# City of Port Colborne
# Healthcare Advisory Committee Agenda

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| Date: | August 20, 2025 |
| Time: | 3:00 pm |
| Location: | Committee Room 3-City Hall<br>66 Charlotte Street, Port Colborne, Ontario, L3K 3C8 |

Pages

1. Call to Order

2. Adoption of the Agenda

3. Disclosures of Interest

4. Approval of the Minutes

    4.1 Healthcare Advisory Committee - August 6, 2025 — 1

5. Presentations

    5.1 Christine Lafleur - Chief Executive Officer, Port Cares — 4

    5.2 Dr. David Salanki, DC, Chiropractic Associates of Port Colborne — 21

6. New Business

    6.1 Question and Answer Session with Dr. Jeff Remington, MD CCFP(EM), FCFP, Niagara South Family Medicine - Urgent Care Centres

    6.2 Update from Tara Galitz, Executive Director, Niagara Ontario Health Team-Équipe Santé Ontario Niagara

7. Information Package 5 — 52

8. Adjournment

# City of Port Colborne

## Healthcare Advisory Committee Meeting Minutes

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|---|---|
| **Date:** | **Wednesday, August 6, 2025** |
| **Time:** | **3:00 pm** |
| **Location:** | **Committee Room 3-City Hall**<br>**66 Charlotte Street, Port Colborne, Ontario, L3K 3C8** |
| Members Present: | C. Tamas<br>M. Lallouet<br>T. Triano<br>S. McDowell<br>P. McGarry<br>M. Aquilina, Councillor (non-voting)<br>W. Steele, Mayor (non-voting) |
| Members Absent: | R. Bodner, Councillor (non-voting) |
| Staff Present: | J. Beaupre, Deputy Clerk<br>G. Bisson,<br>B. Boles, Chief Administrative Officer |
| Others Present: | T. McLean - Executive Director, Bridges Community Health Centre<br>K. Thibault - Director of Primary Care Services, Centre de Sante Communautaire Hamilton-Niagara<br>H. Bassi - Executive Vice President of Communications and Strategy, Executive Lead at the Niagara Health Knowledge Institute, Interim Executive Vice President for Capital Planning and Redevelopment, Niagara Health. |

### 1. Call to Order

The Chair called the meeting to order at 3:08 p.m.

## 2. Adoption of the Agenda

Moved By P. McGarry
Seconded By M. Lallouet

That the Healthcare Advisory Committee Agenda, dated August 6, 2025, be approved.

Carried

## 3. Disclosures of Interest

There were no disclosures of interest.

## 4. Approval of the Minutes

### 4.1 Healthcare Advisory Committee Meeting - July 23, 2025

Moved By P. McGarry
Seconded By C. Tamas

That the Healthcare Advisory Committee minutes, dated July 23, 2025, be approved.

Carried

## 5. Presentations

### 5.1 Taralea McLean - Executive Director, Bridges Community Health Centre

Taralea McLean, Executive Director of Bridges Community Health Centre, presented to the Committee on Community Health Centers and their model of care.

### 5.2 Keira Thibault - Director, Primary Care Services, Centre de Sant Communautaire Hamilton-Niagara

Kiera Thibault, Director of Primary Care Services at Centre de Sante Communautaire Hamilton - Niagara, presented to the Committee on Community Health Centres and services for Francophones.

### 5.3 Harpreet Bassi - Executive Vice Present, Communications and Strategy, Executive Lead at the Niagara Health Knowledge Institute, Interim Executive Vice-President for Capital Planning and Redevelopment, at Niagara Health.

Harpreet Bassi, Executive Vice President, Communications and Strategy, Executive Lead at the Niagara Health Knowledge Institute, Interim

Executive Vice-President for Capital Planning and Redevelopment, from Niagara Health presented to the Committee on the future of hospitals in Niagara.

## 6. Information Package 4

There were no questions on the information package.

## 7. New Business

### 7.1 Continuation of Discussion - Special Meeting (August 27, 2025)

The Chair called a recess at 5:02 p.m. and reconvened the meeting at 5:06 p.m. The Committee discussed the parameters of the Special Meeting, including what type of material should be presented (research, data, etc.) and the timing.

Moved By C. Tamas
Seconded By M. Lallouet

That the start time of the Special Healthcare Advisory Committee meeting, dated August 27, 2025, be moved to 5 p.m.

Carried

### 7.2 Approval of Future Meeting Dates

The Committee confirmed the continuation of meeting every other Wednesday at 3 p.m.

Moved By C. Tamas
Seconded By T. Triano

That the September 17, 2025, Healthcare Advisory Committee meeting be rescheduled to Monday, September 22, 2025.

Carried

## 8. Adjournment

The next meeting is August 20, 2025, at 3 p.m. The Chair adjourned the meeting at 5:27 p.m.

Sydney McDowell, Chair

Jessica Beaupre, Deputy Clerk

# Port Cares & Social Determinants of Health

Exploring Port Cares and its initiatives to improve community and individual well-being through social determinants of health based services and programs

PortCares

# ABOUT PORT CARES

Port Cares is a community-based charitable organization dedicated to enhancing the quality of life, health and well-being of individuals, families and community.

Since its founding in 1986, Port Cares has actively championed and addressed the social determinants of health -- such as economic stability, housing, food security, education - to foster a healthier and more equitable environment for all who live in south Niagara.

# ABOUT PORT CARES

Port Cares was founded by a group of local citizens in response to extensive and rapid job loss and subsequent economic and social decline in the late 1970's early 1980's. Service response included:

- Employment & Re-Training
- Literacy
- Domestic Violence Response
- Child Development & Parenting
- Housing
- Community Navigation

PortCares

**VISION**:

A community where everyone has help, hope and opportunity

**MISSION:**

Helping people in our community overcome barriers to build better lives

**VALUES:**

- We provide help without judgement
- We are accountable to one another
- We treat everyone with respect
- We work collaboratively together
- We evolve by striving for excellence

# ABOUT PORT COLBORNE's POPULATION

With respect to demographic characterization - it is important to understand that historically Port Colborne's population when compared to the rest of Niagara:

- Older
- Less educated - majority of population has highschool education as highest level
- Has  higher levels of chronic illness
- Lower levels of income
- Has highest levels of non-employment based income (reliance on OAS, OW, ODSP, WISB) per capita
- Highest level of need for core housing
- High level of reliance on food bank supports - now  one in 11

# Understanding what Port Cares does through a Social Determinants of Health Lens

## Income & Social Status

Higher levels of income and social status are associated with better health outcomes

Poverty stigma is a barrier to upward social mobility - familial generational poverty is extensive in Port Colborne

Port Cares assists individuals & families with securing emergency income and supports (OAS, ON-ODSP and employment - we provide skills upgrading and work placements as well as entry into apprenticeship and training

## Education

Education contributes to health literacy, enabling individuals to make informed health decisions. Higher educational attainment is often linked to better health outcomes.

Port Cares provides literacy, employment search, employment training and certifications as well as on the job training


## Housing

Safe, affordable, adequate housing is a fundamental determinant of health.

Port Cares provides homelessness prevention services, eviction prevention, utility relief, housing supports and affordable housing.

Chestnut Place opened in March 2025 - is owned and operated by Port Cares and is fully paid for - 41 unit Rent Geared to Income units for low-income seniors and female led single parent families with children.


## Early Childhood Development

Experiences during early childhood - infancy to age 6 - shape brain, physical, emotional and social development that impact health and well-being through life.

Port Cares has from its beginnings to today provided high quality play based child development through its Family Centres located in Port Colborne, Fort Erie, Welland, Fonthill, Lincoln and West Lincoln - largest EarlyON provider in Niagara - specialized programs and drop-in services

## Food Security

Lack of access to adequate and nutrituous food can negatively impact health.

Port Cares operates a large charity funded and volunteer supported food bank assisting one in 11 local residents - food bank, hampers, meal, lunches for school age children ++++

More than a food bank


## Social Supports and Coping Skills

Strong social networks and the ability to cope with stress are associated with positive health outcomes.

Port Cares has provided crisis intervention and community navigation services for 20+ years securing treatment and referrals for individuals and families nearing or in crisis.

By providing community based activities Port Cares has created a sense of belonging and disrupted social isolation for vulnerable individuals and families.

## Health Services

Access to responsive and quality healthcare services is essential to maintaining and improving health.

*To address the lack of access to health and mental health* services, through partnership with REACH Niagara and Bridges, Port Cares facilitated the provision of weekly mobile health services for marginalized residents - started during the pandemic and continues as one of the busiest clinics in the region

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# Challenges and Opportunities for Port Cares

Port Cares encounters key challenges including funding limitations and a need for enhanced community awareness of its services. These obstacles, however, offer potential for growth through partnerships and innovative solutions.

# Future Directions for Port Cares

## Strategic initiatives to support community

### Culture of Belonging & Excellence

Values based organizational culture to ensure ongoing quality service and alignment to needs.

### Leadership Succession

Ensure a seamless leadership transition and succession

### Sustain High Impact Service

Invest in high demand, high impact services .

### Revenue Diversification

Formal fundraising campaigns, revenue diversification

### Housing Leadership

Build on success of Chestnut Place to continue to advance affordable housing in south Niagara

# Empowering Community through Health Equity

Port Cares is essential in fostering a healthier community by addressing the social determinants of health that impact individuals and families. Engaging with Port Cares not only enhances service delivery but also promotes a collective effort towards greater health equity.

# Port Cares & Social Determinants of Health

Exploring Port Cares and its initiatives to improve community and individual well-being through social determinants of health based services and programs

PortCares

# Framing the Argument: Chiropractic Scope & Need for Local UCC/ER

A review of scope, history, and the case for retaining local urgent care facilities

**Dr. David G Salanki, DC**

**Presentation to the Port Colborne Healthcare Advisory Committee**

**August 20, 2025**

# Chiropractic Insight: An Indispensable Voice Missing from the Conversation

- Chiropractic patients represent a significant portion of the community relying on non-hospital-based MSK care.
- Chiropractors are legally obligated to diagnose—not merely assess—potentially serious health conditions.
- This diagnostic responsibility demands timely access to imaging and emergency referral pathways.
- The current healthcare restructuring ignores the infrastructure chiropractors need to fulfill their role safely and legally.
- I am here to highlight this critical gap—from the unique, patient-centered Chiropractic perspective.

# Patients Need Timely Access, Not Just More Providers

- Deploying more MDs, NPs or even Pharmacists does not replace Port Colborne UCC since this does not provide avenues for critical diagnostic support.
- Patients managing chronic or acute pain through chiropractic care face serious risks when timely imaging and triage are unavailable.
- Even with additional Primary Contact Providers, when a permanent UCC is absent in Port Colborne, patients will wait longer, experience preventable complications, and perceive the health system as unreliable.

# Chiropractic Utilization in Ontario

- 26% of Ontarians (2.7 million) receive chiropractic care in a year.

  **- Source: Environics Research Group, 2019 (chiropractic.on.ca)**

- Among those with back pain, 24% consulted a chiropractor annually.

  **- Source: CJHS data, 2009–2010 (bmchealthservres.biomedcentral.com)**

- Global average chiropractic utilization: 9.1% annually.

  **- Source: Global scoping review (chiromt.biomedcentral.com)**

- Among women with back pain, chiropractic care reduced medical visits by 18% over 5 years.

  **- Source: Wong et al., 2023 (bmchealthservres.biomedcentral.com)**

# Chiropractic in Ontario – Scope of Practice Reach

- Chiropractic is one of the largest regulated health professions in Ontario
- Number of Licensed Chiropractors in Ontario: Approximately 5,500 (CCO, 2024).
- Given 1 in 4 Ontarians Attending Chiropractors - Niagara Population of approx. 480,000 equates to an est. 120,000 Niagara patients relying on chiropractic care per year.
- Port Colborne – est. 4000-5000 patients under care.
- Chiropractors play a key frontline role in managing MSK disorders, reducing load on physicians and hospitals.

# Who Chooses Chiropractic Care – Patient Profiles & Motivations

- Our patients often lack access to a family doctor or have experienced long delays in medical care.
- Many are educated, health-conscious individuals who prefer non-pharmaceutical approaches for MSKs.
- Common among those dissatisfied with conventional care or seeking second opinions.
- Chiropractic care appeals to those with extended health insurance or ability to self-pay.
- Increasingly includes seniors managing chronic pain and mobility issues.
- Growing numbers seek chiropractic for early intervention and prevention strategies.

# Regulated Health Professions Act (RHPA) – Ontario

- Umbrella legislation governing all regulated health professions in Ontario.
- Establishes framework for self-regulation in the public interest.
- Sets common rules: controlled acts, professional misconduct, quality assurance.
- Requires each profession to have its own specific Act (e.g., Medicine Act, Chiropractic Act).
- Overseen by regulatory colleges that ensure competence, ethics, and public safety.

# Chiropractic Act, 1991 (Ontario)

"The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the ***diagnosis***, prevention and treatment, primarily by adjustment, of:

(a) dysfunctions or disorders arising from the structures or functions of the ***spine*** and the effects of those dysfunctions or disorders on the ***nervous system***; and

(b) dysfunctions or disorders arising from the ***structures or functions of the joints***."

**(Chiropractic Act, 1991, S.O. 1991, c. 21, s.3)**

# Health Care Professionals Authorized to Use Title 'Doctor' in Ontario

- Physicians and Surgeons (College of Physicians and Surgeons of Ontario)
- Chiropractors (College of Chiropractors of Ontario)
- Optometrists (College of Optometrists of Ontario)
- Psychologists with a doctoral degree (College of Psychologists of Ontario)
- Dentists (Royal College of Dental Surgeons of Ontario)
- Podiatrists (College of Chiropodists of Ontario – podiatrists only)

**Use of the title must comply with the Regulated Health Professions Act (RHPA) and be within authorized scope of practice.**

# Chiropractic Education Overview

- 4-year, doctoral-level program following at least 3 years of undergraduate study. (7-8yrs post-secondary ed.)
- Over 4,200 instructional hours in classroom, laboratory, and clinical settings.
- Extensive training in anatomy, physiology, pathology, neurology, orthopedics, radiology, and biomechanics.
- Emphasis on diagnosis, differential diagnosis, and evidence-based management of musculoskeletal and nervous system conditions.
- Includes early clinical observation and final-year internship rotations in teaching clinics to develop patient care competence.

# Shared Foundations Between MDs & DCs

| Area | Doctor of Chiropractic (DC) | Medical Doctor (MD) |
|---|---|---|
| **Program Length** | 4 years (after ~3 years undergrad) | 4 years (after bachelor's degree) |
| **Total Hours** | ~4,200–4,800 contact hours | ~4,000–4,200 contact hours |
| **Basic Sciences** | ~1,200 hrs (anatomy, physiology, pathology, microbiology, biochemistry) | ~1,300 hrs (anatomy, physiology, pathology, pharmacology, etc.) |
| **Clinical Sciences** | ~1,400 hrs (diagnosis, neurology, orthopedics, radiology, nutrition, rehab) | ~1,100 hrs (medicine subspecialties, pediatrics, surgery, psychiatry, pharmacology) |
| **Adjustive/Manual Techniques** | ~1,000 hrs (spinal/extremity adjusting, soft tissue, biomechanics) | N/A (no manual technique component) |
| **Clinical Experience** | ~1,000 hrs in student clinics (early observation + intensive final-year internship) | ~1,500–2,000 hrs in hospital rotations (3rd/4th years in multiple specialties) |
| **Licensing Requirements** | National Board of Chiropractic Examiners (NBCE) Parts I–IV + Jurisprudence exam | Medical Council of Canada Qualifying Exam (MCCQE) / USMLE Steps + Residency |

# Key Differences

MD covers all organ systems and surgery; DC focuses on MSK health

MDs complete 2 years hospital rotations; DCs do outpatient clinics

Pharmacology & surgery in MD vs. manual therapy focus in DC

# Chiropractors vs. Physiotherapists

## Key Distinction – Doctor Title & Diagnostic Obligation

### Chiropractors in Ontario:

- Regulated as primary-contact health professionals.
- Hold the protected title 'Doctor of Chiropractic.'
- **Legally required to render a diagnosis** within their scope.
- Must rule out non-musculoskeletal causes before treatment.

### Physiotherapists in Ontario:

- Regulated as primary-contact health professionals, no 'Doctor' title.
- Scope is to assess and treat dysfunctions in neuromuscular, musculoskeletal, and cardiorespiratory systems.
- **No legislated obligation to diagnose**;
focus on functional assessment, treatment planning, and rehabilitation.

# OCA Advocacy Highlights for Ontario

- Over 2.7 million Ontarians use chiropractic services annually for MSK conditions.
- Chiropractic management of back and neck pain reduces imaging, opioid use, and specialist referrals.
- Cost savings for Ontario's health system by decreasing ER and family doctor visits for MSK complaints.
- Chiropractors are primary-contact providers with expertise in MSK disorders.
- Collaborative care with physicians and NPs improves patient outcomes.
- OCA advocates for integrated MSK pathways and access to evidence-based chiropractic care.

# Setting the Stage: OHIP Funding and Chiropractic's Evolution in Ontario

- Up until the 1970's OHIP historically covered chiropractic services, recognizing them as cost-effective for MSK care.
- 1970s–1990s: Growth in utilization and recognition through provincial reviews.
- Government Commissioned Studies: **Wells** and **Manga** reports highlighted economic and clinical benefits of chiropractic and supported expanded coverage.
- 1994: Chiropractic Review Committee recommends barrier removal.
- Despite this recommendation on Dec 1, 2004: OHIP coverage for chiropractic ends, shifting costs to patients & EHC providers.
- Despite funding changes, chiropractic remains integral in Ontario's health system.

# 8 Most Common Conditions Seen by Chiropractors

1. Mechanical low back pain
2. Neck pain (cervical strain/sprain)
3. Tension-type or cervicogenic headaches
4. Sciatica / lumbar radiculopathy
5. Shoulder dysfunctions (rotator cuff, impingement)
6. Mid-back (thoracic) pain and rib dysfunction
7. Hip and sacroiliac joint dysfunction
8. Peripheral joint sprains and overuse syndromes

# Red Flags Suggesting Critical or Emergent Pathology

- Unexplained weight loss with back pain (possible malignancy)
- Constant night pain unrelieved by rest (possible tumor/infection)
- Saddle anesthesia or bowel/bladder dysfunction (possible cauda equina)
- Progressive neurological deficits (motor weakness, reflex loss)
- History of trauma with severe pain (possible fracture)
- Severe unremitting headache with neck stiffness (possible meningitis)
- Chest pain radiating to arm/jaw (possible cardiac event)
- Fever with spinal tenderness (possible infection)

# The Critical Role of UCC/ER in Chiropractic Clinical Escalation

**Essential Escalation Resource**

Chiropractors, as primary contact providers, require timely access to urgent care centers (UCC) and/or emergency departments (ER) to responsibly escalate cases beyond their scope—particularly those involving serious or red-flag presentations.

# The Illusion of Coverage: Why More Doctors Cannot Replace a UCC

- UCCs and ERs offer advanced diagnostic tools (CT, MRI, X-ray, ultrasound) unavailable in traditional MD/NP offices.
- Chiropractors require timely, direct imaging access to fulfill legal diagnostic obligations under Ontario law.
- 24/7 operating hours— a standard of availability that no combination of part-time MD/NP offices can currently provide.
- Only ERs or a 24/7 UCC can provide the integrated, round-the-clock, team-based infrastructure essential for urgent triage and care escalation.

# 1. No UCC = No Imaging: The Risk of Delayed Diagnosis in Port Colborne

- Without the Port Colborne UCC, every chiropractic patient requiring X-rays or other imaging must travel to Welland or Niagara Falls. Closing the Fort Erie UCC services would worsen these impacts.
- Even routine imaging for chiropractic red-flags becomes delayed or avoided.
- Aging and mobility-limited patients face disproportionate barriers.

**Reference: City of Port Colborne Healthcare Survey, 2025; Ontario Ministry of Health Imaging Reports.**

# 2. No UCC = Breakdown of Critical Referral Pathways for Urgent Cases

- Chiropractors are required by law to rule out non-MSK pathology before treatment.
- Without the Port Colborne UCC, medical collaboration is delayed, compromising local chiropractic patient safety. Any reduced services at Fort Erie UCC would further limit options.
- Immediate escalation for infection, fractures, or vascular issues becomes unachievable.

**Reference: Regulated Health Professions Act, 1991; College of Chiropractors of Ontario Standards.**

# 3. No UCC = Subacute Conditions Ignored Until They Become Critical

- Port Colborne has a high senior population (25% over 65) and seasonal population surges.
- Without a local triage point at Port Colborne UCC, time-sensitive conditions of local population overwhelm distant ERs or go untreated.
- Patient outcomes deteriorate, and system-wide costs escalate

**Reference: Stats Canada, City of Port Colborne Healthcare Survey, 2025.**

# 4. No UCC = Non-Emergency Patient Volume Straining Distant ERs—Issues That Could Be Resolved Locally

- Loss of the Port Colborne UCC shifts urgent cases to already overburdened Welland and Niagara Falls hospitals. Many of these cases are not true emergencies and simply require mid-acuity healthcare services.
- Travel times: Welland 16 mins, Niagara Falls 33 mins, St. Catharines 50 mins. Plans to further curtail Fort Erie UCC services would worsen these impacts.
- Increased wait times and congestion for the entire Niagara region.

**Reference: Niagara Health System Access Reports.**

# 5. Patient Safety and Legal Compliance Demand UCC Infrastructure

• Chiropractors, as primary-contact health professionals, are legally and ethically required to provide accurate diagnoses and appropriate referrals.

• The closure or unavailability of Port Colborne's UCC compromises our ability to meet these obligations, potentially resulting in delayed or missed diagnoses of serious conditions.

• This failure not only puts patient safety at risk but may also expose providers and the system to legal action for unmet standards of care.

**Reference: RHPA, 1991; College of Chiropractors of Ontario Standards.**

# 6. Additional Harms to Chiropractic Patients Without Local UCC Access

- Delays in returning to chiropractic management due to missing diagnostics.

- Greater strain on family physicians and primary care services.

- Weakened inter-professional relationships and care coordination.

# Preserving Port Colborne UCC Protects All Patients, including Chiropractic Patients

- Port Colborne UCC keeps care close to home, especially for seniors and vulnerable residents.
- It prevents overloading distant hospitals, improving wait times and treatment quality for everyone.
- Without it, more patients will face delayed diagnoses, worse outcomes, and reduced trust in the health system.
- Preserving the UCC is essential to maintain safe, timely, and equitable care in Niagara.

# Primary Contact, Shared Crisis…

- Adding more MDs, NPs, Pharmacists or Chiropractors does not replace the need for local 24/7 urgent care facilities and diagnostic imaging services.
- All primary-contact health professionals—including MDs, NPs, and Chiropractors—are required to assess for serious conditions and initiate timely referrals when red flags emerge.
- When UCC infrastructure is lacking, diagnostic delays, avoidable complications, and patient harm increase—regardless of the provider's discipline.
- Patients suffer when escalation pathways break down: longer waits, missed diagnoses, and a growing loss of trust in local care.

# Port Colborne UCC – A Critical Pressure Valve for Niagara's Health System

- Port Colborne UCC already manages thousands of cases annually (17,000), absorbing local demand including successfully meeting the demands of Chiropractic referrals.
- Eliminating Port Colborne UCC forces patients into overburdened hospitals, worsening unacceptable wait times.
- Local Chiropractors and their patients rely on the UCC to rapidly refer for diagnostic imaging and urgent triage.
- UCC access allows chiropractors to meet legal duties to rule out serious conditions for their patients.
- Without a Port Colborne UCC, system degradation is guaranteed—its preservation is essential.

# Recommendations

- Maintain full, consistent UCC hours year-round (including evenings and weekends).
- Ensure on-site diagnostic imaging availability during all UCC operating hours.
- Implement a formal escalation protocol for primary-contact providers to rapidly access UCC services.
- Engage in ongoing dialogue with local providers to align UCC capacity with community needs.

# Thank you for your time

# Q&A

# Healthcare Advisory Committee

## Information Package

PORT COLBORNE

**August 20, 2025**

| Organization/Agency | Item | Description |
|---|---|---|
| Port Cares | News Release from July 11, 2025 | Food insecurity in Canada has reached an alarming new high, with over 2 million food bank visits recorded in March 2024 alone, the highest monthly number in Canadian history.<br><br>1 in 4 Canadians face food insecurity<br>1 in 3 food bank clients are a child<br>Children made up nearly 700,000 visits to Canadian food banks in a single month. |
| Port Cares | News Release from February 27, 2025 | As Canada continues to grapple with an escalating housing crisis, a beacon of hope emerges in Port Colborne with the grand opening of Chestnut Place-a much-needed response to the growing demand for low-income housing, particularly among seniors and single-parent families. |
| City of Port Colborne | Chestnut Park – Port Cares Affordable Housing Q&A Report | The Chestnut Park Q&A Report by Port Cares addresses accessibility, site planning, transportation, affordability and community concerns related to the proposed affordable housing project on Chestnut Park in Port Colborne. |
| Food Banks Canada | The Impact of Food Insecurity on Health Fact Sheet | Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS).<br>Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households. |
| Food Banks Canada | Food Insecurity and Mental Health | Household food insecurity is strongly related to mental health. Canadians living in food insecure households are at greater risk of<br>poor mental health than those living in food secure households and this risk increases with the severity of food insecurity. The<br>health consequences of food insecurity take a large toll on our health care system. |
| Research Study: BMC Public Health | The impact of novel and traditional food bank approaches on food insecurity: a longitudinal study in Ottawa, Canada | Food insecurity is strongly associated with poor mental and physical health, especially with chronic diseases. |

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| Ontario Chiropractic Association | Reduce Trips to the ED | Back pain is one of the most common reasons Ontarians go to their local hospital emergency department (ED). Yet most spine, muscle or joint pain can be better assessed and managed by experts outside the ED.<br><br>• Back pain is one of the top 4 reasons Ontarians go to the ED.<br>• Patients wait 6 hours on average, but only 2.4% are admitted for treatment.<br>• More than 400,000 Ontarians with MKS conditions visit Eds per year. |
| Ontario Chiropractic Association | Primary Care Low Back Pain Program | The government-funded PCLBP program supports interprofessional primary care teams, including family health teams, nurse practitioner-led clinics and community health centres.<br><br>• Patients with spine, muscle and joint issues often visit multiple care providers, including primary care physicians, specialists and emergency departments seeking help – adding up to about $2.4 billion in annual costs to Ontario's health care system |
| National Library of Medicine (USA)<br><br>PMC PubMed Central | The Effect of Reduced Access to Chiropractic Care on Medical Service Use for Spine Conditions Among Older Adults | Among older adults, reduced access to chiropractic care is associated with an increase in the use of some medical services for spine conditions.<br><br>• At any given point in time, approximately 30% of older adults are experiencing back pain and 16% have neck pain.<br>• The research found modest evidence of increased spine surgeries and primary care visits among older adults who lost access to chiropractic care after moving.<br>• A recent meta-analysis concluded that chiropractic users had 64% lower odds of receiving an opioid medication than nonusers for treatment of spine conditions. |

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|---|---|---|
| Ontario Health | Urgent Care Centers | You can receive treatment for most injuries and illnesses such as infections, earaches, eye injuries, sprains, broken bones, cuts, fevers, minor burns and nose and throat complaints through emergency-trained doctors and other health care professionals at an Urgent Care Centre.<br><br>Services may vary by location:<br>Diagnosis and treatment (except surgery)<br>• casts<br>• eye care<br>• laboratory<br>• stitches<br>• X-Ray |
| Urgent Care Centre at Trillium Health Partners' Queensway Health Centre | Promotional Ad for UCC Services | The Urgent Care Centre at Queensway Health Centre is open daily from 3:00 p.m. to 9:00 p.m. to serve you.<br><br>*Coughing, Runny Nose, Sneezing, Minor Cuts, Sprains, Minor Injuries, Minor Burns, Fever in Children over 3 months of age. Offers bloodwork, diagnostic imaging, x-ray, ultrasound.<br><br>Located inside the Surgical/Fracture Clinic and will see patients with broken bones, apply a temporary cast and refer out to the specialist. |
| HELSE NORGE (Norway) | Out-of-hours medical service | All municipalities in Norway offer an out-of-hours medical service for immediate medical assistance 24 hours a day. Call the 6-digit number 116 117 for free to contact your local out-of-hours medical centre. In an emergency, call 113. |
| Wikipedia | Urgent Care Centre | Patients (USA) who presented to an ED were more likely to be female (67% of ED presentations) compared to those who presented to a UCC or physicians office (65% and 64% respectively).<br><br>Patients who presented to an UCC were significantly more likely to be aged over 85 (27%). |

# The Impact of Food Insecurity on Health

Food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our healthcare system considerably.

Statistics Canada began monitoring food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, food insecurity has persisted across Canada, with over 4 million Canadians living in food insecure households.

Food-insecure individuals, both adults and children, are likely to have poorer health.

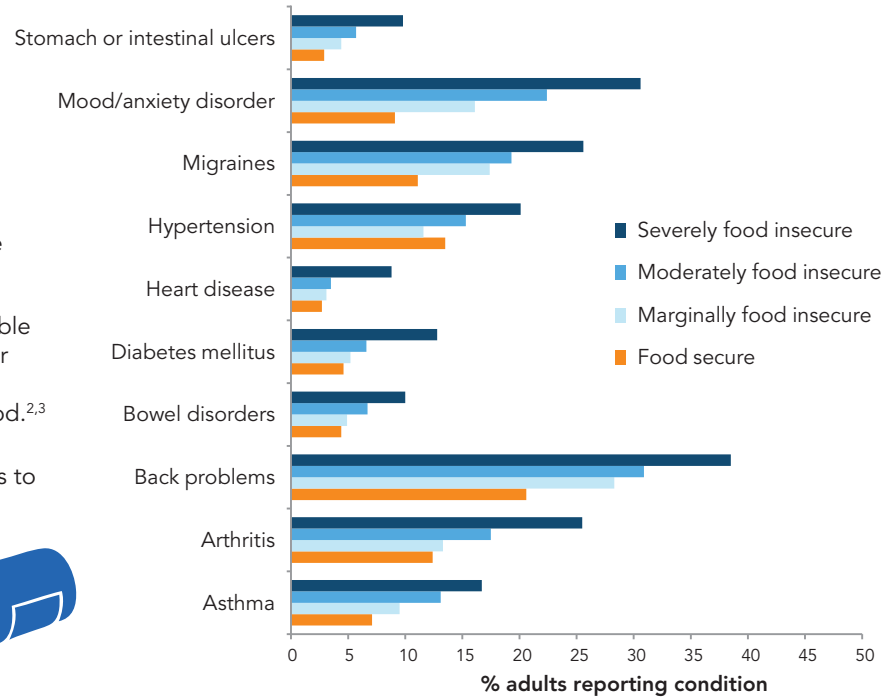
Food-insecure adults are more vulnerable to chronic conditions, with the risk increasing with the severity of food insecurity.[1]

Exposure to severe food insecurity leaves an indelible mark on children's wellbeing, manifesting in greater risks for conditions like asthma, depression, and suicidal ideation in adolescence and early adulthood.[2,3]

Food insecurity also makes it difficult for individuals to manage existing chronic health problems, such as diabetes and HIV.[4,5]

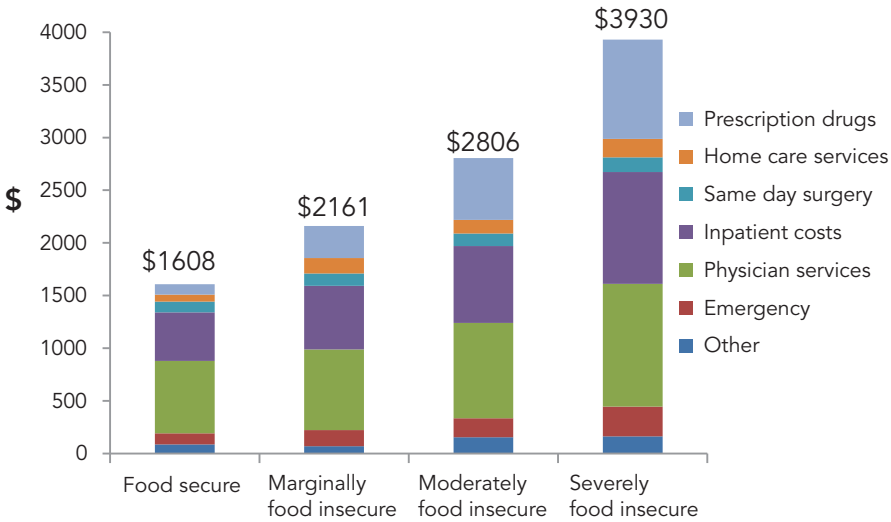
Due to scarce resources, food insecure individuals may forego critical expenses like medication.

**Prevalence of chronic conditions among Canadian adults, (18-64 years) of age, by household food security status[6]**




## Health care costs

**Average health care costs incurred over 12 months by Ontario adults (18-64 years of age), by household food insecurity status[7]**




Household food insecurity takes a tremendous toll on the health care system.[7]

After adjusting for other well-established social determinants of health, such as education and income levels, total annual health care costs in Ontario were:

**23%** higher for adults living in marginally food insecure households than in food secure households

**49%** higher for adults living in moderately food insecure households than in food secure households

**121%** higher for adults living in severely food insecure households than in food secure households

These findings imply that addressing food insecurity through targeted policy interventions would reduce the associated health care costs and improve overall health.

[1] Vozoris, N. T., & Tarasuk, V. S. (2003). Household food insufficiency is associated with poorer health. J Nutr, 133(1), 120-126.
[2] Kirkpatrick, S. I., McIntyre, L., & Potestio, M. L. (2010). Child hunger and long-term adverse consequences for health. Arch Pediat Adol Med. 164(8), 754-762.
[3] McIntyre, L., Williams, J. V., Lavorato, D. H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. J Affect Disorders. 150(1), 123-129.
[4] Chan J, DeMelo M, Gingras J, Gucciardi E. Challenges of Diabetes Self-Management in Adults Affected by Food Insecurity in a Large Urban Centre of Ontario, Canada. Int J Endocrinol. 2009; 32(12), 2218-2224
[5] Anema, A., Vogenthaler, N., Frongillo, E. A., Kadiyala, S., & Weiser, S. D. (2009). Food insecurity and HIV/AIDS: current knowledge, gaps, and research priorities. Current HIV/AIDS Reports, 6(4), 224-231..
[6] Tarasuk V, Mitchell A, McLaren L & McIntyre L. (2013) Chronic physical and mental health conditions among adults may be exacerbated by food insecurity. J Nutr. 143(11), 1785-93
[7] Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. Can Med Assoc J. 187(14), E429-E436.

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# Food Insecurity and Mental Health

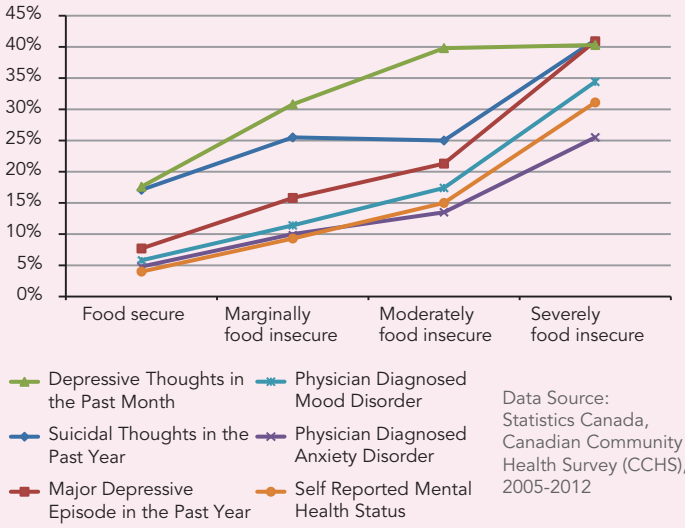
Household food insecurity - the inadequate or insecure access to food due to financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health, and costs our health care system considerably.

Statistics Canada began monitoring household food insecurity in 2005 through the Canadian Community Health Survey (CCHS). Since then, it has persisted across Canada. From the most recent national estimate, 1 in 8 households in Canada is food insecure, amounting to over 4 million Canadians, including 1.15 million children, living in homes that struggle to put food on the table.

Household food insecurity is strongly related to mental health. Canadians living in food insecure households are at greater risk of poor mental health than those living in food secure households and this risk increases with the severity of food insecurity.[1,2] The health consequences of food insecurity take a large toll on our health care system.[3,4]

Adults living in food insecure households are more likely to experience a wide range of adverse mental health outcomes, compared to those living in food secure households.[2]

**Adverse mental health outcomes reported by Canadian adults (18-64 years of age), by household food insecurity status[2]**




Data Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2005-2012

For children, living in a food insecure household is associated with childhood mental health problems like hyperactivity and inattention.[5]

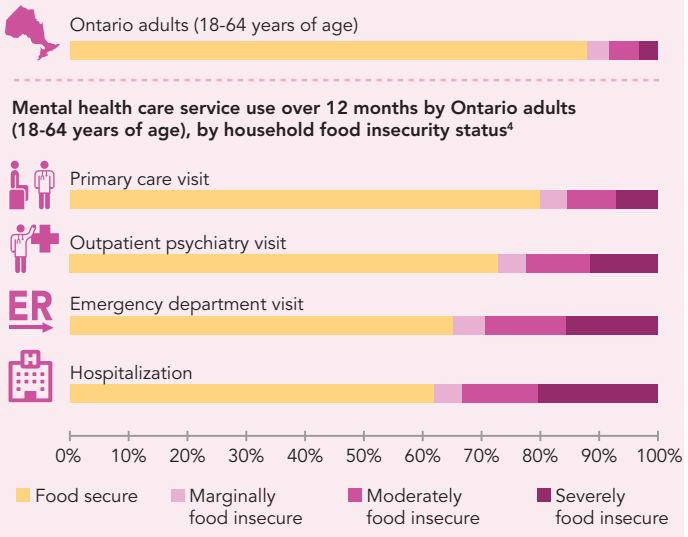
Experiences of hunger during childhood have a serious and lasting impact on mental health, manifesting in greater risks of depression and suicidal ideation in adolescence and early adulthood.[6,7]

Evidence from Ontario shows that adults living in food insecure households put a large burden on mental health care services.[4]

While **1 in 8** households in Ontario is food insecure, adults living in food insecure households account for more than **1 in 3** hospitalizations due to mental health problems.

More severe food insecurity is associated with higher odds of mental health care service utilization and this relationship remains even after accounting for prior care for mental health reasons.

**Household food insecurity among Ontario adults (18-64 years of age)[4]**




**Mental health care service use over 12 months by Ontario adults (18-64 years of age), by household food insecurity status[4]**




Data Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2005-2012

The co-existence of food insecurity and mental health problems is highly detrimental. Food insecurity makes it difficult for individuals to manage chronic mental health problems, while mental illness can impede their ability to become food secure.[8]

Food insecurity can be reduced through public policies that improve the financial circumstances of low-income households, such as increased social assistance benefits or guaranteed annual income like the public pensions afforded to seniors.[9,10]

Research has shown that receiving a guaranteed annual income can alleviate mental health problems and the burden on our healthcare system.[11,12] An evaluation of Mincome, the guaranteed annual income project in Manitoba during the 1970s, found decreased mental health care utilization following its implementation.[12]

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[1] Tarasuk V, Mitchell A, McLaren L, McIntyre L. Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. J Nutr. 2013;143(11):1785-93.[2]
[2] Jessiman-Perreault G, McIntyre L. The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. SSM -Population Health. 2017;3:464-72.
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[4] Tarasuk V, Cheng J, Gundersen C,de Oliveira C, Kurdyak P.The relation between food insecurity and mental health care service utilization in Ontario. Can J Psychiatry. 2018. DOI: 10.1177/0706743717752879
[5] Melchior M, Chastang J, Falissard B, Galera C, Tremblay R, Cote S, et al. Food insecurity and children's mental health: a prospective birth cohort study. PLoS One. 2012;7(12):e52615.
[6] McIntyre L, Williams J, Lavorato D, Patten S. Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. J Affect Disord. 2012;150(1):123-9.
[7] McIntyre L, Wu X, Kwok C, Patten S. The pervasive effect of youth self-report of hunger on depression over 6 years of follow up. Soc Psychiatry Psychiatr Epidemiol. 2017;52:537-47
[8] Lent M, Petrovic L, Swanson J, Olson C. Maternal mental health and the persistence of food insecurity in poor rural families. J Health Care Poor Underserved. 2009;20(3):645–661.
[9] Loopstra, R., Dachner, N., & Tarasuk, V. (2015). An exploration of the unprecendented decline in the prevalence of household food insecurity in Newfoundland and Labrador, 2007-2012. Canadian Public Policy, 41(3), 191-206
[10] McIntyre L, Dutton D, Kwok C, Emery J. Reduction of food insecurity in low-income Canadian seniors as a likely impact of a Guaranteed Annual Income. Can Pub Pol. 2016;42(3)
[11] McIntyre L, Kwok C, Emery JC, Dutton DJ. Impact of a guaranteed annual income program on Canadian seniors' physical, mental and functional health. Can J Public Health. 2016;107(2):e176.
[12] Forget E. The town with no poverty: the health effects of a Canadian guaranteed annual income field experiment. Can Pub Po. 2011;37(3):283–305

# Urgent Care Centres/Clinics Fact Sheet

1. There is no terminology or definition for UCC in any legislation or funding agreements with the Ministry of Health.

2. In 2023, the Auditor General of Ontario listed 11 UCC's that were hospital-affiliated, and only 7 of those were mandated to report to the Ministry on an annual basis.
    - Other hospital-affiliated UCCs: Toronto Western Hospital, St. Michael's Hospital, Sunnybrook Health Sciences Centre, Hamilton Health Sciences, The Ottawa Hospital, Peel Memorial UCC, Lakeridge Health, Markham Stouffville Hospital, Trillium Health Partners.
    - All are open 7-days a week, hours differ but none are 24/7.

3. Niagara Health's UCC's are unique in the province in how they operate
    - The model is completely different than anywhere else in Ontario.
    - Until recently, required all physicians and staff to be ED trained and certified
    - Other UCC's stabilize and ship.
    - No ambulances are accepted at this time but were until a few years ago.

4. How many Urgent Care Centres are operating in Ontario and how many are unaffiliated with the local hospital?

Identifying the exact number of **stand-alone Urgent Care Centres (UCCs)** in Ontario, that is, those operating independently without any affiliation to local hospitals, is challenging due to the lack of a centralized, publicly available registry distinguishing such facilities.

However, based on available information, several independent UCCs operate across the province.

**Independent Urgent Care Centres in Ontario**

While comprehensive data is limited, some known stand-alone UCCs include:

- **Prompt Doc Urgent Care Clinic** – Located in St. Catharines, this clinic offers walk-in and urgent care services without direct hospital affiliation.
- **Urgent Care Centre (UCC)** – Operating multiple locations in Brampton and Etobicoke, these centres provide urgent care services independently.
- **Kindercare After-Hours Urgent Care** – Situated in Toronto, this clinic offers after-hours urgent care services.

**Challenges in Quantifying UCCs**

The main challenges in determining the total number of UCCs in Ontario include:

- **Lack of Centralized Data**: No comprehensive provincial database lists all UCCs, especially distinguishing between hospital-affiliated and independent clinics.
- **Varied Definitions**: The term "Urgent Care Centre" can encompass a range of facilities, from hospital-based units to independent walk-in clinics, leading to inconsistencies in classification.

**Questions**

1. Does the Committee want/need to tour other UCCs?
2. Should we consider no longer using the term UCC? Other names: Enhanced Care Clinics, Pediatric Urgent Care Clinic, Comprehensive Healthcare Network. Urgent and Emergency mean the same thing to the general public.
3. Are our local PCP's interested in this model? Do we need to bring in an external team/staff?

**Auditor General of Ontario Value for Money Audit on Emergency Departments**

**UCC's**

**RECOMMENDATION 13** To improve access to emergency care for low-acuity patients, we recommend that the Ministry of Health, in collaboration with Ontario Health:

• assess the feasibility of a review of the Urgent Care Centres (UCCs) model and determine where expansion of this model can be best utilized; and

• work with hospitals to raise public awareness of alternative care settings such as UCCs that may be more appropriate for low-acuity patients.