists%2C%20speech%2Dlanguage%20pathologists>.

Community Health Program Provider
Allied Health Service Providers
Dynacare - Laboratory Services & Health Centre (Goderich)
LifeLabs Medical Laboratory Services (Hanover)

Source: Perth-Huron Community Info 211 <https://www.infoperthhuron.ca/>

6. Dental/Oral Health Facilities

There are several dental /oral health clinics located outside the Study Area. Refer to Table 30.

Table 30: Dental Health Facilities

Community Health Program Provider
Dental/Oral Health
Kincardine Dentistry (Kincardine)
Lakeview Dental Services (Kincardine)
Dr. Deller-Quinn Family Dentistry (Kincardine)
Saugeen Dental (Hanover)
Harriston Family Dentistry (Harriston)
Local Smiles (Durham; Harriston)
Denture Care Clifford
Hanover Family Dental (Hanover)
Esteem Dental Hygiene (Mount Forest)
Bluewater Dental Hygiene Services – Mobile (Kincardine)
Huron Perth Public Health - Dental Health - Healthy Smiles Ontario (Clinton)
Kincardine Dental Hygiene Clinic (Kincardine)

Sources: Lakeview Dental Services <https://www.kincardinedentist.com/> Dr. Deller-Quinn Family Dentistry <https://www.kincardinedental.ca/> Saugeen Dental (Hanover) <https://www.saugeendental.com/site/home>; Harriston Family Dentistry (Harriston) <https://harristonfamilydentistry.ca/>; Local Smiles (Durham; Harriston) <https://localsmilesrdh.com/> Denture Care Clifford <https://www.clifforddenture.ca/> ; Hanover Family Dental <https://hanoverfamilydental.ca/> Esteem Dental Hygiene <https://esteemdentalhygiene.vpweb.ca/> Huron Perth Public Health - Dental Health - Healthy Smiles Ontario <https://www.hpph.ca/en/health-matters/dental-health.aspx#>

3.2 Challenges Faced by Health Services

Health services in the Study Area and surrounding communities are currently challenged by a variety of factors, many of which are interrelated. Information derived from knowledge holders, secondary research and other relevant community studies (e.g., *Vulnerable Populations and Social Programs Studies* (DPRA Canada Inc., 2022a)) noted:

- Lack of sufficient human health resources
 - Retirements
 - Recruitment and retention
- Lack of sufficient financial resources
- Lack of available and affordable housing
- Changing population demographics (i.e., increasing number of seniors with typically higher health care needs)
- Lack of health provider knowledge of sub-populations
- Rural service inefficiencies
- Addressing the repercussions of the pandemic
- Aligning community needs with service provision
- Increasing emergency department volumes
- High construction costs
- Systems inefficiencies
- Inability of residents to access virtual services

These are described below. Many of these challenges are not unique to the Study Area but are being experienced elsewhere in urban and rural areas of Ontario and across Canada.

Lack of Sufficient Resources

Knowledge holders have strongly emphasized there is currently a lack of health human resources (e.g., allied, support, lab techs, nurses, nurse practitioners, doctors) and significant competition to attract new staff (particularly family doctors) to the Study Area and surrounding communities. There is currently a lack of access to team-based primary care services in the Study Area and beyond (i.e., across Ontario and Canada) with the number of un-rostered patients continuing to grow. Because demand exceeds supply, local health care organizations are fighting for the same staff (e.g., nurses, nurse practitioners) and in some instances, emergency departments in and around the Study Area (e.g., Walkerton, Chelsey, Clinton) have had to close on the weekends and in the evenings because they did not have the necessary staffing complement.²⁴ Additionally, because family doctors often work at local hospitals, they may not be able to offer extended hours in health teams or health clinics to help address any patient backlog. In line with these findings, GBHS issued a news release indicating that as of September, 2022, its six affiliate hospitals were facing capacity challenges stemming from “unprecedented demand on services”, particularly demands on emergency departments, in conjunction with limited available beds and staffing pressures (GBHS, 2022a). GBHS is experiencing a lack of availability of local physicians and nursing shortages across hospital and departments and is relying to a greater extent on physicians from outside of the area to staff emergency departments (GBHS, 2022b). In addition, as of January 1, 2023 due to health human resources pressures, GBHS will no longer provide outpatient laboratory services through the Owen Sound Hospital (other than for oncology patients; GBHS, 2022c). Concerns about health human resources have been echoed in the corporate reports and media releases of other hospitals including Listowel Wingham Hospitals Alliance (LWHA, 2022) and Alexandra Marine and General Hospital (AMGH, 2022).

²⁴ While there has been an influx of new residents, some of whom are health care providers, to the Study Area and surrounding communities as a result of the pandemic, there has also been a number of health providers retiring or deciding to leave the profession because of burn out.

Recruitment of racialized health providers has been identified as a challenge in the small rural communities because there are no multicultural services and supports available for them and their families. Recruitment and retention of health human resources and physicians is seen as a challenge in general and it has been suggested that the funding model for rural hospitals may need to be reconsidered (Grey-Bruce Ontario Health Team (GBOHT), 2021a; 2021b), as there is a sentiment that there is insufficient funding in place to ensure that providers have sufficient capacity to meet health care needs of residents in the Study Area.

As noted in the *Local Hiring Effects Study and Strategy (Deloitte, 2022)*, a key consideration for South Bruce will be to address the aging workforce.

“There is a heavy presence of Baby Boomers across Canada, currently between the ages of 55 and 74 and most of them who work will retire between now and the mid-2030s. There is insufficient supply of labour locally to replace those retiring. To backfill the gap the federal government has been gradually increasing the number of immigrants and will continue to increase that number until replacing retiring Boomers is no longer an issue²⁵.

South Bruce businesses are competing for the limited labour pool, both locally and often with larger and more attractive population centres/employers. Added to this are skills gaps, impacting talent recruitment and retention to meet industry needs. As businesses grow and new businesses look to locate in the community, there is a need to grow talent with the appropriate skills for successful labour force participation.” (p. 19)

Given the current dearth of needed health human resources, and expected upcoming retirements, the local health system will be further challenged in near future to provide the services and supports required by residents.

Lack of Sufficient Financial Resources

Ontario’s health care system has long been underfunded. With increased pressures placed on the system as a result of COVID-19, the system is under further strain. The lack of sufficient funds compromises the ability of the province and by extension, municipalities, to train and hire adequate numbers of health care staff and to offer enough services and supports to meet the needs of residents.

Lack of Available and Affordable Housing

The lack of available and affordable housing in the Study Area and surrounding communities makes it difficult to recruit health care staff.

Changing Population Demographics

The growing (i.e., influx of individuals from urban areas in Southern Ontario) and aging population (baby boomers) has placed increasing pressure on health services (e.g., long term care, acute care) and health care providers must respond to more complex care cases with insufficient staff and financial resources. Additionally, knowledge holders noted there is a growing number of clients with complex gender identity issues and those with mental health and addictions issues that are taxing the capacity of local staff who are not trained to/do not have the time to deal with these challenging concerns.

The seasonal increase in population in the local/regional area as a result of tourism, especially during the summer, places further stress on health services already experiencing pressure (e.g., emergency department, public health).

²⁵ metroeconomics. 2022 South Bruce and Area Growth Expectations.

Lack of Health Provider Knowledge of Sub-Populations

The fact that not all local health providers have the knowledge and experience required to treat some of the sub-populations in the Study Area and surroundings (e.g., Mennonites, LGBTQ2+ individuals, Indigenous Peoples, those living in poverty, women experiencing domestic violence, children with complex care needs, racialized populations) challenges their ability to provide effective, culturally appropriate, and safe services.

Rural Service Inefficiencies

Knowledge holders indicated that health care providers practicing in rural areas are challenged to deliver equivalent services as those found in urban centres because the small numbers of patients (i.e., lack of critical mass), which makes it fiscally impossible to provide the same level and type of services (e.g., group programs, drop-in clinics). Some family health teams are challenged by the increasing service demands placed upon them; in some cases, new clients who have moved from large centres are requesting services and supports that are available in urban centres but cannot be offered at rural clinics because of small population numbers and lack of carrying capacity.

For those health care providers delivering services in the communities, the large geographic area and dispersed population challenges their ability to deliver services and supports in an efficient manner because of the long drive to reach clients. For service providers, such as the Victorian Order of Nurses (VON), if patients are not home when they visit, they do not get paid. This is a real issue in rural areas, where patients are located so far apart. Additionally, there are connectivity /broadband issues experienced by some health care organizations in and around the Study Area.

Addressing the Repercussions of the Pandemic

As a result of the pandemic and government mandates, some health care programs, services and supports (e.g., school-based public health nurses, non-emergent surgical procedures, childhood preventable vaccine programs, cancer screening programs) were paused to allow staff to respond to COVID-19 health service needs more effectively. Additionally, as a result of COVID-19 infections and delays in residents being able to access care, there have been/continue to be increasing numbers of complex care patients admitted to hospital (e.g., seniors) and patients requiring health services (children and youth needing mental health supports). Health care providers are experiencing challenges attempting to shift back to 'business as usual' service provision and to 'catch up' on service backlogs in the face of insufficient staff, continued COVID-19 infections and other infectious diseases such as influenza and respiratory syncytial virus (RSV).

Aligning Community Needs with Service Provision

Knowledge holders noted that in the future the health care system will be challenged by the need to better align community needs with service provision. This will entail reviewing hospitals' programs and services to identify areas for improved effectiveness and efficiency (e.g., are all the local/regional hospitals needed, and to what extent can they address more specialized service provision), while still providing quality care. As more doctors shift from being generalists to specialists (a current trend), this will have an impact of the breadth of services that are offered in the hospitals. It will also involve a shift toward homecare as opposed to hospital care. These initiatives will have impacts on health staff and community members.

Increasing Emergency Department Volumes

Knowledge Holders indicated that hospitals continue to be challenged by high numbers of residents without family doctors that are using the emergency department as their primary care facility. Between 2016 and 2018, 67.2% of patients who went to an emergency department had concerns that could have been treated through primary care (South West LHIN, 2019; GBOHT, 2021b).

High Construction Costs

For those health care organizations planning to upgrade their facilities or build new construction in the near future, the increasing cost of building supplies as a result of supply chain issues related to the pandemic and unstable global political events, means they will have to find additional funds to cover the difference in cost, or perhaps delay the construction. This will place additional pressures on their fund raising efforts.

Systems Inefficiencies

The FHT payment system is a challenge for some health care providers as it tends to tie them to a specific clinic/team. Additionally, from an Information Technology (IT) perspective, health care facilities in the Study Area and surroundings are challenged by privacy issues related to the sharing of patient data and by the inability of health IT systems to communicate with one another (i.e., health care systems are not adequately integrated or coordinated and as such, they are not as effective or efficient for staff and patients).

Inability of Residents to Access Virtual Services

While health care providers are increasing the number of virtual services and supports available to patients, residents' capacity to use those tools is challenged by limited internet capacity in rural areas as well as their access to computers and their knowledge of how to use the tools.

3.3 Gaps in Health Services

Despite the existing health services in the Study Area and surrounding communities (refer to Sections 3.1 and 3.2), there are still some gaps in the type of programs, services and supports available to residents. A number of these gaps are a direct result of small population size. Without the necessary critical mass, it is not cost effective to offer more specialized programs and services that are already directed at smaller segments of the overall population (e.g., cardiology, neurology).

The health care services that require improvement/enhancement or expansion include:

- Specialist services such as neurology, oncology, nephrology, cardiac care and rehabilitation
- Non-urgent care/walk-in clinics
- New technology (e.g., diagnostic (CT scanner, magnetic resonance imaging (MRI)), virtual technology)²⁶ and space to house the technology (e.g., labs)
- Mental health and addiction services
- Complex care supports

Overall, it was noted that there are insufficient programs and services in the Study Area and surroundings to be able to provide a holistic approach to the provision of care. It was suggested that there is a need for health care organizations to work together to identify and close the gaps.

Many of the gaps in services noted above are also linked to the health services challenges identified in Section 3.2 above and barriers to access listed in Section 3.4 below.

²⁶ Both Grey Bruce Health Services and Listowel Wingham Hospital Alliance identified CT scanners as new/future initiatives.

3.4 Barriers to Accessing Health Services

Knowledge holders identified a number of barriers to accessing health services that are faced by residents in the Study Area, as described below.

Capacity of Emergency Departments

Given challenges in health human resources, emergency departments at hospitals in and around the Study Area have either longer wait times (GBHS, 2022d), overnight and weekend closures (SBGHC; 2022a, 2022b; Sweeney, 2022; Drury, 2022), or as was the case with South Bruce Grey Health Centre's (SBGHC) Chesley Hospital an 8-week closure as a result of nursing shortages (SBGHC, 2022c).

Transportation

Transportation to access health services is a barrier for some residents in the Study Area because: they lack their own vehicle; there is a limited public transportation system; they lack funds to pay for transportation; and safety issues for Mennonite residents driving horse and buggy on busy roads.

Timely Access to Specialist Services

Due to growing waitlists for specialist services in local hospitals and for more advanced specialist services in centres such as Owen Sound, London and Toronto, residents are unable to receive the care they need in a timely fashion. While hospitals are working to reduce their backlog of procedures, they are challenged by lack of staff and continuing admissions of complex care patients. Families may have to travel across a vast geography to access services (GBOHT, 2021a)

Critical Mass

More advanced specialist services (e.g., neurology) have to be accessed by residents in larger urban centres because hospitals in the Study Area and surrounding communities do not have the critical mass necessary to deliver these services. As such, not all health care can be provided close to home, and patients are required to travel for this care.

Family Doctors / Hours of Operation

In addition to not having enough family doctors to meet the needs of residents, rural doctors often work at both the health clinics and the hospitals. As such, most doctors are not available in the clinics after hours which presents a challenge for residents who work 9-5 and may not be able to take paid time off work. The inability to take paid time off was also identified as creating a divide between the 'haves' and 'have nots' (e.g., Bruce Power staff with well paying jobs do not lose pay to attend a medical appointment, while individuals working in the service industry for much lower wages do not typically enjoy this same benefit).

Additionally, many health care programs offered to residents in the Study Area are not offered after hours.

Mennonite Access

Some of the Mennonite population in the Study Area opt out of the Ontario Health Insurance Plan (OHIP), which means that when they do need health care, they have to pay for it. This results in individuals delaying care and subsequently presenting with more serious conditions.

It was suggested that some members of the Mennonite community tend to be less comfortable with mental health services due to stigma, and as such, they would rather access support through a doctor or nurse, as opposed to a mental health specialist. This means that they are not necessarily receiving the most suitable mental health care.

Additionally, because Old Order Mennonites do not have a phone, they do not schedule health clinic appointments; instead, they show up at the clinic and sit outside and wait to be seen.²⁷

Access to Technology

Not all residents have access to the technology (internet and computer), the knowledge to participate in virtual programming, or may have poor internet services (GBOHT, 2021a)

Patient Care Navigation

Lack of knowledge and awareness of where to go/who to go to for specific health care services is a barrier for some residents.

3.5 Current Priorities and New/Planned Initiatives

Health care organizations servicing the residents of the Study Area have a number of current priorities as well as new and planned initiatives underway (refer to Table 31 for examples of some of the priorities and initiatives).²⁸ Many of the initiatives address the challenges, gaps and barriers identified in sections 3.3, 3.4 and 3.5 respectively. Some initiatives are specific to one organization, while others are applicable to a number of organizations (e.g., ongoing replacement of equipment). Assuming the Project moves forward in the South Bruce Area, over the lifetime of the Project, there will be new priorities and initiatives that may present potential opportunities for NWMO to participate in some way (e.g., partnerships, funding).

Table 31: Current Priorities and New/Planned Initiatives

Hospitals	Primary Care Clinics (FHTs)	Public Health	Other
<p>Grey Bruce Health Services (GBHS)</p> <ul style="list-style-type: none"> New Markdale Hospital scheduled to open in 2023; hospital construction was 74% complete as of November 2022 (GBHS, 2022e) New Wellness and Treatment Centre (Owen Sound) scheduled to open in 2023; site has been selected as of September 2022 (GBHS, 2022f) Research Institute affiliated with Owen Sound Hospital under discussion <ul style="list-style-type: none"> Clinical research focus Opportunities for staff to conduct research Could enhance recruitment efforts Looking for opportunities to grow and enhance services in the areas of oncology, nephrology, cardiology and rehabilitation Continuing strategic planning and program reviews – may identify new opportunities (GBHS, 2021) 	<p>Hanover and Brockton and Area FHTs</p> <ul style="list-style-type: none"> Assessing their ability to offer joint programs (e.g., cardiac rehabilitation) How to better serve unattached patients with no new additional resources (would require taking resources from another service) <ul style="list-style-type: none"> Modernization of public health (longer term provincial initiative) FHTs have been asked to broaden their reach to respond to those patients who are not affiliated/attached to a family doctor Enhancement of mental health supports Optimizing patient access to needed services 	<p>Grey Bruce Public Health Unit</p> <ul style="list-style-type: none"> Return to meeting accountability agreements and foundational public health standards (key performance indicators) in 2023 Working toward addressing any priority populations that were negatively affected as a result of reduced service provision during the height of the pandemic (e.g., children's preventative vaccines) or the pandemic itself (e.g., individuals with mental health concerns) Housing equity and health assessments of 	<p>New Teeswater Medical Centre scheduled to open in December 2023.</p> <ul style="list-style-type: none"> To include space for a new doctor, pharmacy, other health care professionals (e.g., chiropractor, physiotherapy, massage therapy) Targeting \$2.6 million in funding; a \$519,000 donation was made by NWMO through the Near-Term Investment program (Municipality of South Bruce, 2022); Bruce Power has also made a \$100,000 donation <p>Grey-Bruce Ontario Health Team (OHT)</p>

²⁷ This is not considered a major problem as they are not demanding; they just needed to be approached differently.

²⁸ Since many of the current priorities are linked to new/planned initiatives, the two have been integrated into one section.

Hospitals	Primary Care Clinics (FHTs)	Public Health	Other
<ul style="list-style-type: none"> • Working with intermediaries (property owners/developers) with multi-unit apartment complexes to provide temporary housing for hospital staff while they look for a permanent place to live <ul style="list-style-type: none"> ◦ Considered a recruitment incentive ◦ Need to identify more housing options since these complexes are only available for limited amount of time • Non-urgent patient transportation system between the six GBHS hospitals (GBHS, 2021) • Emergency Department Substance Use Counsellor to support patients with alcohol or substance use issues who visit the ED • A pilot virtual urgent care program was launched in February 2022 (GBHS, 2022g). As of September 15, 2022, GBHS has expanded virtual urgent care from four to six days per week (from 8am to 3:30pm; GBHS, 2022h) <p>South Bruce Grey Health Centre (SBGHC)</p> <ul style="list-style-type: none"> • Kincardine Hospital is undertaking construction of a 2,000 sq. ft. CT scanner suite, which will be fully operational by March 2023. The aim is for patients to be able to access CT services without leaving the hospital • Kincardine Hospital also initiated a 34,000 sq. ft. expansion and modernization of its emergency department (SBGHC, 2022d) • Redevelopment of the Kincardine Hospital inpatient unit and operating room is planned to occur within the next several years (SBGHC, 2022e). • Redevelopment and expansion initiatives at Kincardine Hospital have been planned with population increases associated with the Bruce Power MCR project in mind (SBGHC, 2022f). • Walkerton Hospital has opened a new procedure room for minor surgeries (2022e) 	<p>providers (e.g., family doctors)</p> <ul style="list-style-type: none"> • Patient care navigation for those with chronic and complex care needs • Supporting wellness through the lifespan • Focus on frail seniors • Ensuring provision of equitable care, responding to community needs <p>North Perth – Huron Perth FHT</p> <ul style="list-style-type: none"> • Short-term funding for mental health programming /system navigation • Working with a Connections Centre in Wingham on homeless initiative 	<p>those how are homeless or underhoused</p> <ul style="list-style-type: none"> • Dental care program expanding to Markdale <p>Huron Perth Public Health (HPPH) amalgamated in 2020 (from separate public health units serving Huron and Perth counties, respectively) and is continuing operational planning to function as an integrated health unit</p>	<ul style="list-style-type: none"> • Grey-Bruce OHT was approved in September 2021. Year 1 focus populations include frail seniors (with a focus on transitions in care) and patients/clients living with Mental Health and Addictions Issues (GBOHT, 2021a) <p>Huron Perth & Area OHT</p> <ul style="list-style-type: none"> • Huron-Perth & Area OHT (HP&AOHT) was approved in December 2019. Working to strengthen efforts around three target populations, mental health and addictions, congestive heart failure, and infection prevention and control (HP&AOHT, 2022) • In second phase of transforming the digital health landscape in Huron Perth and Area (digital health includes digital care programs and technologies to enhance the efficiency and experience of healthcare delivery and to make care more personalized and precise (e.g., e-referrals, patient portals, online appointment booking, hypercare, and cybersecurity training (HP&A OHT, 2023). <p>It was announced in September 2022 that Choices for Change Huron Perth and Resilience Huron Perth Mental Health Service will merge and will rebrand as a branch of CMHA (RHPMHS, 2022)</p>

Hospitals	Primary Care Clinics (FHTs)	Public Health	Other
<p>Hanover & District Hospital (HDH)</p> <ul style="list-style-type: none"> Developed a 2021-2023 Human Resource Plan to address health human resources pressures (HDH, 2020) In December 2021 launched a state of the art mammography system (HDH, 2022) <p>Huron Perth Healthcare Alliance (HPHA)</p> <ul style="list-style-type: none"> Working with other health care organizations in the region to determine how the continuum of programs and services can best be offered Ongoing strategic planning (e.g., reviewing investments, reviewing changing demographics and needs, planning for new infrastructure, identifying areas for improvement, organizational stability, identifying where services should be provided to maximize effectiveness and efficiency) <p>Listowel Wingham Hospitals Alliance (LWHA)</p> <ul style="list-style-type: none"> Seeking to expand oncology services Proposal to purchase MRI Additional CT scanners 			
Ongoing recruitment and retention initiatives			
Continued/increasing use of virtual care to provide services, supports and health care training (e.g., while still reliant on in-person or blended care depending on the service) (e.g., GBHS implemented virtual emergency department services to help reduce surges)			
Returning to the provision of regular/pre-pandemic care (e.g., acute and episodic care, preventive care screening, health promotion)/Maintaining mandated services			
Ongoing replacement/upgrades to equipment and facilities (e.g., GBHS to upgrade x-ray equipment, HPHA bricks and mortar and information technology (IT))			
Addressing opioid crisis (The Grey Bruce Opioid Working Group, 2020).			

As discussed in the *Local Hiring Effects Study and Strategy* (Deloitte, 2022), there may be an opportunity through the Federal Sectoral Workforce Solutions Program for the reskilling, upskilling, and transition of workers into high-demand occupations and target sectors, including health, to help address the lack of health human resources in the Study Area and surroundings.

4 Relevant Project Characteristics

In the context of the *Community Health Programs and Infrastructure Study*, the relevant Project characteristics relate to the workforce numbers/characteristics for each phase, where the workforce may originate/reside, and the significance of those numbers or degree of change relative to existing conditions. Key Project characteristics are summarized below in terms of workforce, housing, health and emergency services.

4.1 Project Workforce

The *Community Studies Planning Assumptions* (Confidential) (NWMO, October 2021) describes the labour workforce projected for the Project by three phases and location (on- or off-site). Table 32 (NWMO, October 2021) describes the workforce associated with the Project phases.). The *Labour Baseline Study and Workforce Development Study* (Keir Corp., 2022a, 2022b) conclude that the direct labour force requirements of the Project are relatively modest in relation to Bruce Power’s Major Component Replacement (MCR) Project/the Bruce Power Generating Station, and occur in stages, synchronized with the key phases of the Project.

Table 32: Workforce by Project Phase

		NWMO Staff	Surface Trades	Underground Trades	Total
On-site	Pre-construction (2028)	20	-	-	20
	Construction (2033)	40	300	130	470
	Operations (2043)	510	10	60	580
Off-site	Pre-construction (2028)	180	-	-	180
	Construction (2033)	170	-	-	170
	Operations (2043)	120	-	-	120
Total	Pre-construction (2028)	200	-	-	200
	Construction (2033)	210	300	130	640
	Operations (2043)	630	10	60	700

Source: NWMO (October 2021)

Pre-construction (2028) – Centre of Expertise

The near-term pre- construction phase is characterized by the in-moving of NWMO staff to the community from their current office location in Toronto. This phase of the Project will be closely associated with permitting and licensing activities and it also will involve both on-site and off-site initiatives. In the latter case an office and Centre of Expertise will be made operational. The NWMO workforce strategy will entail a combination of new employee hires and relocation of existing employees. These 200 workers would have medium to high incomes.

Construction (2033) and Operations (2043+)

In subsequent phases of the Project, replacement and new additional NWMO staff can be potentially sourced from the Regional²⁹, Local³⁰ or Core³¹ Study Areas as defined in the *Housing Needs and Demand Analysis* and *Workforce Development* studies (Keir Corp., 2022c, 2022b).

4.2 Population Projections

The MSB (metroeconomics, 2022) prepared base case ('without the Project') population projections for the five local municipalities in the Study Area. A corresponding set of incremental 'anticipated Project effects' projections was also prepared (metroeconomics, 2022) utilizing MSB Project-related growth targets. As shown in Table 32, these projections indicate that, in the base case (without the Project), the total population of the combined area³² of the MSB, the Township of Huron-Kinloss, the Municipality of Brockton, the Township of North Huron, and the Municipality of Morris-Turnberry will be 46,390 by the year 2046 (a growth of 13,060 people). When growth associated with the Project is incorporated (refer to Table 32), it is projected that the population of these five municipalities could be 48,190 by the year 2046 (a growth of 14,860 people, with an incremental additional growth of 1,800 people from the Project) (metroeconomics, 2022).

Table 33: Base and Impact Case Population Projections, 2021-2046

	2021		2031		2041		2046	
	Base Case	Impact Case	Base Case	Impact Case	Base Case	Impact Case	Base Case	Impact Case
South Bruce	6,250	-	7,420	7,620	8,400	9,040	8,760	9,540
Other Core Area Municipalities	27,080	-	32,030	32,230	36,120	36,760	37,630	38,650
Sum of Other Core Area								
Total Core Area	33,330	-	39,450	39,850	44,520	45,800	46,390	48,190

Source: metroeconomics (2022)

The *Labour Baseline Study* and *Workforce Development Study* (Keir Corp., 2022a, 2022b) note that:

- The proposed Project is located in the midst of a large capable labour pool. At a regional level this is one of the largest most advanced labour pools in the country. It is also home to a number of companies that form part of the supply chain for the nuclear industry across Ontario, and further afield.
- Therefore, at a broad level the size and qualifications of the labour pool within the *Labour Baseline* and *Workforce Development* Study Areas are sufficient to meet the needs of the Project. The Study Areas collectively can meet almost all the needs for labour and goods and services required by the Project. The

²⁹ The Regional Study Area for the Workforce Development Study includes the Counties of Bruce, Grey, Huron, Perth, Wellington, Oxford and Middlesex and the Region of Waterloo. This area lies within a one and half to two-hour drive time of the potential Project site and is home to a large portion of the supply chain companies for the Bruce Nuclear Plant and its associated Major Component Replacement (MCR) Project. Additionally, it is home to many of the workers associated with the Bruce Nuclear Station during refurbishment and almost all the workers associated with plant operations.

³⁰ The Local Study Area for the Workforce Development Study and the Housing Needs and Demand Analysis Study steps down from the Regional Study area and focusses on the municipalities surrounding the MSB (i.e., Huron-Kinloss, Brockton, Kincardine, Saugeen Shores, Arran-Elderslie, West Grey, Hanover, Minto, Howick, Morris-Turnberry, North Huron, Ashfield-Colborne-Wawanosh) as well as South Bruce itself. All parts of the Local Study Area are within a one-hour drive of the potential Project Site.

³¹ The Core Study Area for the Workforce Development Study and the Housing Needs and Demand Analysis Study steps down from the Local Study Area and focuses on the municipalities of South Bruce, Huron-Kinloss, Brockton, North Huron and Morris-Turnberry. These five communities are closely intertwined through social/cultural, economic and political relationships.

³² The metroeconomics projections include five of the municipalities that are part of the Study Area for the Vulnerable Populations and Social Programs studies, but do not include the Municipality of Kincardine, Municipality of West Grey, Township of Howick, Township of Ashfield-Colborne-Wawanosh, or Town of Minto.

one exception is for mining expertise and underground trades which may potentially have to be sourced from other areas in Ontario.³³

- Bruce Power is the biggest economic engine in the area and is currently in the midst of its Major Component Replacement (MCR) Project, which will secure operation of the Generating Station until 2064. The MCR Project value is \$13 billion and having started in 2016 it is scheduled for completion in mid-2033 when work wraps up on reactor 8. Bruce Power estimates that the MCR Project will support an estimated 5,000 direct and indirect jobs annually with approximately 1,600 on-site. Moreover, they further estimate in the Bruce, Grey, and Huron Counties combined, the MCR Project could support 400 direct jobs from suppliers and 3,000 jobs overall.
- Bruce Power estimates that 25% of the trades people employed on the MCR Project reside within commuting distance of the Generating Station. These tradespeople would therefore likely be available to work on the construction of the Project.

In summary, there is a large and capable skilled workforce available regionally for the construction and operations phases of the Project. A number of NWMO workers will move to the area during pre-construction, though NWMO has a number of staff living in the local/regional area already. While there may be in-migration of workers during the construction and operations phases, the overall change in population resulting from the Project in comparison to the regional baseline population is relatively small. However, the distribution of the workforce in the MSB and neighbouring communities has important social and economic implications.

4.3 Housing Considerations

The MSB (metro-economics, 2022) prepared base case ('without the Project') projections for housing for the five municipalities in the Study Area. A corresponding set of incremental 'anticipated Project effects' projections was also prepared (metro-economics, 2022). As shown in Table 33, these projections indicate that, in the base case (without the Project), the total number of dwellings in the combined area³⁴ of the MSB, the Township of Huron-Kinloss, the Municipality of Brockton, the Township of North Huron, and the Municipality of Morris-Turnberry will be 17,640 by the year 2046 (a growth of 4,610 dwellings). When growth associated with the Project is incorporated (refer to Table 33), it is projected that the number of dwellings in these five municipalities would be 18,240 by the year 2046 (an incremental additional growth of 600 dwellings from the Project) (metro-economics, 2022).

Table 34: Base Case and Impact Case Housing Projections, 2021-2046

		2021		2031		2041		2046	
		Base Case	Impact Case	Base Case	Impact Case	Base Case	Impact Case	Base Case	Impact Case
South Bruce		2,360	-	2,850	2,920	3,200	3,400	3,300	3,550
Other Core Area Municipalities	Sum of Other Core Area	10,670	-	12,450	12,520	13,840	14,060	14,340	14,690
Total Core Area	x	13,030	-	15,300	15,440	17,040	17,460	17,640	18,240

Source: metro-economics (2022)

The following observations from the *Housing Needs and Demand Analysis Study* (Keir Corp., 2022c) are also relevant for the *Community Health Programs and Infrastructure Study*:

- The MSB wishes to grow its compliment of occupied housing by attracting workers and their families associated with the Project to take up residence in the Municipality. MSB and NWMO are currently exploring options to that end.

³³ The topics of mining expertise and underground trades can be further explored in a future study / during the Impact Assessment process if the Project is located in the South Bruce Area, when there may be a better understanding of where the workforce for underground operations may come from.

³⁴ The metro-economics projections include five of the municipalities that are part of the Study Area for the Vulnerable Populations and Social Programs studies, but do not include the Municipality of Kincardine, Municipality of West Grey, Township of Howick, Township of Ashfield-Colborne-Wawanosh, or Town of Minto.

- Other nearby municipalities are also interested in attracting a portion of the Project workforce to reside in their communities.
- Current and potential housing availability across the Local Study Area³⁵ as a whole is substantial. Many of the municipalities in the area are planning for growth, and as such home buyers with a few exceptions will have an extensive landscape to shop in.

4.4 Health Services Considerations

As described in the *Deep Geological Repository Conceptual Design Report Crystalline/Sedimentary Rock*, the main administrative area of the DGR building will include space for a nursing station and first aid area with consultation rooms and a doctor's office. A full-time nurse practitioner will be on duty for all shifts (Naserifard et al., 2021, p. 37).

4.5 Emergency Services Considerations

The *Emergency Services Study* (IEC and DPRA, 2022) describes a number of Project activities/characteristics that are relevant to emergency services; these were obtained from the *Deep Geological Repository Conceptual Design Report Crystalline/Sedimentary Rock* (Naserifard et al., 2021), *Deep Geological Repository Transportation System Conceptual Design Report Crystalline/Sedimentary Rock* (Taylor, 2021), and *Preliminary Transportation Plan* (NWMO, 2021). Some of the potential emergencies could involve the paramedic services or hospitals³⁶. The reader is referred to that report for details. The *Emergency Services Study* notes that at this point in the site selection process, the NWMO has not developed any specific emergency plans or procedures specific to the potential Project Site in South Bruce. However, Section 9 of the *Deep Geological Repository Conceptual Design Report (DGR CDR) Crystalline/Sedimentary Rock* (Naserifard et al 2021) conceptually describes various aspects of 'Operational Safety and Monitoring' for the Project, including radiological protection, monitoring for radioactive releases, fire detection and suppression, on-site facilities for emergency management. Table 5-1 in the *Emergency Services Study* provides a summary of the NWMO's proposed emergency response provisions and identifies which of these provisions has been indicated as requiring support from community emergency response capabilities (e.g., hospitals, paramedic services). The Project Emergency Response Plan, when developed, will conform to the Provincial Nuclear Emergency Response Plan Implementing Plan that would be developed by Emergency Management Ontario for the Project.

³⁵ *The Local Study Area for the Housing Needs and Demand Study focusses on the municipalities surrounding the MSB (i.e., Huron-Kinloss, Brockton, Kincardine, Saugeen Shores, Arran-Elderslie, West Grey, Hanover, Minto, Howick, Morris-Turnberry, North Huron, Ashfield-Colborne-Wawanosh) as well as MSB itself.*

³⁶ *The potential emergencies provided in the Emergency Services Study are identified for the purpose of emergency planning considerations in that study and include some that are considered 'worst-case scenarios'. There will be preventive and mitigative measures that are put in place during future Project design, construction, and operation to avoid such scenarios and to ensure that the risk of these emergencies is minimized/acceptable.*

5 Preliminary Analysis/Effects Assessment

5.1 Potential Changes to Health Programs and Infrastructure

Knowledge holders and DPRA, as subject matter experts, identified a number of potential positive and negative effects that might occur as a result of the Project. As noted in Section 4, the *Labour Baseline Study* and *Workforce Development Study* findings report there is an existing large and capable skilled workforce available regionally for the construction and operations phases of the Project as a result of Bruce Power's MCR Project. While there may be in-migration of workers during construction and operations phases of the Project, the overall change in population relative to the regional baseline population is relatively small.

As described in Section 4.4, while workers are on shift at the site, they can obtain health services from the on-site nursing station / Nurse Practitioner so as not to add further burden to the Study Area and surrounding health system. However, care requirements that fall outside the Nurse Practitioner's scope of medical practice will need to be referred to the appropriate care provider (e.g., emergency department) and when off shift, workers will need to rely on local health services. While the population change as a result of the Project is expected to be relatively small, given the current pressure being experienced by health services locally and across Ontario and Canada, any addition to the population may cause further strain (e.g., as communicated by knowledge holders, family doctors in the area have no space on their rosters for new patients). This means that new residents may have to turn to emergency departments for primary care, something the departments are not equipped to handle on an ongoing and consistent basis.

Though not directly related to change in population, additional health care infrastructure and training may be needed to support patients with possible radiological contamination (see Section 5.1.2 below).

Potential changes to community health programs and infrastructure (both positive and negative) as a result of the Project may occur throughout the pre-construction, construction, and operations phases of the Project while becoming more pronounced as the Project progresses (as a result of cumulative population growth and maturation of initiatives associated with the Project). Specifically, it is expected that the incremental population growth associated with the Project may place further pressures on local and regional health care programs and infrastructure unless there is a significant change in federal or provincial funding to support the overburdened capacity of the sector and in the number of health human resources available to provide services. That being said, it is difficult to predict what the local, regional and national health care system will look like in the mid-term to long-term timeframes for the Project.

Because vulnerable populations are a sub-set of the Study Area population and because the delivery of social programs are so closely linked to the health system, changes affecting the programs and services for these populations were examined in the *Vulnerable Populations and Social Programs Studies Report (DPRA, 2022a)*. In the context of the Project, and within the parameters of those two studies, which are both focused on effects to programs and services, vulnerable populations are considered to be those groups that are at greater risk of adverse effects as a result of the Project and those groups that may not benefit equally from the potential positive effects of the Project. This includes: people of low socio-economic status (including seniors, single parents, children and youth), people experiencing mental health and/or addictions challenges, and victims of domestic violence (specifically women and children). Social programs such as income assistance, Ontario Child Benefit, food banks, and shelters provide supports to some of Ontario's most vulnerable residents. As discussed in more detail in the *Vulnerable Populations and Social Programs Studies Report*, because the overall change in population as a result of the Project will be relatively small, it is not anticipated that there will be a significant increase in pressure on vulnerable populations and existing social programs and services. That being said, it is possible that the Project combined with the anticipated baseline growth could result in some effects, albeit small, on these populations and programs relative to the current state (e.g., increasing demand on childcare spaces, mental health and addictions).

5.1.1 Potential Positive Effects

Population-Based Contribution to Health Care Funding

The increase in population associated with the Project workforce, though relatively small, would increase the municipal tax base and influence provincial per capita funding. It is not clear how directly this might result in tangible changes to health services in the Study Area.

Increased Pool of Workers

New NWMO employees/contractors moving into the Study Area and surrounding communities with their families, may result in an increasing pool of eligible health services employees and volunteers. Additionally, because not all health professionals adapt well to providing health care in rural areas because of the limited number of colleagues to interact with, an increase in the number of health service providers, as result of an influx of NWMO employees and their families in the area, may help to support both retention and recruitment efforts through achievement of a more critical mass of health care staff.

Higher Paying Jobs

The Project will provide employment opportunities with higher paying wages for community members. This may lead youth to remain in the area rather than moving to more urban areas where there are typically better job opportunities.

For those who qualify for employment with the NWMO, especially those who are currently under-employed or unemployed, a higher paying job may allow them to access better housing and may improve overall mental health and well-being as they are less anxious about paying bills.

Improvements in Telecommunications Infrastructure

Improvements in telecommunications infrastructure (e.g., fibre optics cable) required for the Project would benefit all residents (i.e., more opportunities for virtual services and fewer transportation requirements (refer to the *Infrastructure Baseline and Feasibility Study* (Morrison Hershfield, 2022)).

5.1.2 Potential Negative Project Effects

Competition for Employees

The Project may result in competition with other local and regional employers that are already experiencing staffing challenges. For example, NWMO employment opportunities may result in trades and labourers being pulled away from health infrastructure upgrades/new construction work (this is already occurring because of Bruce Power's MCR Project and operations).

Increasing Housing Pressure and Health Staff Recruitment

Although the influx of NWMO staff/contractors during the construction and operation phases will not be significant (refer to Section 4), given the limited availability of affordable housing (rental and ownership), any new residents employed in higher paying jobs, will be in competition with local residents for housing. This environment may create particular challenges for the recruitment of health staff from outside of the Study Area and surroundings as they may not be able to find housing.

Perception/Concern re: Risk of Radiation Exposure

Individuals (current or potential future residents) may be concerned about potential radiation exposure and/or its effect on the environment during transportation of used nuclear fuel and/or at the Project site³⁷. More specifically, health care organization staff (and their families) may have concerns if additional radiation decontamination facilities are identified as being needed during future planning. It may be difficult to recruit and/or retain health care staff who are fearful of potential radiation exposure from two regional sites housing used nuclear fuel (the Bruce Nuclear Generating Station, and the Project). It is noted this area is a 'nuclear region' with Bruce Power /Bruce Nuclear Generating Station present for decades; there is no indication that its presence has directly affected perceptions of risk in a way that materially affects provision of health services. Ongoing Project and radiation safety education and awareness campaigns will help to address any resident or health care staff concerns or perceptions of risk (NWMO, 2022a). The Centre of Expertise could be a venue for these activities.

Increasing Pressure on Health Services

Although the influx of NWMO staff/contractors during the construction and operation phases will not be significant (refer to Section 4), and although there will be a full-time Nurse Practitioner on the Project site, given the existing pressure on health services as a result of the pandemic (and the subsequent emergence of influenza and RSV and its impact on children) and the lack of health human resources, any increased demand may further challenge the provision of services.

Potential Additional Infrastructure & Training Needs – Radiological Contamination

Though there are two existing hospital sites offering radiation monitoring/decontamination (at Southampton and Kincardine hospitals), future studies may determine a need for new facilities for patients with radiological contamination at local hospitals in or closer to the Study Area /the potential Project Site. New skill acquisition and/or specialized equipment for hospital and ambulatory staff may also be needed (*Emergency Services Study* (IEC and DPRA, 2022). While Guiding Principle #28 states "The NWMO will prepare a review of existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce.", it is not clear at this point in the siting process if the hospital(s) or others (e.g., paramedic services) would also have to contribute resources to creation and operation of new decontamination facilities.

³⁷ Additional information on Project safety and design features (including preventive and mitigative measures that will be put in place during future Project design, construction and operation to ensure that risks are minimized / acceptable) is provided in other reports, including *Confidence in Safety – South Bruce Site* (NWMO 2022b), the *Deep Geological Repository Conceptual Design Report Crystalline/Sedimentary Rock* (Naserifard, N. et al. (2021), and the *Deep Geological Repository Transportation System Conceptual Design Report Crystalline/Sedimentary Rock* (Taylor, 2021).

5.2 Future Studies

The scope of this *Community Health Programs and Infrastructure Study* is based on the objectives in the Statement of Work (see Section 1.3, above). In particular, Objective #2 states: “*Identify potential effects on health programs and infrastructure arising from construction and operation of the Project in relation to effects associated with baseline population growth*”. Changes to the natural or socio-economic environment that may affect mental or physical health (including for example an assessment of changes to the social determinants of health, which could affect health and the health system) are beyond the scope of this study. This study considers the effects of the population growth related to the Project on health programs and infrastructure. If the Project is located in the South Bruce Area, a future study during the post-site selection Impact Assessment process could further address potential effects of the Project (if and as material) on health services, the social determinants of health, community health outcomes, and health systems.

6 Options Assessment

Note to Reader

This section provides an overview of possible options to mitigate negative consequences or to enhance positive outcomes. They are presented by the authors to foster discussion only. They do not represent commitments or actions for the NWMO, the Municipality of South Bruce, or other parties. The final decisions on actions and commitments will be made at a future date.

6.1 Overview of Options

As described in Sections 4 and 5, because there is an existing large and capable skilled workforce available regionally for the construction and operations phases of the Project as a result of Bruce Power's MCR Project, it is expected that the overall change in population relative to the regional baseline population would be relatively small. However, given the current pressure being experienced by health services locally and across Ontario and Canada, any addition to the population may cause further strain in part due to the trifecta of infections (COVID-19, influenza and RSV), the increasing complexity of health care needs (seniors and children) and the lack of sufficient health human resources.

While workers are on shift at the Project site, they will have access to a nursing station and first aid area with consultation rooms and a doctor's office, and there will be a full-time Nurse Practitioner on duty for all shifts. This will alleviate stress on the local health care system. However, care requirements that fall outside the Nurse Practitioner's scope of medical practice will need to be referred to the appropriate care provider (e.g., emergency department) and when off shift, workers may also need to rely on local health services. Moreover, there will be a need for new local infrastructure and staff training to support responses to radiation-related injuries and emergencies, in line with NWMOs emergency planning/response regulatory requirements.

It is also important to note, as outlined in Section 4, that the overall change in population resulting from the Project relative to the regional baseline population is relatively small; the majority of change will be due to projected baseline growth (i.e., not attributable to the Project). As such, it will be the responsibility of the MSB and local, regional and provincial levels of government to address the existing conditions that affect community health programs and infrastructure.

Potential options can relate to enhancement of possible positive effects (strengthening of positive effects) and mitigation of possible negative effects (minimizing or managing risk associated with negative effects). Based on the potential changes identified in Section 5 (and relevant effects identified in other community studies), those changes considered most material from a Project commitment perspective form the basis of the options presented below.

The following factors were considered in determining materiality of the changes in terms of the potential options:

- Affected by change in population, but are beyond NWMO's mandate or influence
- Changes to health services that are not directly related to population change, but are within NWMO's mandate or influence

Potential adverse effects to health services related to population change, and more specifically population changes associated with the Project, include:

- Competition for employees
- Increasing housing pressure and health staff recruitment
- Increasing pressure on health services

The incremental population growth associated with the Project may place further pressures on local and regional health care programs and infrastructure, which are currently experiencing challenges, gaps and barriers (see Section 3, above). While these potential effects from the Project could be experienced in all phases of the Project, the nature and extent of these changes are not known at this time.

A potential adverse effect on health services not directly related to population change, but that is within NWMO's mandate or influence and relevant to the options in the *Community Health Programs and Infrastructure Study*, is the potential additional infrastructure and training needs related to radiological contamination.

It is important to note that most, if not all enhancement and mitigation options will require partnerships between the NWMO, the MSB and specific local/regional health service providers to ensure the options are meeting the needs of residents and the organizations providing services and programs. Opportunities for the NWMO to take part, when appropriate, in existing tables/committees/work groups, may help support the development and sustainability of these community partnerships.

A number of the options identified below are linked to or derived from other community studies, namely the *Vulnerable Populations and Social Programs Studies* (DPRA, 2022a), the *Local/Regional Education Study* (DPRA, 2022c), and the *Emergency Services Study* (IEC and DPRA, 2022). While these are described at a high level below, for further information on these options, refer to the specific community studies reports.

The options presented in Section 6.2 are based on:

- Discussions with knowledge holders;
- Subject matter expertise of DPRA;
- Discussions with the NWMO and the MSB peer review team;
- A review of other recently completed community study reports;
- A review of NWMO's recent annual reports, brochures, and engagement documents (referenced below); and
- A review of recent Bruce Power annual and sustainability reports that outline the various initiatives it has implemented to contribute to community well-being or to address community concerns identified through its materiality assessment (Bruce Power, 2021a; Bruce Power 2021b; Bruce Power, 2019; Bruce Power, n.d.).

6.2 Specific Options

Three options are described, including the assessed need for each option, along with tables that highlight the factors for consideration and the responses to those factors, as appropriate and when possible. If the Project is located in South Bruce, these options can be refined based on a further materiality assessment in the context of potential effects/needs and the priorities of NWMO, MSB and local/regional health care organizations. The three options are:

- Option 1: Proactive Information Sharing
- Option 2 Participatory Social Monitoring Program
- Option 3: CSR Program

In addition to these three options, relevant information on aligned options from the Emergency Services study has been included.

The NWMO is committed to being a strong corporate citizen; however, the options put forward cannot be the sole responsibility of the NWMO, but rather, require partnerships with the MSB and other local/regional health care organizations to implement.

6.2.1 Option 1: Proactive Information Sharing

NWMO and MSB provide timely Project information to local/regional government and health care program and service providers through ongoing outreach and engagement. The engagement will provide the opportunity to share and discuss information that may affect health care delivery and may support current and future health system planning. Information may also be shared through the Social Participatory Monitoring Program (see Option 2, below) and through participation in existing/future community health program and infrastructure planning forums, when appropriate (see Option 3). This would begin in the near-term pre-construction phase (2024-2032) and continue through construction / mid-term (2033-2042) and operations / long-term (2043 and beyond). It is noted that there is a synergy with the engagement/information sharing with various parties identified in the proposed options (e.g., #1, #4, #5) in the *Emergency Services Study* (see Section 6.2.4 below) for matters applicable to both studies, e.g., emergency response planning, hospital(s) to be selected to have nuclear capabilities, the need for a decontamination room and associated equipment, training, paramedic services/equipment).

Option 1 aligns with the following MSB Guiding Principles:

- #10: “The NWMO will identify the potential for any positive and negative socio-economic impacts of the Project on South Bruce and surrounding communities and what community benefits it will contribute to mitigate any potential risks.”
- #16: “The NWMO will implement the Project in a manner that promotes diversity, equality and inclusion.

Table 35: Option 1 – Proactive Information Sharing

Factors	Response
Ease of implementation (demonstrated success on other projects, if applicable)/degree of complexity	<ul style="list-style-type: none"> • Low degree of complexity
Degree of effectiveness or conditions for effectiveness as per understanding of community needs and aspiration(s)	<ul style="list-style-type: none"> • Provides an opportunity to create and strengthen partnerships with community health service organizations
Cost (if known)	<ul style="list-style-type: none"> • To be determined
Ability for NWMO and/or the Municipality of South Bruce to implement vs. need to involve other responsible authorities	<ul style="list-style-type: none"> • NWMO, MSB, and local/regional health service organizations would need to work together to identify and help establish potential opportunities that may be leveraged and considered in planning

6.2.2 Option 2: Participatory Social Monitoring Program

The NWMO works with MSB, local and regional health and social service providers and representatives from academic/training institutions on creation of a Participatory Social Monitoring Program.

The Program could provide an opportunity for stakeholders to identify:

- Relevant indicators that are already being tracked by service providers or others (e.g., for health services, social determinants of health);
- Any potential additional social indicators (including health services, social determinants of health) that could be monitored to understand potential effects of the Project on the local/regional populations (with a particular focus on potentially vulnerable populations), the operation of social and health services, and address the issue of attribution of effects (i.e., are the effects the result of the Project and/or other factors? Is the incremental population growth associated with the Project affecting local and regional health care

programs and infrastructure?). If unanticipated effects are emerging or attributable to the Project, appropriate mitigation, enhancement, compensation or liaison measures can be considered for timely and appropriate response;

- Future opportunities to be considered for the CSR Program(s) (see Option 3, below).

It is anticipated that Option 2 would begin in the near-term pre-construction phase (2024-2032) and continue through construction / the mid-term (2033-2042) and operations / long-term (2043 and beyond).

Option 2 aligns with the following MSB Guiding Principles #10, #16 and #32:

- #10: “The NWMO will identify the potential for any positive and negative socio-economic impacts of the Project on South Bruce and surrounding communities and what community benefits it will contribute to mitigate any potential risks.”
- #16: “The NWMO will implement the Project in a manner that promotes diversity, equality and inclusion.
- #32: “The NWMO, in consultation with the Municipality and other local and regional partners, will prepare a strategy to ensure there are sufficient community services and amenities, including health, child-care, educational and recreational facilities, to accommodate the expected population growth associated with hosting the Project in South Bruce.”

A first step could be the identification of best practices in the area of participatory social monitoring, with the goal of finding ways to involve stakeholders in the process of gathering and analyzing social (including health) monitoring data. To fulfill these Principles with respect to health programs and infrastructure, health care providers, academic/training representatives and persons with lived experience (PWLE)³⁸ could be invited to participate in the review of best practices.

Table 36: Option 2 – Participatory Social Monitoring Program

Factors	Response
Ease of implementation (demonstrated success on other projects, if applicable)/degree of complexity	<ul style="list-style-type: none"> • Implementation dependent on the interest of key stakeholders • Participation could take various forms, depending on the degree of engagement preferred by key stakeholders • Low degree of complexity; a participatory framework may need to be developed, which would leverage existing mechanism(s) the NWMO and/or municipalities, and others already have in place where possible
Degree of effectiveness or conditions for effectiveness as per understanding of community needs and aspiration(s)	<ul style="list-style-type: none"> • Improves NWMO’s understanding of best practices in the area of participatory social/health monitoring and opportunities to work with stakeholders in the process of gathering and analyzing social/health monitoring data • Provides a forum for identifying existing and potentially new social/health indicators to be monitored • Can provide a mechanism to understand/monitor any expected or emerging potential adverse effects related specifically to the Project, and more generally in the Study Area • Provides an opportunity to create and strengthen partnerships with local/regional health care service providers. • Provides an opportunity f to increase the understanding of issues affecting health services and may identify ways in which NWMO can provide supports (financial or in-kind).

³⁸ In this context, persons with lived experience are defined as members of vulnerable populations and/or individuals who have participated in, or are the target population of, social programs.

Factors	Response
Cost (if known)	<ul style="list-style-type: none"> To be determined
Ability for NWMO and/or the Municipality of South Bruce to implement vs. need to involve other responsible authorities	<ul style="list-style-type: none"> NWMO would need to work with MSB and other stakeholders to identify best practices and monitor indicators linked to potential effects of the Project (negative and positive) on health care programs and infrastructure.

Refer to the *Vulnerable Populations and Social Programs Studies* (DPRA 2022a) and *Local/Regional Education Study* (DPRA, 2022c) for additional information on the Participatory Social Monitoring Program, with a potential focus on vulnerable populations and social programs, and education, respectively.

6.2.3 Option 3: CSR Program

A strategic and responsive Corporate Social Responsibility (CSR) Program that could include :

- Participation in existing/future community health program and infrastructure planning forums (e.g., Teeswater Medical Centre Committee, Working Groups, Advisory Committees) where and when appropriate;
- Scholarships, mentorships and networking opportunities to students interested in pursuing a career in health care as well as those who are interested in a career in the nuclear energy sector (with a focus on medical interventions);
- Investing in health infrastructure (e.g., building updates, equipment upgrades)^{39, 40};
- Investing in health human resource recruitment campaigns/activities⁴¹; and
- Investing in patient health care transportation options.

At this point in time, the nature of a post-site selection CSR Program is not fully defined; the draft hosting agreement with the Municipality of South Bruce will provide funding that the Municipality could allocate to certain areas. NWMO will also have a separate CSR Program that could provide a level of support to various areas of need. As noted above, if the Project is located in South Bruce, the CSR can be refined based on a further materiality assessment in the context of potential effects/needs and the priorities of NWMO, MSB and local/regional health care organizations.

It is anticipated that Option 3 would begin in the near-term pre-construction phase (2024-2032) and continue through construction / mid-term (2033-2042) and operations / long-term (2043 and beyond).

³⁹ The NWMO, through its Near-Term Investment program, made a \$519,000 contribution to support the development of the Teeswater Medical Centre (Municipality of South Bruce, 2022).

⁴⁰ For example, Bruce Power invested \$1 million in Grey Bruce Health Services to assist with upgrades to Owen Sound's Cancer Centre, and the new Emergency Room at the Southampton Hospital, which opened in late-2017. Bruce Power also committed \$1 million to proposed upgrades at the Kincardine Hospital, which continue to await approval from the Province of Ontario.

⁴¹ In 2010, Bruce Power invested \$500,000 into joint Physician Recruitment Program in order to hire a full-time recruiter. Next, a steering committee was formed, with representatives from the Municipality of Kincardine, Town of Saugeen Shores and Bruce Power to provide guidance for the recruiter. Each community received \$135,000 to help with community incentives, while the remaining \$230,000 funded physician visits to the area, attendance at recruitment events and the recruiter's salary until 2013.

⁴² The final community studies reports and other related information are available on the MSB's website: [Studies and Reports - Municipality of South Bruce](#) and/or on the NWMO's website (NWMO-led studies only): [What We're Doing | The Nuclear Waste Management Organization \(NWMO\)](#).

Option 3 aligns with the following MSB Guiding Principles:

- #16: “The NWMO will implement the Project in a manner that promotes diversity, equality and inclusion.
- #32: “The NWMO, in consultation with the Municipality and other local and regional partners, will prepare a strategy to ensure there are sufficient community services and amenities, including health, child-care, educational and recreational facilities, to accommodate the expected population growth associated with hosting the Project in South Bruce.”

Table 37: Option 3 – CSR Program

Factors	Response
Ease of implementation (demonstrated success on other projects, if applicable)/degree of complexity	<ul style="list-style-type: none"> • Investment amounts dependent on CSR funds available and a materiality assessment in the context of potential effects/needs and the priorities of NWMO, MSB and local/regional health care organizations • Scholarships – determine eligibility requirements, number of scholarships per year, amounts • Mentorships – identification of mentors • Low – medium degree of complexity, leverages existing mechanism(s) the NWMO, the MSB, and/or health care organizations already have in place
Degree of effectiveness or conditions for effectiveness as per understanding of community needs and aspiration(s)	<ul style="list-style-type: none"> • Participation in planning committees may increase NWMO’s understanding of health program and infrastructure issues affecting residents, and may identify different supports (financial and in-kind) • Provides an opportunity to support the work carried out by health organizations that service all residents • Supports resident health care education and possible future innovations in nuclear research (specifically medical advances) • Provides an opportunity to create and strengthen partnerships with community health service organizations
Cost (if known)	<ul style="list-style-type: none"> • To be determined
Ability for NWMO and/or the Municipality of South Bruce to implement vs. need to involve other responsible authorities	<ul style="list-style-type: none"> • NWMO, MSB, and local/regional health care organizations would need to work together to identify and help establish potential opportunities

Refer to the *Vulnerable Populations and Social Programs Studies* (DPRA 2022a) and *Local/Regional Education Study* (DPRA, 2022c) for information on the NWMO CSR Program Stream with a Focus on Vulnerable Populations and Social Programs and Services, and Focus on Education, respectively.

6.2.4 Relevant Options from the *Emergency Services Study*

The *Emergency Services Study* (IEC and DPRA, 2022) includes a preliminary analysis of potential effects of the Project. Several options are proposed to ensure that organizations address gaps identified in the report, so that:

- The NWMO is able to fulfil its emergency planning/response regulatory requirements, and
- Other organizations, including those at municipal and county levels with roles in emergency response infrastructure, can fulfill their roles in supporting Project-related emergency response in order to mitigate potential adverse effects of the Project.

For the Project to proceed, NWMO must meet Canadian Nuclear Safety Commission and other regulatory requirements related to emergency services (planning and response); as such it should not be interpreted that these requirements are ‘options’ or ‘optional’.

The options in the *Emergency Services Study* align with the MSB Guiding Principles #10, #28 and #32:

- #10: “The NWMO will identify the potential for any positive and negative socio-economic impacts of the Project on South Bruce and surrounding communities and what community benefits it will contribute to mitigate any potential risks.”
- #28: “The NWMO will prepare a review of existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce.”
- #32: “The NWMO, in consultation with the Municipality and other local and regional partners, will prepare a strategy to ensure there are sufficient community services and amenities, including health, child-care, educational and recreational facilities, to accommodate the expected population growth associated with hosting the Project in South Bruce.”

Three of the thirteen options identified in the *Emergency Services Study* align with the objectives identified in the *Community Health Programs and Infrastructure Study*. These three aligned options (#1, #4, #5) have the NWMO working with and supporting emergency service providers (e.g., affected municipalities and counties, health care organizations, Ontario, federal regulators,) during the pre-construction phase and into construction and operations phases. This would include:

- Engagement and information sharing on the specific needs of the Project (e.g., response plans, infrastructure, training);
- The plans of emergency service providers, and the requirements of them, if any, with respect to the Project;
- Specific topic areas include (but are not limited to):
 - Which hospital(s) may be selected to have nuclear capabilities
 - The need for a decontamination room and associated equipment
 - Training
 - Future needs including additional ambulance stations, paramedics, ambulances and equipment.

For more information on these and other options, refer to Section 6 of the *Emergency Services Study* report.

7 Summary

The key findings are as follows:

1. The Study Area is currently experiencing pressure in the areas of health care provision as a result of Bruce Power's MCR Project, the pandemic (and related infectious diseases), the increasing complexity of health care needs (e.g., for seniors and children), the lack of sufficient healthcare human resources, and the recent influx of new residents from southern Ontario.
2. The overall change in the projected population resulting from the Project in comparison to the regional baseline population growth is relatively small.
3. There is already an existing large and capable skilled workforce available regionally for the construction and operations phases of the Project (Keir, 2022b). While there may be in-migration of workers during the construction and operations phases of the Project, the overall change in population relative to the regional baseline population is expected to be relatively small.
4. Although the population change as a result of the Project is expected to be relatively small, given the current pressures being experienced by health services locally and across Ontario and Canada, any addition to the population may cause further strain to the system. For example, the lack of available family doctors in the area may result in new residents having to turn to emergency departments for primary care, something the departments are not equipped to handle on an ongoing and consistent basis.
5. While working on-site, NWMO workers will have access to a nursing station and first aid area with consultation rooms and a doctor's office, and there will be a full-time Nurse Practitioner on duty for all shifts. This will alleviate stress on the local health care system. However, care requirements that fall outside the Nurse Practitioner's scope of medical practice will need to be referred to the appropriate care provider (e.g., emergency department) and when off shift, workers may also need to rely on local health services.
6. There will be a need for new local infrastructure and staff training to support responses to radiation-related injuries and emergencies, in line with NWMOs emergency planning/response regulatory requirements.
7. Possible benefits to health services resulting from the Project, include:
 - Increased municipal tax base and influence on provincial per capita funding
 - Increased pool of workers
 - Higher paying jobs
 - Improvements in telecommunications infrastructure
8. Potential adverse effects to health services resulting from population change associated with the Project include:
 - Competition for employees
 - Increasing housing pressure and health staff recruitment
 - Increasing pressure on health services

The incremental population growth associated with the Project may place further pressures on local and regional health care programs and infrastructure, which are currently experiencing challenges, gaps and barriers.

A potential adverse effect not directly related to population change, but that is within NWMO's mandate or influence and relevant to the options in the *Community Health Programs and Infrastructure Study*, is the potential additional infrastructure and training needs related to radiological contamination.

9. Ongoing Project and radiation safety education and awareness campaigns will help to address any resident or health care staff concerns or perceptions of risk (NWMO, 2022a). The Centre of Expertise could be a venue for these activities.
10. If the Project is located in the South Bruce Area, a future study during the post-site selection Impact Assessment process could further address potential effects of the Project, if and as material, on potential Project-related effects health services, the social determinants of health, community health outcomes, and health systems.
11. NWMO can enhance opportunities or mitigate potential negative effects through possible options. If the Project is located in South Bruce, these options can be refined based on a further materiality assessment in the context of potential effects/needs and the priorities of NWMO, MSB and local/regional health care organizations. Implementation of the options will require NWMO to partner with local/regional health care organizations, academic institutions and/or MSB. These include:
 - Proactive Information Sharing to support local health system planning;
 - A Participatory Social Monitoring Program to identify, as a first step, best practices and existing and potentially new indicators;
 - CSR Program(s) that could address some of the current pressures being placed on local/regional health services through investments in scholarships, infrastructure upgrades, recruitment initiatives and patient transportation;
 - Three of the thirteen options identified in the *Emergency Services Study* align with the objectives identified in the *Community Health Programs and Infrastructure Study*. Those options have the NWMO working with and supporting emergency service providers (e.g., affected municipalities and counties, health care organizations, Ontario, federal regulators) during the pre-construction phase and into construction and operations phases. This would include:
 - Engagement and information sharing on the specific needs of the Project (e.g., response plans, infrastructure, training);
 - The plans of emergency service providers, and the requirements of them, if any, with respect to the Project;
 - Specific topic areas include (but are not limited to):
 - Which hospital(s) may be selected to have nuclear capabilities
 - The need for a decontamination room and associated equipment
 - Training
 - Future needs including additional ambulance stations, paramedics, ambulances and equipment.

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Appendix A.

List of Socio-Economic Community Studies

List of Socio-Economic Community Studies

At the time of writing, all but one of the community studies have been finalized (the *Fiscal Impact and Public Finance Study* is scheduled for completion in 2023).⁴²

Study Name	Study Proponent	Lead Consultant
<i>Municipality of South Bruce Economic Development Project Effects and Strategy</i>	MSB	Deloitte LLC
<i>Economic Development Study on Youth</i>	MSB	Deloitte Canada
<i>Local Hiring Effects Study & Strategy</i>	MSB	Deloitte LLP
<i>Agriculture Business Impact Study</i>	MSB	Deloitte LLP
<i>Fiscal Impact and Public Finance Study</i>	MSB	Watson & Associates Economists
<i>Municipality of South Bruce Tourism Industry Effects Study</i>	MSB	Deloitte LLC
<i>Housing Needs and Demand Analysis Study</i>	NWMO, MSB	Keir Corp.
<i>Labour Baseline Study</i>	NWMO	Keir Corp.
<i>Workforce Development Study</i>	NWMO	Keir Corp.
<i>Regional Economic Development Study</i>	NWMO	Keir Corp.
<i>Effects on Recreational Resources Study</i>	MSB	Tract Consulting
<i>Local/Regional Education Study</i>	NWMO, MSB	DPRA
<i>Land Use Study</i>	NWMO, MSB	DPRA
<i>Social Programs Study</i>	NWMO, MSB	DPRA
<i>Emergency Services Study</i>	NWMO	DPRA
<i>Vulnerable Populations Study</i>	NWMO	DPRA
<i>Community Health Programs and Infrastructure Study</i>	NWMO	DPRA
<i>Aggregate Resources Study</i>	NWMO, MSB	Keir Corp.
<i>Infrastructure Baseline and Feasibility Study</i>	NWMO	Morrison Hershfield
<i>Local Traffic Study</i>	NWMO	Morrison Hershfield
<i>Road Conditions Study</i>	NWMO	Morrison Hershfield

⁴² The final community studies reports and other related information are available on the MSB's website: [Studies and Reports - Municipality of South Bruce](#) and/or on the NWMO's website (NWMO-led studies only): [What We're Doing | The Nuclear Waste Management Organization \(NWMO\)](#).

Appendix B.

Inventory of Knowledge Holders Interviewed

Knowledge Holder Interviews

The table below includes an inventory of Knowledge Holders interviewed in 2021 to 2023 applicable to the *Community Health Programs and Infrastructure Study*. Names and titles have been excluded to respect the privacy of individuals.

Date	Knowledge Holder – Organization	Applicable Studies
July 22, 2021	South Bruce Fire Department	<i>Emergency Services Study</i>
August 25, 2021	Bruce County Paramedic Services	<i>Emergency Services Study</i>
November 4, 2021	Grey Bruce Public Health	<i>Vulnerable Populations Study</i>
November 11, 2021	South Bruce Grey Health Centre	<i>Vulnerable Populations Study</i>
November 11, 2021	Bruce County, Long Term Care and Seniors Services	<i>Vulnerable Populations Study</i>
December 9, 2021	South Bruce Grey Health Centre	<i>Emergency Services Study</i>
April 13, 2022	Huron Perth Public Health Social Programs Study	<i>Vulnerable Populations Study</i>
November 16, 2022	Listowel Wingham Hospitals Alliance	<i>Community Health Programs and Infrastructure</i>
November 23, 2022	Teeswater Medical Centre Committee	<i>Community Health Programs and Infrastructure</i>
November 29, 2022	Grey Bruce Health Services	<i>Community Health Programs and Infrastructure</i>
December 1, 2022	Hanover Family Health Team Brockton and Area Family Health Team	<i>Community Health Programs and Infrastructure</i>
December 12, 2022	Grey Bruce Public Health Unit	<i>Vulnerable Populations Study</i> <i>Community Health Programs and Infrastructure</i>
December 13, 2022	Huron Perth Healthcare Alliance	<i>Community Health Programs and Infrastructure</i>
January 26, 2023	Huron-Perth and Area Ontario Health Team and North Perth-North Huron Family Health Team	<i>Community Health Programs and Infrastructure</i>

