



Date: March 9, 2026
Time: 6:00 pm
Location: Council Chambers, 3rd Floor, City Hall
66 Charlotte Street, Port Colborne

Pages

1. Call to Order
2. Adoption of the Agenda
3. Disclosures of Interest
4. Approval of the Minutes
 - 4.1 Healthcare Advisory Committee Meeting - February 9, 2026 1
5. Presentations
 - 5.1 Ontario Long Term Care Association Presentation 3

Presented by Wiesia Kubicka, Vice-President, Policy and Communications, Ontario Long Term Care Association and Saleemeh Abdolzahraei, Senior Manager, External Communications, Ontario Long Term Care Association
6. New Business
 - 6.1 City of Port Colborne Healthcare Analysis Report prepared by KPMG 27
 - 6.2 Strategy Working Session
7. Adjournment



City of Port Colborne

Healthcare Advisory Committee Meeting Minutes

Date: Monday, February 9, 2026
Time: 6:00 pm
Location: Council Chambers, 3rd Floor, City Hall
66 Charlotte Street, Port Colborne

Members Present: C. Tamas
M. Lallouet
T. Triano
S. McDowell, Chair
P. McGarry, Vice Chair
W. Steele, Mayor
M. Aquilina, Councillor
R. Bodner, Councillor

Staff Present: B. Boles, Chief Administrative Officer
G. Bisson, Senior Community Engagement Advisor

Others Present: C. Jeffries, KPMG
D. Miller, KPMG
G. Wardle, KPMG
A. Berk, KPMG
C. Brillowits, KPMG

1. Call to Order

The Chair called the meeting to order at 6:01 p.m.

2. Adoption of the Agenda

Moved By P. McGarry
Seconded By T. Triano

That the Healthcare Advisory Committee Agenda, dated February 9, 2026, be approved.

Carried

3. Disclosures of Interest

There were no disclosures of interest.

4. Approval of the Minutes

4.1 Healthcare Advisory Committee Meeting - January 26, 2026

Moved By M. Lallouet
Seconded By C. Tamas

That the Healthcare Advisory Committee minutes, dated January 26, 2026, be approved.

Carried

5. Presentations

5.1 KPMG - Validation Session

KPMG presented their Healthcare Analysis Report to the Committee.

6. New Business

6.1 April Meeting Date Change

This item was deferred to the next Healthcare Advisory Committee meeting on March 9, 2026.

6.2 Spring / Summer Dates

Moved By P. McGarry
Seconded By T. Triano

That the following Healthcare Advisory Committee meeting date be added:
May 11, 2026 at 6 p.m.

Carried

7. Adjournment

The Chair adjourned the meeting at 7:34 p.m.

Sydney McDowell, Chair

Geneviève-Renée Bisson, Senior
Health Advisor

Jobs, Families and Care Closer to Home: Long-Term Care

March 9, 2026

Port Colborne Healthcare Advisory
Committee Meeting



Agenda

March 9, 2026



10 min	Long-Term Care in Ontario & Niagara	Wiesia Kubicka
10 min	Port Colborne Community Profile	Wiesia Kubicka
10 min	Questions and Discussion	All
	Wrap-up	All

We represent nearly 70% of Ontario's publicly funded long-term care homes across all ownership models and communities.

Grounded in advocacy, data and member engagement, we advance innovation, public trust and sustainable funding to ensure high-quality, culturally appropriate care, fully integrated within Ontario's healthcare system.



We are advancing the future of long-term care with **people at the heart** of everything we do.

Long-term care today



609
Licensed homes



58% of homes are small
(128 or fewer spaces)

35% are in rural communities
with limited home care or retirement
home options

**With over 77,000 spaces running at full capacity,
over 50,000 people are waiting for care.**

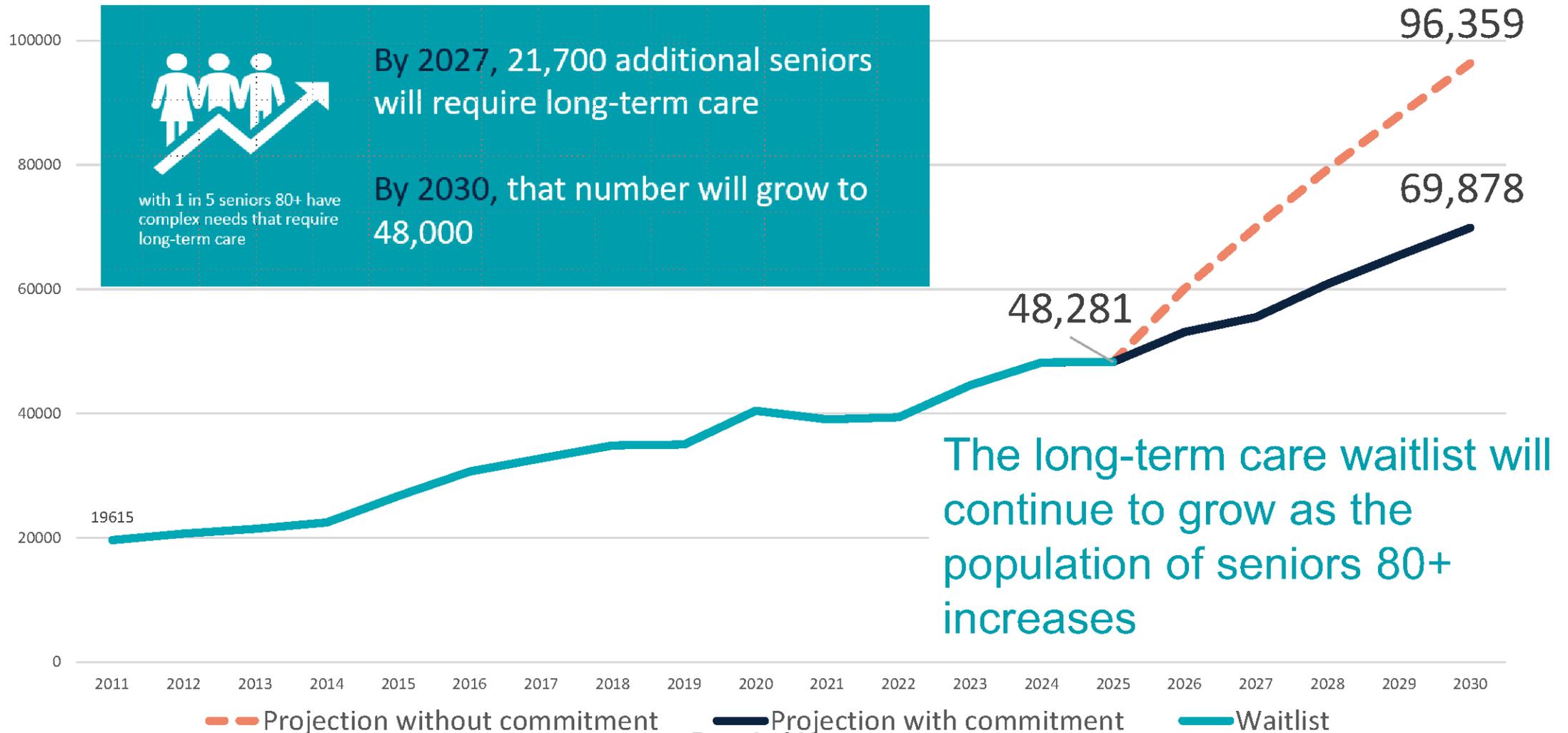
Ontario's 214 Rural Long-Term Care Homes provide invaluable care for seniors and drive local economies.

Contributing over **\$3.2 billion in GDP** to local economics;

Creating over **43,000 jobs** (direct, indirect and induced).



Ontario's Projected Waitlist and LTC Demand



Seniors requiring long-term care have highly complex needs that cannot be met at home.



87% need extensive support with activities of daily living, like getting dressed and eating meals.



75% have moderate to severe cognitive impairment requiring specialized supports.



On average, they have nearly 6 comorbidities and enter long-term care with 11 medications.

Four Priorities for Budget 2026



Protecting Time for Care

Ontario must stabilize funding and provide flexibility so long-term care homes can maintain the four hours of direct care and ensure consistent, high-quality support for residents.



Protecting Communities

Ontario must invest in a sustainable, skilled, and supported workforce to ensure homes have enough staff—working to full scope—to meet growing and increasingly complex resident needs.



Protecting The Workforce

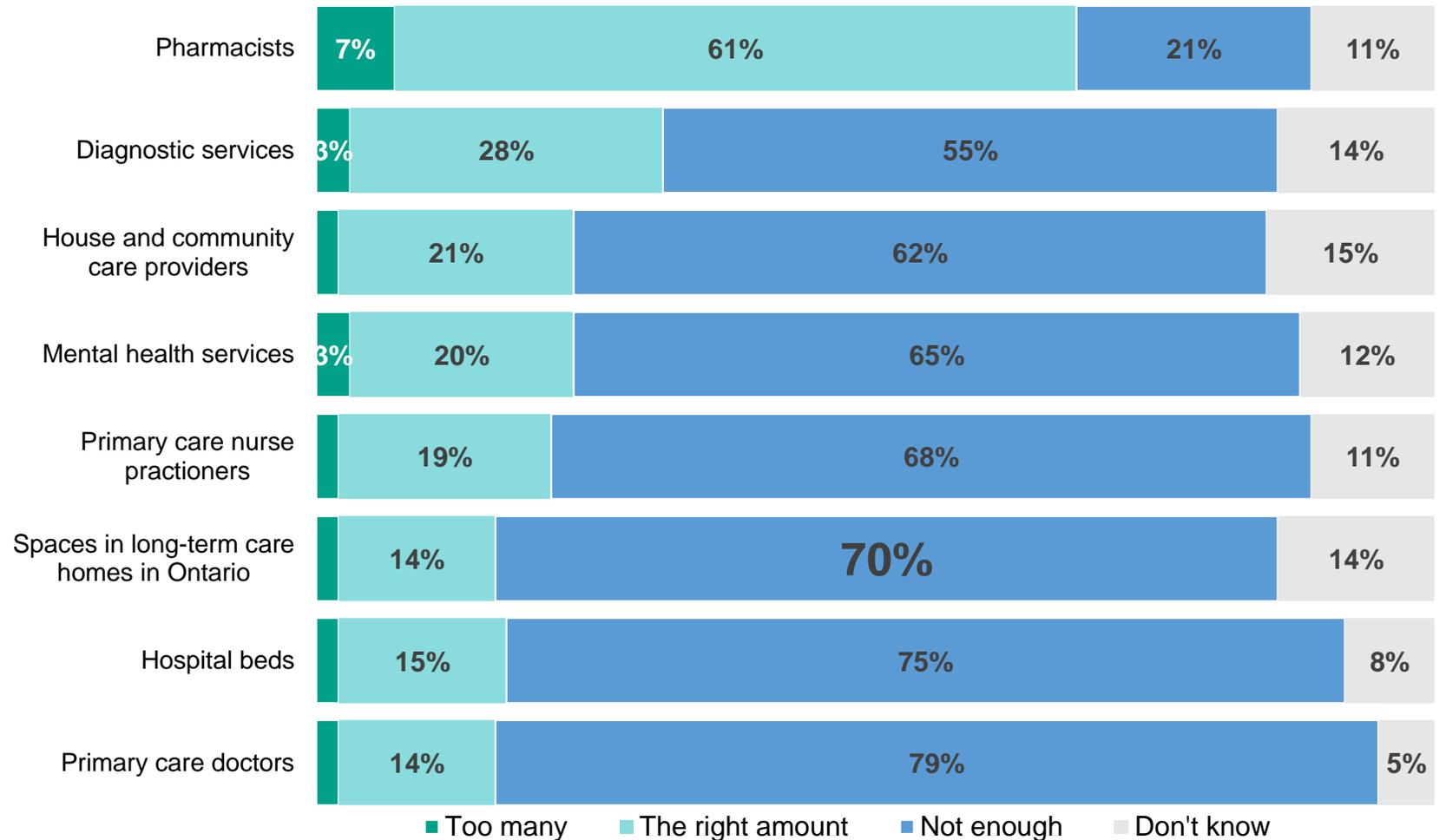
Ontario needs to keep older homes safely open and accelerate redevelopment, so communities maintain access to local long-term care and modern, age-friendly spaces.



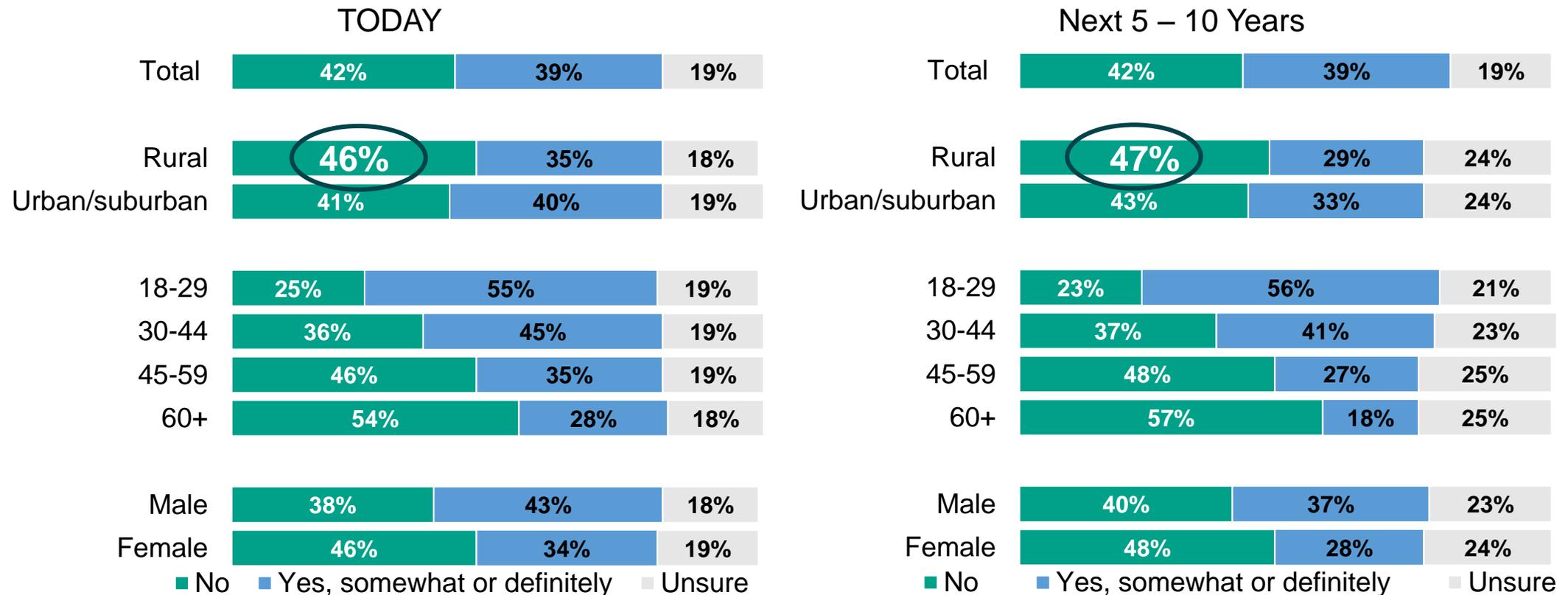
Protecting Innovation

Ontario should strengthen a just-culture, quality-focused system that empowers homes to implement innovative models, leverage technology, and continuously improve care and resident experience.

70% of Ontarians surveyed believe there is not enough long-term care capacity in Ontario.



Ontarians living in rural Ontario are more concerned about the lack of long-term care capacity in their local communities – now and in the future.



“Do you believe the supply of long-term care homes in your community is adequate to support the needs of your community...?”

Reimagining LTC as community hubs for aging well.

- Extending dementia expertise, caregiver supports and clinical services so more seniors can remain safely at home.
- Programs are integrating housing, recreation and care and reducing pressure on system.
- Community Access to Long-Term Care (CALTC) program:
 - \$15M provincial pilot in the GTHA.
 - Rural and northern expansion in 2026.



Ontario Long Term Care Profile



of Homes

609

of LTC Spaces

77,013

Spaces Needing
Redevelopment

36%

of Ward Spaces

3,199

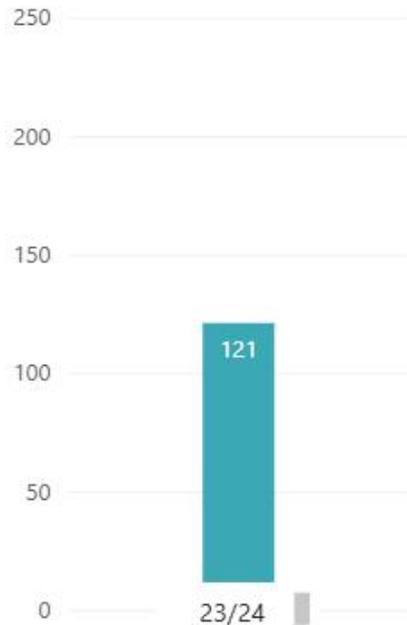
Development Projects

151

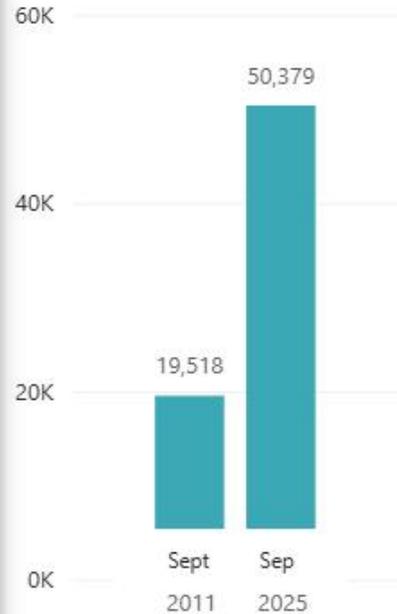
Development Spaces

24,613

Avg. Wait (Days)



Waitlist



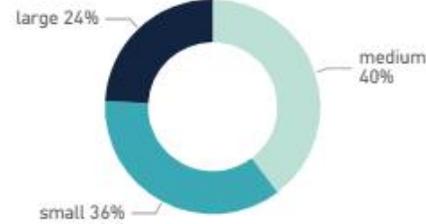
% Pop 80+
4.69%
↓
2030: % Pop 80+

5.85%

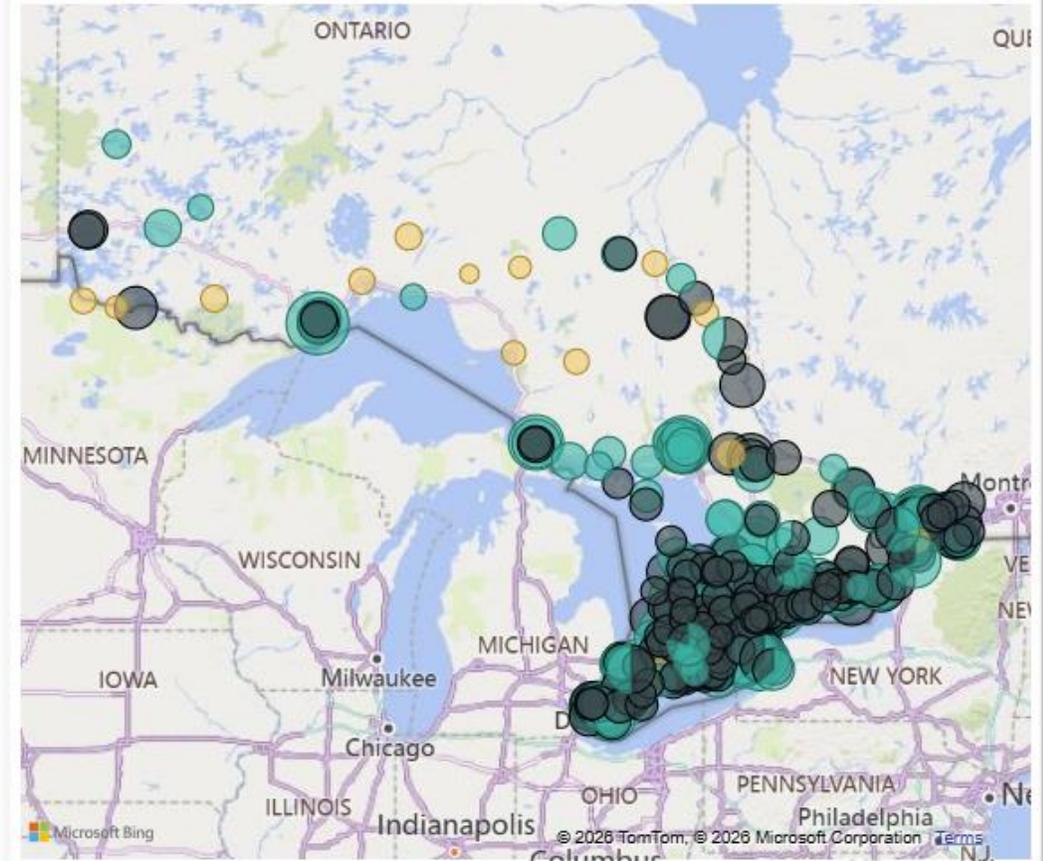
Spaces to 80+ Pop.

10.57

Homes by Size



Structural ● B/C ● New/A ● Other



**Annual Socioeconomic
Impact of LTC**

Contribution to GDP

\$12.4bn

Contribution to Labour
Income

\$9.3bn

Contribution to Jobs

166K

Caregiving Hours Saved

113M

Caregiver Income Preserved

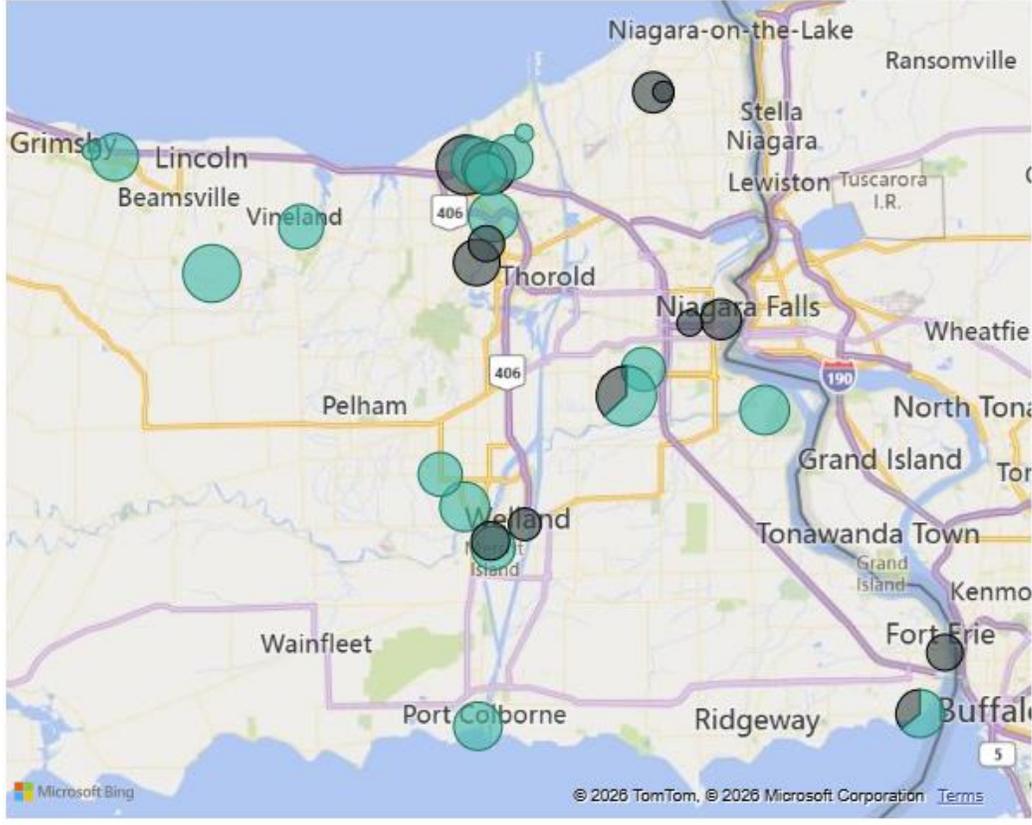
\$3bn

Long Term Care Community Profiles

Niagara



Structural ● B/C ● New/A



of Homes

30

of LTC Spaces

3,557

Spaces Needing Redevelopment

38%

of Ward Spaces

160

Development Projects

8

Development Spaces

1,455

List of Homes (click to expand)

% Pop 80+

6%

vs ON: 4.69%

2030: % Pop 80+

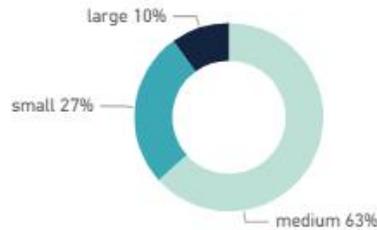
7%

Spaces to 80+ Pop.

11.57

vs ON: 10.57

Homes by Size



Avg. Wait (Days)

● CD ● ON

150

121

100

78

50

0

23/24

Waitlist

1,000

500

0

1,290

632

2011 2025

Annual Socioeconomic Impact of LTC

Contribution to GDP

\$582.8M

Contribution to Labour Income

\$437.5M

Contribution to Jobs

7,826

Caregiving Hours Saved

5M

Caregiver Income Preserved

\$156M

Niagara Homes

Home Name	Sector	Total Spaces (excludes ward)	B+C	22/23 Med. Wait Time (Days)	April 2025 Wait List	Membership	Development Status	Spaces in Development
Albright Gardens Homes, Incorporated	Non Profit	231	0	103	86	0		
Bella Senior Care Residences	Private	160	0	57	12	OLTCA		
Crescent Park Lodge	Private	54	68	70	0	OLTCA		
Deer Park Villa	Municipal	40	0	78	58	0		
Douglas H. Rapelje Lodge	Municipal	120	0	48	64	0		
Extendicare St. Catharines	Private	137	152	69	11	OLTCA	Construction Start	256
Foyer Richelieu Welland	Non Profit	65	0	104	28	0	Opened	128
Garden City Manor	Private	192	200	51	0	OLTCA		
Gilmore Lodge	Municipal	80	80	60	35	0	Opened	160
Heidehof Long Term Care Home	Non Profit	106	0	95	57	0		
Linhaven	Municipal	248	211	109	160	0	Construction Start	239
Maple Park Lodge	Private	96	0	70	6	OLTCA		
Mennonite Brethren Senior Citizens Home	Non Profit	128	0	73	66	OLTCA		
Millennium Trail Manor	Private	160	0	67	16	OLTCA		
Niagara Health System, Welland Hospital Site, Extended Care Unit	Non Profit	90	75	48	0	0		
Niagara Ina Grafton Gage Village	Non Profit	40	0	71	51	0		
Niagara Long Term Care Residence	Private	103	124	87	10	0		
Northland Pointe	Municipal	151	0	62	84	0		
Oakwood Park Lodge	Private	94	151	171	19	OLTCA	Construction Start	288
Pleasant Manor Retirement Village	Non Profit	41	29	0	32	OLTCA	Construction Start	160
R. H. Lawson Eventide Home	Non Profit	101	101	66	7	OLTCA		
Royal Rose Place	Private	160	0	55	26	OLTCA	Opened	64
Shalom Manor Long Term Care Home	Non Profit	144	0	110	118	0	Construction Start	188
The Henley House	Private	160	0	49	28	OLTCA		
The Meadows of Dorchester	Municipal	121	0	59	76	0		
The Woodlands of Sunset	Municipal	121	0	54	96	0		
United Mennonite Home	Non Profit	128	0	118	52	0		
Valley Park Lodge	Private	47	65	61	8	OLTCA		
West Park Health Centre	Private	79	101	63	0	OLTCA		
Westhills Care Centre	Private	160	0	131	84	OLTCA	Opened	160
Total		3,557	1,357		1,290			1,643

Port Colborne

Home Name	Sector	Total Spaces (excludes ward)	B+C	23/24 Med. Wait Time (Days)	April 2025 Wait List	Membership
Northland Pointe	Municipal	151	0	105	84	0

- Represents 4% of spaces in Niagara
- Median Wait Time is approximately 1 month longer than Niagara
- Represents 7% of the Waitlist in Niagara

Annual Socioeconomic Impact of LTC	Contribution to GDP	Contribution to Labour Income	Contribution to Jobs	Caregiving Hours Saved	221 K
	\$32.1 M	\$25.7 M	451	Caregiver Income Preserved	\$6.6 M

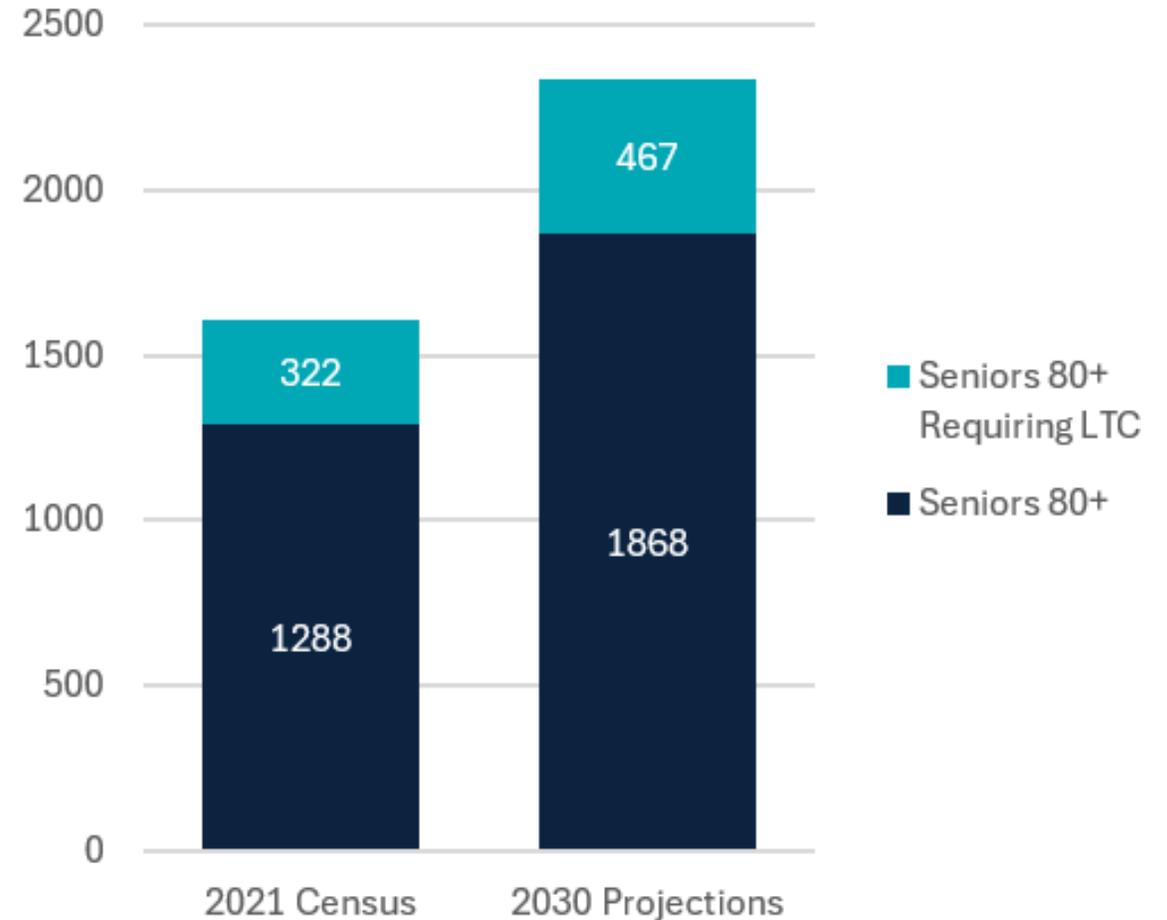
Port Colborne LTC Demand

Population 80+ 2021 Census: 1,610 (8% of total population)

1 in 5 seniors over age 80 require LTC - Approximately **322 individuals require LTC**

Population 80+ 2030 Projections: 2,335 (using Niagara CD projected growth)

Anticipating 1 in 5 require care – approximately **467 individuals require LTC**



The 151 spaces in Port Colborne do not meet the needs of current waitlists, and continued growth will increase demand for LTC, especially in the next 5 years.

When spaces are not available locally, it not only creates immense system pressures, but seniors will be forced to leave their community to receive care.

LTC Development/Redevelopment Socioeconomic Benefits

Construction Contributions (one-time per space)

GDP – \$539,301.19

Labour Income - \$376,589.87

*Example: a 160 space home would contribute
\$86.3M in GDP
\$60.3M in Labour Income*

On-Going Contributions (annually per municipal space)

GDP – \$212,374.94

Labour Income – \$170,088.17

Employment – 2.99

*Example: a 160 space home would contribute
\$34M in GDP
\$27.2M in Labour Income
478 Jobs*

Benefits of becoming an OLTCA Home Member

- Advocacy tools to engage local leaders and grow partnerships
- Data analytics for home-level informatics and benchmarking
- Educational opportunities for management and department heads
- Member-exclusive competitive insurance rates, pension plan and Careers Board
- Comprehensive supplier directories for procurement and purchasing



OLTCA
LEADING CHANGE.
TOGETHER.



LTC Community Engagement Day 2026

MARK YOUR CALENDARS:

September 18, 2026





Wiesia Kubicka

Vice President, Policy and Communications
Ontario Long Term Care Association

Wiesia Kubicka is Vice President of Policy and Communications at the Ontario Long Term Care Association, where she leads the organization's work to advance evidence-based policy solutions that strengthen and transform long-term care across Ontario. She works closely with OLTCA's diverse membership to help build a unified voice for the sector and advance the changes needed to improve care and quality of life for residents, families, caregivers and staff.

Wiesia brings more than 20 years of experience in Ontario's health system. Prior to joining OLTCA, she held a range of senior roles at the Ontario Ministry of Health and Long-Term Care, including as Chief of Staff to the Deputy Minister. Her work has spanned health policy, system transformation and operational strategy across the continuum of care.



OLTCA

LEADING CHANGE. TOGETHER.



Visit [OLTCA.COM](https://oltca.com)

Municipal Partners Program | Long-Term Care Insights

A newsletter for municipal leaders

Welcome to the Ontario Long Term Care Association’s quarterly newsletter for municipal leaders.

Ontario’s population aged 80+ will double by 2040, reshaping how communities plan for housing, care, and infrastructure — and municipalities will be on the front lines.

OLTCA represents 70% of Ontario’s long-term care homes, across not-for-profit, municipal, hospital-based, private, culturally specific, and First Nations care.

Through our Municipal Partner Program, we connect local governments with data, insights, and strategies to support evidence-based decisions in housing, budgeting, and service delivery as communities adapt to an ageing population.

Municipal leaders are key to preparing for this demographic shift through planning approvals, housing strategies, and local workforce initiatives.



By the Numbers: The Changing Face of LTC in Ontario

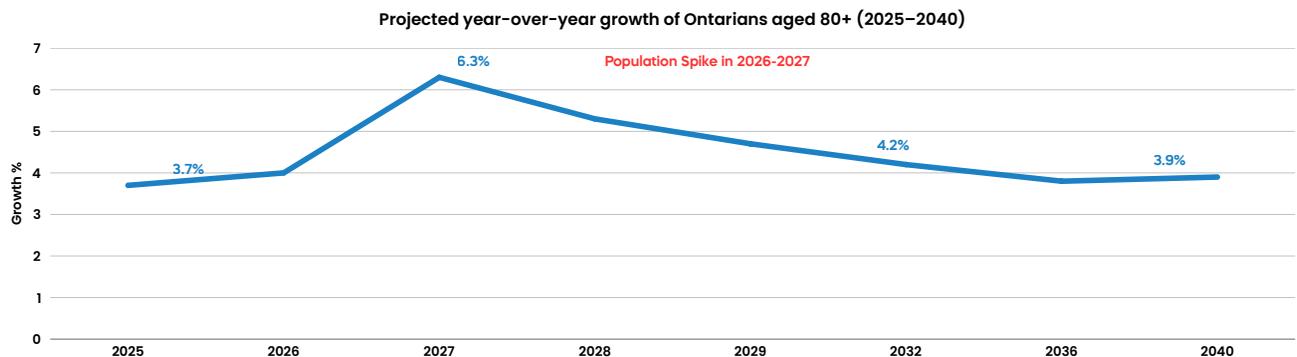


Ontario’s 80+ population set to double by 2040.

Growing by about 4% each year — with a sharp spike expected in the next two years — this surge will reshape how communities plan for housing, care, and local services.

Municipalities can use this data to guide housing mix, infrastructure, and community service planning to better support residents as they age.

Ontario’s 80+ population will grow 6.3% by 2027 — the largest jump in 15 years



SOURCE: Ontario Data Catalogue, [Population projections](#), accessed August 2025.

Ontario’s Long-Term Care Profile

609	Long-Term Care Homes in Ontario
77,000+	Number of Long-Term Care Spaces in Ontario
50,000+	People on the Waitlist
165 days	Median Wait Time
200	Nearly one-third of LTC homes in Ontario need redevelopment to stay open.

Understanding Long-Term Care

1 in 5	Seniors over 80 have complex needs that require long-term care.
9 in 10	Residents need daily help with dressing, eating, and personal care.
3 in 4	Residents live with moderate to severe cognitive impairment
73%	New residents are admitted directly from hospital

Annual Socioeconomic Impact of LTC

Beyond care, long-term care homes are also powerful economic drivers.



\$12.4B

Contribution to GDP



\$9.3B

Contribution to Labour Income



166K

Contribution to Jobs

As demand for long-term care grows, so does its importance to local economies. Beyond providing essential care, long-term care homes create jobs, drive local spending, and contribute billions to Ontario's GDP each year.

Did You Know...

Ontario's long-term care homes care for about 80,000 residents each year, delivering 117 million hours of care annually. Maintaining this care represents nearly \$6 billion in staffing costs and supports more than 100,000 local jobs. Every additional six minutes of daily care adds about \$140 million in annual staffing costs.

- Ontario's long-term care homes provide more than four hours of care per resident each day — the highest level in Canada — but maintaining that standard costs about \$6 billion a year in staffing alone, with expenses rising faster than funding. Municipalities that operate or support homes should anticipate these pressures in their budgeting and capital planning, aligning reserves and asset management policies to help sustain safe, compliant homes.
- Maintenance costs for long-term care homes have increased by more than 30% since 2021, due to higher prices for materials, equipment, and repairs. However, provincial funding for these essential upgrades has not kept pace, placing additional strain on homes that work to maintain safe and modern environments for residents.

“ Sustaining long-term care supports local jobs, keeps seniors in their communities, and reduces pressure on hospitals and emergency services. ”

What Municipalities Can Do

- Map local long-term care and seniors' housing capacity to identify service gaps.
- Integrate aging-population data into official plans and asset management updates.
- Identify surplus municipal lands for LTC or seniors' housing.
- Engage local LTC operators in budget and capital planning discussions.
- Coordinate community paramedicine and home-care programs with LTC providers.
- Partner with local colleges and training institutions on PSW and nursing programs.
- Advocate for predictable, sustainable LTC funding through collaboration with sector partners.

Partner with OLTCA

OLTCA works with municipalities across Ontario to share insights, build partnerships, and plan together for the future of seniors' care.

Request regional data or book a briefing with us.

Curious about seniors' population growth or long-term care trends in your region? Invite us to council or request a tailored data briefing — we're here to support your planning.

[✉ info@oltca.com](mailto:info@oltca.com)

Join OLTCA

Learn more about membership and partnership opportunities.

[✉ membership@oltca.com](mailto:membership@oltca.com)

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[@OLTCAnews](#)

Caring for Seniors, Strengthening Communities

ONTARIO LONG TERM CARE ASSOCIATION

Long-Term Care in Ontario

Ontario's long-term care (LTC) homes play a vital role in Ontario's municipalities, serving as a cornerstone of community life, supporting families, creating jobs and anchoring local economies. Throughout our province, north and south, urban and rural, Ontario families rely on LTC homes to provide specialized care and affordable housing for their loved ones in need.



77,000+

Spaces in Ontario



609

Homes across the province



214

Rural Homes



38

Municipal Homes

Ontario's Most Urgent Healthcare Priority

Ontario's demographics are changing rapidly, with the number of seniors over 80 growing at four times the rate of the rest of the population. Seniors entering long-term care today are older, and their care needs have outpaced what families and community teams can realistically provide.



Fueling Rural Economies, Caring for Our Seniors

RURAL ONTARIO LTC HOMES OVERVIEW

Long-term care homes anchor Ontario's rural communities, while driving local jobs and economic activity.

- ✓ Over **\$3.19 billion** to Ontario's GDP
- ✓ Over **43,000** direct, indirect and induced jobs in Ontario

The government has committed:

- ✓ **\$6.4 billion** to build 30,000 new and redevelop 28,000 spaces
- ✓ **151 projects / 24,600 spaces** completed, underway or approved (Fall 2025)
- ✓ **\$1.92 billion** (2025-26) to fund 4+ hours of daily direct care per resident

New and redeveloped homes create even more value. If all 58,000 new and upgraded spaces announced by the government are built, construction activity alone would add \$31.28 billion to Ontario's GDP and generate thousands of local jobs in construction and skilled trades.

These figures reflect the full potential if every announced space moves forward. But many homes face real barriers to building due to financing, approvals, and local infrastructure. That's where municipalities come in.

Your support can turn plans into homes. Let's move these projects forward so seniors can age in place, close to family, in the community they love.



Delivering Quality Care, Close to Home

- ✓ LTC delivers on-site care, avoiding unnecessary hospital visits
- ✓ Opens hospital beds by supporting patients who no longer need acute care
- ✓ Moving 100 Alternate Levels of Care (ALC) patients to LTC saves hospitals **\$100K+** every day

Ageing at Home is a Challenge

Many older adults have care needs that go far beyond what can be provided at home. Yet in Ontario, the median wait for a long-term care bed is 165 days, with nearly three-quarters of placements coming as critical hospital discharges.



Supporting Rural Families, Easing the Burden

- ✓ **106,000+** hours of unpaid caregiving saved every week — freeing time for work, family and rest
- ✓ Lower out-of-pocket costs for care — reducing the financial strain on families

SAVE THE DATE
SEPTEMBER 18, 2026

LTC Community Engagement Day

Across Ontario, long-term care homes will celebrate LTC Community Engagement Day with events that bring together residents, staff, families, and community leaders.



Visit a long-term care home in your community on September 18th.

SCAN TO LEARN MORE!



1-in-5

Seniors over 80 have complex care needs requiring the 24-7 support and care of LTC



82 Years

Average age of admission



Over 50,000

Seniors on the Waitlist



165 Days

Median waiting time for placement

ABOUT THE OLTC

The Ontario Long Term Care Association (OLTCA) is the province's largest representative of long-term care providers, including private, not-for-profit, municipal, hospital, culturally specific, and First Nations homes in rural, urban, and Northern locations across the province. Our members deliver care and support in 70% of Ontario's long-term care homes. We advocate for data-informed solutions that improve the quality of life, strengthen care, and ensure seniors have access to safe, high-quality, and culturally appropriate support as they age.



OLTCA

LEADING CHANGE. TOGETHER.

www.oltca.com

info@oltca.com



@oltcanews



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Ontario-long-term-care-association

Healthcare Analysis Report: Building a Brighter Future for Healthcare in Port Colborne

February 2026

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Executive Summary

The City of Port Colborne is undergoing a period of change across its local healthcare environment, including the anticipated shift of services to the South Niagara and Welland Hospitals and the closure of the local Complex and Urgent Care Centre (UCC). These changes are creating some uncertainty around future access to care and impact on the community. The City of Port Colborne commissioned this Healthcare Analysis Report to provide a clear, evidence-based understanding of the current and future health service needs. The following summarizes key findings and takeaways from the Healthcare Analysis Report.

Key Findings

High Risk Population

Port Colborne's population profile presents elevated healthcare need driven by both aging and social risk. The community is projected to see rapid growth among residents aged 75 and older, the age group with the highest rates of chronic conditions and healthcare use. While aging is a nation- and province-wide trend, this shift will materially increase demand for primary care, community supports, and acute services in Port Colborne over the next two decades.

More notably, 84% of Port Colborne residents live in neighbourhoods classified as high or highest social determinants of health (SDH) risk, compared to 15% provincially. These risks, related to income, education, seniors living alone, and other structural factors, are associated with higher healthcare utilization.

Taken together, Port Colborne's aging population and relatively higher SDH risk indicate that healthcare needs are likely to exceed what population size or age alone would predict, with implications for future service planning.

Urgent Care Centre Fills Access Gap

The Port Colborne Urgent Care Centre (UCC) currently functions as a primary access point for healthcare for residents of Port Colborne and the region. Port Colborne residents account for 45% of all visits to the Niagara Health System (NHS) Port Colborne UCC indicating heavy reliance on the site for urgent and episodic care.

Moreover, Port Colborne residents are 95% more likely than the provincial average to use ED/UCC services for acute primary care sensitive conditions¹ (PCSCs) – conditions that can often be treated or managed through effective primary care or outpatient services.

¹ Primary care sensitive conditions (PCSC) are conditions for which access to effective primary care can avoid or substantially reduce patient need to seek care at urgent care centres or emergency care departments. Acute PCSC are conditions typically presenting with rapid onset and have short duration if treated, including for example: urinary tract infections, ear and upper respiratory infections, and bronchitis. Chronic PCSC include asthma, diabetes, and hypertension.

Barriers to Accessing Care:

Interest holder engagement and survey findings indicate that residents perceive significant barriers to accessing timely healthcare, particularly related to after-hours availability and transportation. Residents consistently raised concerns about limited options to access care during evenings and weekends, and the potential further reduction in access associated with anticipated changes to Urgent Care Centre services.

Transportation was also frequently identified as a barrier to care, particularly for residents who must travel outside Port Colborne to access emergency departments, diagnostics, and specialist services. Limited public transit options, long travel times, and reliance on personal vehicles were described as challenges, disproportionately affecting seniors, low-income residents, and those without access to transportation. Together, these factors contribute to gaps in access and equity across the local health system.

Considerations

Building on the findings from the healthcare needs and access analysis as well as input from interest holder engagement, the following summarizes four considerations to support future health and wellness services planning in Port Colborne.

Consideration 1: Exploring Options to Strengthen Primary Care and Integrated Models of Care

Findings from this analysis highlight patterns of healthcare utilization that suggest potential gaps in access to timely primary care and community-based services. In this context, the City may wish to explore opportunities to strengthen primary care capacity, including the potential role of team-based or primary care-led models. Such approaches could include expanded access to allied health professionals, shared administrative supports, and enhanced coordination with community-based services, with the aim of improving access, continuity, and sustainability of care.

There may also be value in considering a Health and Wellness Hub model as one possible framework to bring together primary care, after-hours services, diagnostics, and visiting specialists in a coordinated way. Exploring such a model could help assess whether more integrated, community-based approaches might reduce reliance on urgent and acute care settings and support care delivery closer to home, particularly in light of anticipated changes to UCC services.

Consideration 2: Explore Opportunities to Strengthen Community Awareness and Navigation of Healthcare Services

Findings from community engagement and service utilization analysis suggest that residents may not always have clear or consistent understanding of available health services or the most appropriate settings in which to seek care. The Port Colborne Urgent Care Centre has historically functioned as a trusted and familiar access point, which may contribute to continued reliance on urgent and hospital-based services even when other care options are available or more appropriate.

As service models evolve, there may be value in exploring approaches to strengthen communication and system navigation to help residents better understand where and how to access care. This could include clearer information about the roles of primary care, urgent care, emergency departments, walk-in clinics, pharmacies, and community-based services, as well as how these services work together within the broader health system.

Improved communication and coordination among providers may also help support more appropriate use of services and reduce confusion during periods of system change. Exploring opportunities to align messaging across partners could support residents in making informed care-seeking decisions, particularly in the context of anticipated changes to local urgent care services.

Consideration 3: Exploring Opportunities to Strengthen Collaboration and Alignment Among Partners

Findings from this analysis and interest holder engagement suggest that healthcare and community services in Port Colborne are delivered by a range of organizations, often with limited formal coordination or shared planning mechanisms. As service models evolve and access pressures increase, there may be value in exploring opportunities to improve alignment among providers, system partners, and the City around shared goals related to access, equity, and continuity of care. Enhanced collaboration could support clearer role definition, reduce duplication, and improve coordination across primary care, community-based services, municipal programs, and regional health system partners. Exploring more structured opportunities for dialogue and alignment may help partners respond more effectively to changing community needs and anticipated system changes.

There may also be value in considering how local leadership and partnership structures could support ongoing collaboration, information sharing, and collective problem-solving. Strengthening alignment among partners could help create a more coordinated and resilient local health and wellness system over time, without presupposing specific service or governance models.

Consideration 4: Exploring Opportunities to Better Align Transportation Supports with Healthcare Access

Findings from community engagement surfaced that transportation can be a barrier to accessing healthcare for many Port Colborne residents, particularly for services that require travel outside the community. Limited public transit options, and reliance on personal or public transportation were consistently identified as challenges, with disproportionate impacts on seniors, low-income residents, and those without access to a vehicle.

As regional healthcare services continue to evolve, there may be value in exploring how transportation planning could better align with health and wellness objectives, recognizing transportation as an important enabler of timely and equitable access to care.

Conclusion

Overall, the analysis highlights an opportunity to strengthen coordinated community-based care services as a part of future health and wellness planning efforts in Port Colborne. The Report provides more in-depth information and data related to Port Colborne's population demographics, local healthcare needs and utilization, as well as considerations for enhancing health and wellness services to better meet the needs of the community.

Section A: Introduction and Context

Port Colborne is undergoing a period of change in its local health service landscape, shaped by changes to health and wellness services and evolving community needs. The anticipated closure of the local Complex and Urgent Care Centre in 2028 and shift of services to the South Niagara and Welland Hospitals has increased uncertainty for residents, providers, and community partners regarding future access to timely care. This report aims to provide an overview of the access and needs of health services in Port Colborne and establish a fact base for supporting future planning efforts.

Community Overview

Population demographics are the single biggest drivers of future health service needs. Population growth and aging projections are therefore essential to forecasting future needs. The Ontario Ministry of Health relies on population projections updated annually by the Ministry of Finance to inform its planning and resource allocation decisions. The accuracy of population projections is sensitive to both the forecasting horizon and community size. Put differently, short term projections will generally be more accurate than long term projections, and projections for larger communities will generally be more accurate than projections for smaller communities.

The current release of the Ministry of Finance population projections shows Port Colborne’s population growing to 26,251 people by 2051. However, recent work by City of Port Colborne staff shows that the population could grow substantially faster than this. Shown below is a comparison of the Ministry of Finance projections with two growth scenarios developed in The City of Port Colborne Official Plan Policy Directions Report 2026 by Dillon Consulting.

Table 1. Port Colborne Population Growth Scenarios

Population Growth Projections	Port Colborne Population Projections				2024 - 2051 % Growth
	2024	2034	2044	2051	
Scenario 1: Ontario Ministry of Finance	21,830	22,643	24,546	26,251	20%
Scenario 2: Port Colborne, Moderate Growth	21,830	23,526	25,866	28,000	28%
Scenario 3: Port Colborne, High Growth	21,830	26,708	31,586	35,000	60%

Sources: Scenario 1: Ministry of Finance Projections Summer 2025 Release; Scenarios 2 and 3: The City of Port Colborne Official Plan Policy Directions Report by Dillon Consulting, February 2026

Under the high growth scenario, Port Colborne’s population will increase to 35,000 people by 2051, which is roughly three times faster growth than projected by the Ministry of Finance.

Analysis shown in the rest of this report is based on the moderate growth scenario (i.e., Scenario 2) shown above which expects the population to increase to 28,000 people by 2051. Given the importance of population projections for effective healthcare needs and services

planning, local population estimates and projections generally should be reassessed at least every 3 to 5 years.

Table 2 shows that Port Colborne’s population is projected to grow 28% by 2051. Over the same timeframe, seniors 75+ are the fastest-growing segment, projected to grow 102%. Without changes to care models, all resources for seniors, including primary care, community support services, and inpatient services will need to double to keep pace with needs. The system will face increasing pressure related to an aging population and greater need for care coordination and continuity.

Table 2. Projected Growth and Aging of the Port Colborne Population

<i>Port Colborne Population Projections</i>					
Age Group	2024	2034	2044	2051	27-yr % Growth
<1	188	172	202	219	16%
1-17	3,322	3,289	3,282	3,569	7%
18-59	10,819	11,372	12,690	13,518	25%
60-74	4,806	4,823	4,666	5,249	9%
75-84	1,847	2,663	3,060	2,955	60%
85+	848	1,207	1,966	2,491	194%
Total	21,830	23,526	25,866	28,000	28%

Sources: Watson and Associates Growth Forecast (2024), Dillon Consulting Growth Analysis Review (2023), and The City of Port Colborne Official Plan Policy Directions Report by Dillon Consulting (2026)

Francophone and Indigenous communities are important interest holders in the planning of health services in Port Colborne. Table 3 shows the share of French Spoken at Home (FSAH) and Indigenous individuals in Port Colborne and the Broader Niagara Region, relative to the total population. Port Colborne’s FSAH rate (2.0%) moved in line with the Niagara Region (2.1%) as of 2021. Port Colborne’s Indigenous population share grew to 5.4%, while Niagara Region’s share declined to 3% between 2011 to 2021. These population characteristics provide important context for understanding the community served by the local health system.

Table 3. Trends in French Spoken at Home and Indigenous Populations

French Spoken at Home and Indigenous Identity Trends, Port Colborne and Niagara

Region	Measure	2011	2016	2021	% Change
Port Colborne	% FSAH	1.2%	3.6%	2.0%	0.8%
	% Indigenous	4.9%	5.2%	5.4%	0.5%
	Total Population	18,865	18,806	20,744	10%
Niagara	% FSAH	1.2%	2.7%	2.1%	0.9%
	% Indigenous	3.7%	2.8%	3.0%	-0.7%
	Total Population	443,099	460,651	497,159	12%

Sources: StatCan NHS Profile (2011), StatCan Census Profiles (2011, 2016, 2021), MOF Population Summer 2025 Release

Port Colborne’s health and wellness services context is further shaped by relatively high social determinants of health risk compared to peers in the region and province. Social determinants of health (SDH) are non-medical factors that impact health status and outcomes. SDH risk levels are calculated based on a variety of factors including income and wealth, age, education level, immigration status and region type². The SDH gradient aims to provide an indicator of healthcare needs and outcomes. Table 4 shows the percentage of Port Colborne residents by SDH risk group compared to the provincial average. Figure 1 shows that a high proportion of Port Colborne residents live in higher SDH risk neighbourhoods compared to the Ontario average. The left panel illustrates SDH risk stratification across Niagara Region, while the right panel highlights Port Colborne specifically. Darker shading reflects higher SDH risk. Compared to much of the region, Port Colborne contains a concentrated cluster of neighbourhoods in the highest risk categories, particularly along the southern and central areas of the city. 84% of Port Colborne residents live in the high and highest risk stratifications, compared to a provincial average of just 15%³. Typically, those higher in SDH gradient groups face more barriers to health, leading to poorer health outcomes and increased healthcare needs and use. Often traditional health service planning approaches emphasize age, sex, and population growth, and can under-account for the extent to which social and structural factors impact care need and access. As a result, traditional planning can underestimate service needs in communities with elevated SDH risk.

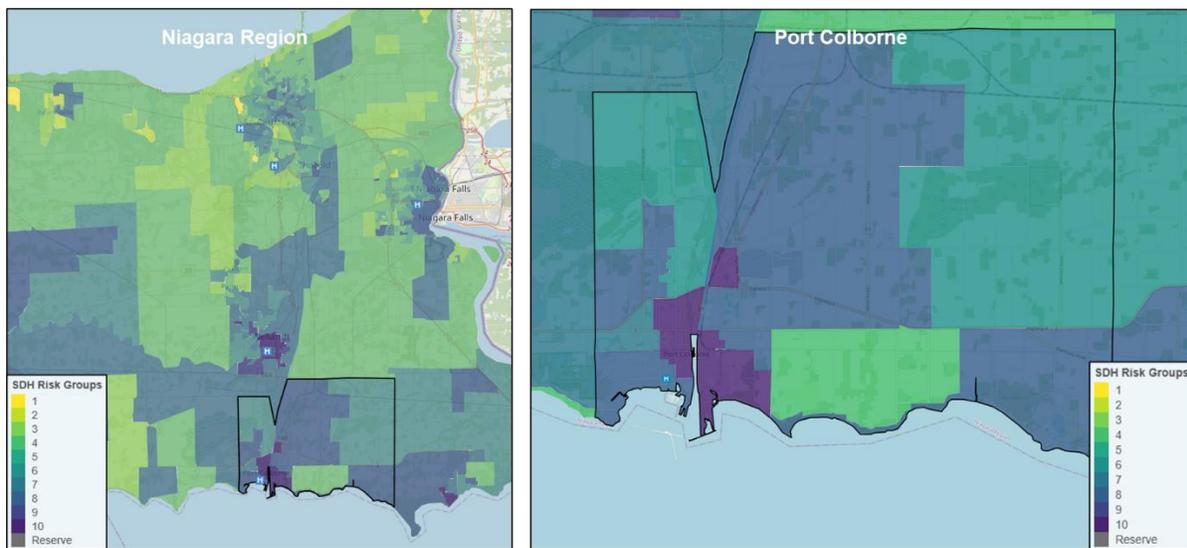
² Calculated using the Preyra Solutions Group SDH Classification system

³ See Appendix A, Table 1A

Table 4. 2024 Population by Social Determinants of Health

SDH Group	Port Colborne	Ontario
Low: Groups 1-4	6%	65%
Moderate: Groups 5-7	10%	19%
High: Group 8	56%	6%
Highest: Groups 9-10	28%	9%
Reserve		0.5%
Total	21,800	16,124,000

Figure 1. Population Health: The Social Determinants of Health Gradient



Socioeconomic and Demographic Profile

The following Table 5A provides a summary of the Socioeconomic and Demographic Profile by Social Determinant of Health Risk Group for Port Colborne compared to the Niagara Region and provincial averages.

Table 5A. Socioeconomic and Demographic Profile by Social Determinants of Health Risk Group

<i>Region</i>	<i>2024 Population</i>	<i>Median Household Income</i>	<i>Median Household Value</i>	<i>No Certificate, Diploma or Degree</i>	<i>Aged 75 Plus and Unmarried</i>	<i>Immigrated in the Past 10 Years</i>	<i>Indigenous Population</i>
Port Colborne	21,800	\$70,000	\$448,000	19%	53%	0.4%	2.1%
<i>Low Risk</i>	<i>700</i>	<i>\$100,000</i>	<i>\$600,000</i>	<i>10%</i>	<i>33%</i>	<i>0.0%</i>	<i>2.2%</i>
<i>Moderate Risk</i>	<i>2,800</i>	<i>\$72,644</i>	<i>\$536,101</i>	<i>18%</i>	<i>50%</i>	<i>0.4%</i>	<i>1.7%</i>
<i>High Risk</i>	<i>12,100</i>	<i>\$82,661</i>	<i>\$482,478</i>	<i>17%</i>	<i>52%</i>	<i>0.4%</i>	<i>1.0%</i>
<i>Highest Risk</i>	<i>6,200</i>	<i>\$53,253</i>	<i>\$386,462</i>	<i>24%</i>	<i>64%</i>	<i>0.3%</i>	<i>2.7%</i>
Niagara Region⁴	539,200	\$79,000	\$600,000	15%	47%	3.2%	1.7%
Ontario	16,124,100	\$91,000	\$700,000	15%	48%	7.5%	1.8%

Source: Statistics Canada Census 2021 Profile, PSG Population Projections Summer 2025 Release

The following table examines the Socioeconomic and Demographic Profile by Social Determinant of Health Group, comparing Port Colborne to the Ontario average for each component.

Table 5B. Socioeconomic and Demographic Profile by Social Determinants of Health Risk Group Relative to Provincial Average

<i>Region</i>	<i>Relative to Provincial Average</i>					
	<i>Median Household Income</i>	<i>Median Household Value</i>	<i>No Certificate, Diploma or Degree</i>	<i>Aged 75 Plus and Unmarried</i>	<i>Immigrated in the Past 10 Years</i>	<i>Indigenous Population</i>
Port Colborne	23% lower	36% lower	24% higher	12% higher	90% lower	20% higher
<i>Low Risk</i>	<i>10% higher</i>	<i>14% lower</i>	<i>35% lower</i>	<i>30% lower</i>	<i>100% lower</i>	<i>22% higher</i>
<i>Moderate Risk</i>	<i>20% lower</i>	<i>23% lower</i>	<i>16% higher</i>	<i>4% higher</i>	<i>94% lower</i>	<i>6% lower</i>
<i>High Risk</i>	<i>9% lower</i>	<i>31% lower</i>	<i>12% higher</i>	<i>8% higher</i>	<i>95% lower</i>	<i>45% lower</i>
<i>Highest Risk</i>	<i>41% lower</i>	<i>45% lower</i>	<i>57% higher</i>	<i>34% higher</i>	<i>95% lower</i>	<i>54% higher</i>
Niagara Region	13% lower	14% lower	1% higher	1% lower	57% lower	7% lower

Source: Statistics Canada Census 2021 Profile, PSG Population Projections Summer 2025 Release

⁴ Tables 4 and 5 use the Niagara Census Division for the Niagara Region figures

Reflecting on how Port Colborne compares to the Niagara Region and provincial averages, there are several key observations.

Key observations include:

- **Household income in Port Colborne is lower than the Niagara Region and provincial averages:** Median household income in Port Colborne (\$70,000) is 23% lower than the provincial average (\$91,000) and 13% lower than Niagara Census Division (\$79,000).
- **Education varies by SDH risk level:** Port Colborne residents in the highest SDH risk level are 57% more likely to have no certificate, diploma, or degree compared to the provincial average.

These findings highlight Port Colborne's relatively high SDH risk, which correlates with higher health service needs.

Regional Healthcare Services Overview

Port Colborne is situated on the northern shore of Lake Erie, at the southern end of the Welland Canal, in the Niagara Region of Southern Ontario, with much of the region's acute care (i.e., hospital-based) health services managed and overseen by the Niagara Health System (NHS). Niagara Health System's 2023-28 Strategic Plan⁵ details the planned consolidation of hospital services to three sites: the Marotta Family Hospital, the new South Niagara Hospital⁶, and the re-developed Welland Hospital⁷. As part of the transition to this three hospital site model, both the NHS Port Colborne UCC and Fort Erie UCC are expected to close in 2028, as regional acute care services are further rationalized⁸ across the hospital sites.

The three sites collectively deliver core hospital-based services as well as regional Centres of Excellence which provide specialty services. The Centre of Excellence model aims to centralize specialty care across the Niagara Health System. Table 6 outlines the planned organization and delivery of health services and Centres of Excellence across Niagara Health's three hospital sites as outlined in the Niagara Health planning materials, which may be subject to change.

Port Colborne residents must travel to neighbouring communities to access these acute care and specialty services. The travel associated with seeking care at the regional hospital sites has been identified by residents as a barrier to accessing timely care, particularly for low-income residents, residents without transportation, seniors, and other priority populations. While driving times are approximately 15-20 minutes to Welland Hospital, approximately 25-30 minutes to the South Niagara Hospital in Niagara Falls, and approximately 30-35 minutes to the Marotta Family Hospital in St. Catharines, access is more complex for residents who rely on public transit. Due to the lack of a direct bus route, public transit to the Welland Hospital from Port Colborne takes approximately 1.5 hours. Public transit to the other Centres of Excellence in Niagara Falls and St. Catharines can require multiple transfers and involves long travel times.

⁵ [NH Strategic Plan - 2023-28](#)

⁶ Centres are expected to open in 2028 with the opening of the South Niagara Hospital.

⁷ Based on proposed programs and services for the Welland Hospital renovations.

⁸ Rationalization of healthcare services involves a strategic process aimed at optimizing resource use and improving care delivery. This includes eliminating redundancies, standardizing practices, and streamlining clinical services.

Table 6. Niagara Health Planned Regional Three-Site Hospital System (at 2028)

	<i>Marotta Family Hospital</i>	<i>South Niagara Hospital</i>	<i>Welland Hospital</i>
Services	<ul style="list-style-type: none"> • 24/7 Emergency Services • Critical Care • General Surgery • Outpatient Clinics and Surgical Services • Diagnostic Imaging and Laboratory • Children’s Health • Kidney Care • Administration 	<ul style="list-style-type: none"> • 24/7 Emergency Services • Critical Care • General Surgery • Outpatient Clinics and Surgical Services • Mental Health and Addictions • Diagnostic Imaging and Laboratory • Kidney Care • Joint Care • Indigenous Healing • Administration 	<ul style="list-style-type: none"> • 24/7 Emergency Services with observation beds • 90+ complex care beds • Outpatient clinics (Orthopedics/Fracture, Plastics, Chronic Disease Management and Geriatric) • Mental Health and Addictions (Residential Addictions and Treatment) • Diagnostic Imaging and Laboratory (X-ray, Ultrasound, CT, ECG, Echocardiography, Ontario Breast Screening) • Kidney Care • Administration hub
Centres of Excellence	<ul style="list-style-type: none"> • Women and Babies, Cancer • Cardiac • Mental Health and Addictions 	<ul style="list-style-type: none"> • Complex Care • Stroke • Wellness in Aging 	<ul style="list-style-type: none"> • Eye Care

Source: [Niagara Health – Partnering for the future of healthcare in South Niagara](#)

Health System Context

Across Canada, healthcare systems are undergoing significant transformation in response to population changes, workforce challenges, and rising financial pressures. Health and wellness services in Port Colborne are impacted by these trends within the regional and provincial healthcare landscapes. Understanding these broader trends provides insight into the current state of Port Colborne’s health and wellness services and can support future planning.

Port Colborne is impacted by provincial system integration, continuing emphasis on primary care, and regional consolidation of acute and specialized services.

- **System Integration:** The Ontario Health Team (OHT) model aims to integrate and coordinate patient care across the system, representing a broader change to a more connected system. Port Colborne sits within the Niagara Ontario Health Team (NOHT), which brings together more than 45 health and social services organizations. Its

governance structure includes leadership from Niagara Health, local family health teams, community organizations, among others. Applications for provincial healthcare funding are typically coordinated and reviewed by the NOHT Planning Table and the Niagara Practitioners Healthcare Alliance (NPHA) before going to Ontario Health West for consideration. Primary Care Networks (PCN) are local networks of primary care physicians that support OHTs, serving as a voice in OHT decision making⁹. The integration of PCN's into OHTs aims to enable primary care providers to contribute directly to system planning and community-based health services delivery.

- **Primary Care Investment:** Ontario has been investing heavily in primary care. Ontario's Primary Care Action Plan¹⁰ outlines the provincial commitment to connect¹¹ two million residents to primary care by 2029, investing up to \$2.1 billion¹² in these efforts.
 - **Emphasis on Team-Based Primary Care Models:** Team-based care is a provincial priority. In Ontario, this direction has been reinforced by the expansion of Family Health Teams¹³ (FHTs) and Community Health Centres¹⁴ (CHCs). FHTs provide primary care services to their community through interdisciplinary teams that often include family physicians, nurse practitioners, registered nurses, social workers, and other allied health professionals. In this model, patients are rostered to physicians and care is delivered through a shared-care team model. CHCs also provide wrap-around support, with a model centered around family physicians and nurse practitioners, along with other allied health supports. CHCs have a specific mandate to support vulnerable populations in a community and in turn, they tend to emphasize equity, outreach, and system navigation.
 - **Anticipated Changes to the Family Health Organization Model (FHO):** The province is advancing the Family Health Organization model through the anticipated release of the FHO+ model in Spring of 2026¹⁵. This model is expected to introduce updated compensation structures and administrative support. These changes are intended to enable more comprehensive primary care access, providing additional support to smaller practices that do not meet the size requirements of becoming a Family Health Team (FHT). The current FHO+ proposal considers the removal of negation, where a physician's payment is reduced if an enrolled patient seeks certain health services outside their practice¹⁶. If confirmed, this change would enable greater flexibility and could introduce new options for enhancing timely access to care.
- **Federal Investment:** The federal government's Build Communities Strong Fund¹⁷ commits \$51 billion over 10 years to revitalize local infrastructure, including a dedicated Healthcare Infrastructure Fund that allocates \$5 billion over three years specifically to

⁹ [Primary Care Networks in Ontario Health Teams: Guidance Document | Supports for Ontario Health Teams | ontario.ca](#)

¹⁰ [Ontario's Primary Care Action Plan, January 2025 | ontario.ca](#)

¹¹ Attach to a publicly funded primary care provider or primary care team

¹² [Ontario's Primary Care Action Plan: 1-year progress update](#)

¹³ [Family Health Teams | ontario.ca](#)

¹⁴ [Community Health Centres | ontario.ca](#)

¹⁵ [Understanding the Proposed FHO+ Model: What Ontario Family Physicians Need to Know – DoctorCare](#)

¹⁶ Ontario Medical Association | [FHO+ Webinar](#)

¹⁷ [Budget 2025 investments in the Build Communities Strong Fund - Canada.ca](#)

healthcare infrastructure (i.e., building construction and retrofitting, core diagnostic infrastructure, etc.).

- **Rationalization of Acute and Specialized Services:** In Ontario, hospital service and infrastructure planning is informed by a region’s population size, demographic characteristics, and projected service demand. Across the province, high-acuity and specialty services are being consolidated in more urban areas to drive efficiencies and combat workforce challenges.

These broader system changes present both constraints and opportunities for Port Colborne health and wellness services planning. While acute and specialized services are increasingly being centralized, provincial and federal investments in primary care and infrastructure may create pathways to strengthen community-based services closer to home.

Prior Community Engagement Summary

The City has undertaken extensive engagement to inform decision-making related to the future of health and wellness services in Port Colborne. Between January and April 2025, the City led a large-scale community engagement campaign (i.e., the Future of Healthcare in Port Colborne) that included online and paper-based surveys, public open houses, virtual and in-person town halls, and other events. The goals of the engagement were to inform the community, gather feedback, promote inclusion, identify concerns and opportunities, and ensure transparency. Input from this community engagement contributed to the formal establishment of the City’s Healthcare Advisory Committee, a committee of Council tasked with supporting health and wellness services planning in Port Colborne.

The Future of Healthcare engagement provided important insights into community sentiments related to healthcare in Port Colborne. The survey had more than 2,000 responses and generated over 10,000 open-ended comments. Key themes from across the community engagement activities include strong concerns regarding the availability of urgent and after-hours care, along with concerns about access to primary care providers and local diagnostic services. Notably, 83% of survey respondents believed that Port Colborne requires an Urgent Care Centre open 24 hours per day and 90% of respondents reported that the community needs more family doctors¹⁸. The engagement also revealed concerns about public transportation, and the impacts of service changes for vulnerable populations such as seniors. This Healthcare Analysis Report builds on this previous community engagement.

¹⁸ [Future of Healthcare in Port Colborne - Public Engagement Results](#)

Section B: Methodology

The Healthcare Analysis report was designed to provide an evidence-based foundation to help inform future health and wellness system planning in Port Colborne. The methodology integrates data analysis with interest holder engagement to identify and assess health service needs and access to support future planning. This report highlights findings related to demographic trends, health and wellness services utilization data, comparative analysis with peer municipalities, and considers the lived experience of Port Colborne residents.

Data and Analytical Approach

Population Demographics and Projected Growth

Healthcare demand is shaped by the demographic composition of a community and projected population trends. The analysis examined Port Colborne's current population profile and long-term projections to 2051 to assess how anticipated changes in age structure, population growth, and social risk factors may influence future service demand and resource needs.

Healthcare Needs and Access

Healthcare needs and access were assessed using utilization patterns, access indicators, and population health measures. This analysis identified areas of elevated service use, potential gaps in access, and populations at increased risk of unmet need.

Peer Community Benchmarking

To contextualize findings, Port Colborne was compared to nine peer communities with similar demographic and geographic characteristics. Five standardized measures of need and access were used to assess relative performance and identify areas where Port Colborne differs from comparable municipalities.

Interest Holder Engagement Approach

Quantitative findings were complemented by structured interest holder engagement to contextualize data trends and incorporate lived experience.

Community Survey

A targeted community survey gathered perspectives on healthcare access, equity, and service availability. Responses were analyzed to identify recurring themes related to barriers, strengths, and priority areas for improvement. The survey was distributed to committees of Council, healthcare providers, and community agency representatives.

Interest Holder Interviews

Interviews and focus groups were conducted with over 20 healthcare providers, municipal leaders, and community organizations. Engagement sessions were guided by structured questions and facilitated discussion to explore current system strengths, access challenges, and opportunities for future service models. Findings were anonymized and synthesized to identify cross-cutting themes.

Section C: Results

Analysis Key Takeaways

The analysis examined healthcare needs, service utilization, and access patterns for Port Colborne residents using population data, utilization metrics, peer benchmarking, and community and interest holder input. The key takeaways are summarized below with detailed results and supporting analysis in the following section.

1. Healthcare need in Port Colborne is elevated and shaped by multiple factors.

Port Colborne residents experience elevated healthcare need driven by the combined effects of population aging and high social determinants of health (SDH) risk. 84% percent of residents live in high or highest SDH risk neighbourhoods, compared to 15% provincially. These factors are associated with higher healthcare utilization and more complex care needs, increasing demand beyond what population size or age alone would suggest.

2. Residents rely heavily on emergency and urgent care services.

Overall ED/UCC utilization among Port Colborne residents is 37% higher than the provincial average, with elevated use observed across SDH risk groups. This pattern suggests that reliance on urgent and emergency care is not limited to the most vulnerable populations but reflects broader access challenges within the local healthcare system.

3. High use of urgent and emergency care for conditions typically managed in primary care.

Port Colborne residents are 95% more likely than the provincial average to use ED/UCC services for acute primary care sensitive conditions, and 52% more likely for chronic primary care sensitive conditions. These utilization patterns indicate that hospital-based settings are frequently being used to manage conditions that could often be addressed through timely access to primary care or outpatient services.

4. The Urgent Care Centre functions as a central access point for care.

The Port Colborne UCC serves as a central access point for a wide range of healthcare needs for residents of Port Colborne and the region. 45% percent of all UCC visits are from Port Colborne residents, and visits span all acuity levels. While a portion of visits involve high-acuity conditions, the majority are low- to medium-acuity cases, suggesting that the UCC plays an important role in meeting both urgent needs and broader gaps in timely access to care.

5. Local access to diagnostics and laboratory services through the Urgent Care Centre supports care close to home.

In addition to urgent care, the UCC currently provides local access to diagnostic imaging (i.e., x-ray and ultrasound) and laboratory services. This access supports timely assessment, reduces the need for travel, and may help prevent escalation to higher-acuity care settings. Anticipated changes to UCC services therefore have implications not only for urgent care access, but also for residents' ability to obtain diagnostics and laboratory services locally.

6. Anticipated changes to UCC services present a potential access risk.

Given the UCC's currently role in providing urgent care, diagnostics and laboratory services, as well as after-hours access, anticipated service changes represent a potential shift in the local health services landscape. Without alternative community-based capacity, reductions in UCC services may increase travel burden, exacerbate perceived access gaps, and place additional pressure on regional emergency departments.

7. Transportation constraints intersect with healthcare access challenges.

Transportation was consistently cited as a barrier to accessing care locally and within the region. Limited public transit, long travel times, and reliance on personal transportation affect residents' ability to access hospital-based care, diagnostics, and specialist services outside the community. These challenges disproportionately affect seniors, low-income residents, and those without access to a vehicle.

Detailed tables, figures, and trend analyses supporting these findings are provided in the section below.

Population Healthcare Needs and Access Overview

An analysis was conducted to examine patterns of health service need and access in Port Colborne. Key findings from the analysis are summarized below.

SDH Impact on Hospital Service Use

The following analysis examines how the SDH groupings impact hospital use of Emergency Department (ED) and UCC visits. The analysis compares the actual number of ED/UCC visits to the number of visits expected based on the provincial average. Results are presented as the ratio of actual-to-expected visits¹⁹. ED and UCC visits are reported together as provincial data do not distinguish between ED and UCC visits.

Table 7. Variations in ED and UCC Visits by Social Determinants of Health Risk Group

<i>SDH Risk Group</i>	<i>Actual / Expected ED and UCC Visits</i>	
	<i>Port Colborne</i>	<i>Ontario</i>
Low Risk	1.23	0.80
Moderate Risk	1.32	1.16
High Risk	1.24	1.33
Highest Risk	1.67	1.83
Total	1.37	1.00

Observed ED and UCC utilization in Port Colborne is higher than the Ontario average, with some variation across the social determinants of health risk groups.

Key observations include:

- **High SDH risk groups use more ED/UCC services:** Among Port Colborne residents, those in the highest SDH risk group are 36% more likely (1.67/1.23) to visit an ED or UCC than residents of low-risk neighbourhoods. This demonstrates a clear correlation between social determinants of health and health service utilization (i.e., ED/UCC visits).
- **High ED/UCC utilization compared to Provincial Average Rate:** Port Colborne population had 37% more ED/UCC visits compared to the provincial average rate (actual to expected ratio = 1.37).

These findings indicate that higher ED and UCC utilization in Port Colborne is not limited to individuals in higher-risk neighbourhoods and reflects a broader pattern of high ED/UCC usage

¹⁹ A value of 1.00 represents the provincial average level. Values above 1.00 indicate higher than expected reliance on ED/UCC services. Values below 1.00 indicate lower than expected use of ED/UCC services.

among residents of Port Colborne. This suggests that the population relies heavily on ED/UCC services to meet their healthcare needs.

UCC Visits by Acuity Level

Emergency Department and Urgent Care Centre visit acuity level is measured using the Canadian Triage and Acuity Scale (CTAS)²⁰. It is a nationally used system that categorizes patients upon arrival at the ED/UCC based on the urgency of their medical needs. An overview of CTAS groups along with examples is highlighted in the table below.

Table 8. CTAS Levels and Examples

CTAS Group	Definition	Examples
CTAS 1 (Resuscitation)	Life-threatening conditions requiring immediate care.	Cardiac arrest, severe trauma, difficulty breathing
CTAS 2 (Emergent)	Serious conditions that could quickly become life threatening.	Chest pain, stroke symptoms, major infections
CTAS 3 (Urgent)	Conditions requiring prompt medical assessment but not immediately life-threatening.	Fractures, significant infections, moderate asthma
CTAS 4 (Less Urgent)	Conditions that require care but can safely wait, with stable vital signs and lower pain scales.	Minor injuries, mild infections, sprains
CTAS 5 (Non Urgent)	Minor complaints that do not pose immediate risk to the patient and can be managed with follow-up care.	Sore throat, mild diarrhea, cuts

The following analysis examines trends in visits to the Niagara Health System (NHS) UCC in Port Colborne by acuity level between 2019 and 2025.

²⁰ [Prehospital Canadian Triage & Acuity Scale - Prehospital CTAS Paramedic Guide](#)

Table 9. UCC Visit Trends

<i>NHS Port Colborne UCC Visit Trends</i>							
CTAS Group	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	% Change
CTAS 1 & 2	3,567	1,809	2,442	3,177	2,939	3,060	-14%
CTAS 3	10,481	5,913	8,105	9,233	8,836	8,576	-18%
CTAS 4 & 5	7,515	5,032	5,957	6,439	6,171	5,736	-24%
Total	21,563	12,754	16,504	18,849	17,946	17,434	-19%

The observed UCC utilization highlights the range of different CTAS levels across visits to the Port Colborne UCC.

Key observations include:

- **UCC closures impact visit trends:** The UCC reduced its hours of operation in 2023, shifting from 24-hour service to 10 hours per day. This change in operating hours contributes to the observed decline in year-over-year visit volumes.
- **UCC visits span a range of acuity:** In 2024/25, 33% of UCC visits were triaged as lower acuity (CTAS 4 and 5), 49% were urgent (CTAS 3), and 18% were high acuity visits (CTAS 1 and 2). The high acuity visits (CTAS 1 and 2) reflect patients with severe or potentially life-threatening conditions that generally exceed the clinical scope of an urgent care centre and may be redirected to a higher level of care, such as an emergency department.
- **UCC serves as a central access point for care:** The observed range of high and low acuity visits suggests that the Port Colborne UCC serves as a central health services access point for the population.

These findings suggest that the UCC is functioning as a trusted access point for residents with a range of healthcare needs across all CTAS levels. Roughly 3,000 visits, or 18% percent of total visits, were CTAS 1 or 2, indicating that the UCC serves as access point for patients with serious and potentially life-threatening conditions. A majority (82%) of visits are classified as low and medium acuity (CTAS 3-5), suggesting that the UCC sees many cases that could be treated or managed in other care settings, particularly with timely access to primary care and other community-based services.

UCC Visits by Time of Day

The following analysis examines the daily visits to the Port Colborne UCC by time of day between 2019/20 and 2024/25.

Table 10. Port Colborne UCC Visits by Time of Day

Measure	Patient Registration Time	NHS Port Colborne UCC Visits					
		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Visits	6am to 10pm	19,366	11,519	14,963	16,859	17,381	17,434
	10pm to 6am	2,183	1,213	1,531	1,971	561	
	Total Visits	21,563	12,754	16,504	18,849	17,946	17,434
Daily Average Visits	6am to 10pm	53	32	41	46	48	48
	10pm to 6am	6.0	3.3	4.2	5.4	1.5	
	Total Visits	59	35	45	52	49	48

Table 10 shows average daily visits to the Port Colborne UCC by time of day. In 2019/20, there was an average of six visits per day between the hours of 10pm and 6am, corresponding to an average of less than one visit per hour. The 2023/24 results are only a partial data set and are not comparable to other years as the UCC stopped providing 24-hour service during that year.

Key observations include:

- **The UCC had low overnight volumes:** When operating on a 24-hour basis, the UCC had, on average, fewer than one patient arrival per hour between 10pm and 6am.

UCC Use as Substitute for Primary Care

The following analysis examines how Port Colborne residents are using the UCC for different types of health conditions. It compares the actual number of ED/UCC visits by residents of Port Colborne to expected ED/UCC visits using the provincial average for different Condition Types²¹. This analysis looks at UCC usage for Primary Care Sensitive Conditions (PCSC), which are conditions, like heart failure, diabetes, COPD, asthma, for which access to effective primary care or outpatient clinics can avoid the need for ED and inpatient care.

²¹ Results are presented as a ratio of actual-to-expected visits. A value of 1.00 represents the provincial average level. Values above 1.00 indicate higher than expected reliance on ED/UCC services for that condition. Values below 1.00 indicate lower than expected use of ED/UCC services for that condition.

Table 11. ED and UCC Visit Rates by Condition Type

<i>2024/25 Actual and Expected ED and UCC Visits</i>				
<i>Condition Type</i>	<i>Actual</i>	<i>Age and Sex Adjusted</i>		
		<i>Expected</i>	<i>Actual - Expected</i>	<i>Actual / Expected</i>
PCSC Acute	2,877	1,477	1,400	1.95
PCSC Chronic	791	521	270	1.52
PCSC Vaccine	138	92	46	1.50
Preference Sensitive	630	609	21	1.03
Process Sensitive	174	120	54	1.45
All Other Conditions	10,120	7,969	2,151	1.27
Total	14,730	10,788	3,942	1.37

The observed ED and UCC utilization varies by condition type, with particularly high use for PCSC.

Key observations include:

- High ED and UCC use for primary care sensitive conditions:** Port Colborne residents are 95% more likely (actual to expected ratio = 1.95) to use ED/UCC services for acute primary care sensitive conditions than the Ontario average and 52% more likely (actual to expected ratio = 1.52) to use ED/UCC services for chronic primary care sensitive conditions than the Ontario average. High rates of ED/UCC for primary care sensitive conditions are typically correlated with lack of adequate access to primary care and outpatient clinics.

These findings suggest that ED and UCC services are frequently being used to manage conditions that could otherwise be treated with access to primary care or other community-based care settings.

Port Colborne Complex and Urgent Care Centre Catchment Population

The following analysis examines the utilization of the Port Colborne Complex Care beds and UCC visits based on Patient Residence.

Table 12. Users of NHS Port Colborne by Patient Residence

NHS Port Colborne Catchment by Patient Residence

<i>Measure</i>	<i>Port Colborne</i>	<i>Welland</i>	<i>Wainfleet</i>	<i>Niagara Falls</i>	<i>St. Catharines</i>	<i>Fort Erie</i>	<i>Thorold</i>	<i>Pelham</i>	<i>West Lincoln</i>	<i>All Other Regions</i>	<i>Total</i>	
Complex Care Days	14%	16%	1%	12%	38%	6%	4%	3%	2%	4%	15,771	
UCC Visits	CTAS 1 & 2	46%	27%	5%	3%	3%	2%	3%	3%	1%	7%	3,060
	CTAS 3	45%	27%	5%	3%	3%	3%	3%	3%	1%	7%	8,576
	CTAS 4 & 5	43%	27%	5%	4%	3%	3%	3%	4%	2%	8%	5,736
Total	45%	27%	5%	4%	3%	3%	3%	3%	2%	7%	17,434	

The observed utilization patterns indicate that the Port Colborne UCC serves both local residents and a broader regional population.

Key observations include:

- **Port Colborne residents are the highest users of ED/UCC services:** 45% of all UCC visits are from patients that live in Port Colborne and 55% of UCC visits are from patients that reside outside of Port Colborne (i.e., 27% visits by Welland residents, 5% by Wainfleet residents, etc.).
- **Complex Care Beds at NHS Port Colborne is primarily used by residents of neighbouring communities:** 86% of complex care days are from patients residing outside Port Colborne, with 38% of total complex care days from patients that live in St. Catharines. Port Colborne residents account for 14% of complex care days, indicating that the site supports a broader regional population in its complex care facility.

These findings indicate that NHS Port Colborne functions as a regional access point, especially in terms of complex care. Anticipated UCC service changes will impact residents of nearby communities who currently use the UCC for complex and urgent care needs.

Population-Based Demand Forecasting

The following analysis looks at the population-based inpatient bed forecasts over the next 10, 20 and 30 years. The Ministry of Health’s Capital Planning Branch uses the same horizons for its hospital capital planning projections.

Table 13. Projected Inpatient Bed Demand (Hospital Beds)

<i>Program</i>	<i>Projected Hospital Bed Need for Port Colborne Residents</i>				
	<i>2024/25</i>	<i>2034/35</i>	<i>2044/45</i>	<i>2054/55</i>	<i>30-yr Growth</i>
Adult Medical	26	31	38	44	71%
Adult Surgical	8	10	11	13	57%
Critical Care	4	5	5	6	44%
SDU	1	1	1	1	34%
NICU	1	1	1	1	16%
Obstetrics	1	1	1	1	13%
Paediatrics	1	1	1	1	12%
Paediatrics: MH	0	0	0	0	11%
Inpatient Mental Health	4	5	5	6	31%
Complex Continuing Care	13	18	24	28	118%
Inpatient Rehab	1	2	2	2	69%
Total: Moderate Growth	61	74	89	104	71%
Total: High Growth		84	109	131	116%

Table 13 shows projected bed need for Port Colborne residents based on expected population growth and aging. Bed projections are based on the total inpatient care received by the Port Colborne population in 2024/25 and the moderate population growth scenario described earlier in the report. The last row of the table shows the projected total bed need under the high population growth scenario.

Key observations include:

- **Modest bed growth projections over the next 20 years:** Total bed increases required by the Port Colborne population is 28 beds, from 61 to 89, over the next 20 years.

These projections are based on current practice and the expected population growth and aging of the Port Colborne population. The need for new beds could be attenuated over time with improvements in population health or with success of new care models that shift care from inpatient to community settings.

Benchmarking Summary

Healthcare Services Access Assessment

To contextualize Port Colborne’s health service needs and access, a comparative benchmarking analysis was conducted using a peer group of nine municipalities with similar population size and geographic characteristics (i.e., rurality, waterfront). Peer community characteristics are summarized below:

Table 14. Port Colborne Peer Comparators²²

Characteristic	Port Colborne	Collingwood	Essex	Fort Erie	Greater Napanee	Niagara-on-the-Lake	Orillia	Port Hope	Port Elgin / Saugeen Shores	Wasaga Beach
Population Size	21,030	27,900	23,700	38,900	17,700	20,300	36,600	18,700	17,800	28,100
Hospital-based Laboratory Services	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗
Community-based Lab Services	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓
X-ray	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Ultrasound	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
CT Scan	✗	✓	✗	✗	✓	✗	✓	✗	✗	✗
MRI	✗	✓	✗	✗	✓	✗	✓	✗	✗	✗
ED or Urgent Care Services	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗
Closest Emergency Department	Welland	Collingwood	Windsor	Niagara Falls	Lennox & Addington	St. Catharines	Orillia	Coburg	Saugeen Shores	Collingwood
Closest Emergency Department (kms)	~15km	--	~24km	~29km	--	~25km	--	~9km	--	~20km

Table 14 shows how Port Colborne compares to peers in terms of access to core healthcare²³, laboratory and diagnostic services.

Key observations include:

- Most have access to Laboratory Services
 - 60% through Hospital-based Services
 - 90% through Community-based Services
- Most have access to Diagnostics although the extent differs
 - 90% have access to X-ray
 - 90% have access to Ultrasound
 - 40% have access to CT Scan
 - 40% have access to MRI
- More than half (60%) have access to Emergency or Urgent Care

²² Check marks denoted in grey signify characteristics that are tied to local UCC access. These services are at risk due to the anticipated UCC closures.

²³ This benchmarking exercise considers the Welland Hospital as a full-service hospital with an Emergency Department. Recent planning documents suggest that the Welland Hospital redevelopment may involve with further service changes, in which case, the closest full-service hospital to Port Colborne with on-site surgical, ICU beds, and critical care beds will be Niagara Falls.

- Of municipalities with access to Emergency Department (ED) or Urgent Care Centre (UCC) services, two have a UCC and four have an ED

In Port Colborne, the UCC currently plays an important role in access to laboratory, diagnostic services and urgent care. Without changes to existing service delivery or the introduction of new services, the anticipated closure of the UCC in 2028 presents the risk of reduced access to these wrap-around healthcare services.

Health Needs and Access Risk Assessment

Health services needs and access risks were assessed across the peer comparators using five measures detailed below:

1. **Social Determinants of Health (SDH) Risk:** The proportion of the population at high risk from the SDH; health service needs increase as SDH risk increases.
2. **ED/UCC visits primary care sensitive conditions (PCSC):** The percent that ED/UCC visits rates for PCSCs exceeds the age-sex adjusted provincial average; high rates imply high population morbidity and inadequate access to effective primary and ambulatory care.
3. **Admission Rate for primary care sensitive conditions (PCSC):** The percent that admission rates for PCSCs exceeds the age-sex adjusted provincial average; rates are correlated with inadequate access to preventative and maintenance community-based services.
4. **ALC use of acute resources:** Rate of ALC days per capita; high rates imply lack of access to post-acute care services.
5. **Projected Growth in Demand for ED/UCC Visits:** Percent increase in demand for ED/UCC care based on projected population growth and aging; investments across the continuum will be required to keep pace with needs.

Table 15. Risk Assessment: Port Colborne and Peer Regions

Measure	Port Colborne	Collingwood	Essex	Fort Erie	Greater Napanee	Niagara-on-the-Lake	Orillia	Port Hope	Port Elgin / Saugeen Shores	Wasaga Beach	Group Average
1. Population at High Risk from the Social Health Determinants	84%	44%	74%	71%	77%	0%	56%	41%	93%	61%	60%
2. ED/UCC Visit Rate for Primary Care Sensitive Conditions	122%	23%	-41%	66%	92%	-48%	84%	36%	141%	19%	49%
3. Admission Rate for Primary Care Sensitive Conditions	15%	7%	1%	4%	21%	-37%	53%	24%	-15%	5%	8%
4. ALC Use of Acute Resources	0.32	0.21	0.1	0.34	0.65	0.15	0.75	0.57	0.39	0.15	0.36
5. Projected Growth in ED/UCC Demand	16%	38%	23%	22%	24%	51%	24%	30%	38%	47%	30%
Composite Risk Score (Group Rank)	66 (4)	54 (8)	46 (9)	60 (6)	75 (3)	36 (10)	77 (1)	63 (5)	77 (1)	59 (7)	

Table 15 shows how Port Colborne compares to peer municipalities in terms of health services needs and access risks. Port Colborne ranks 4th overall on the needs and access risks among the 10 comparator municipalities, placing it among the higher need peer communities.

Key observations include:

- **High risk population:** 84% of residents in Port Colborne live in high risk SDH neighborhoods compared to a peer average of 60%, indicating that a high percentage of the population live in neighborhoods with social determinants of health risk factors (i.e., low income and wealth, seniors 65+ living alone, recent immigrants, low education status, etc.). Port Colborne is among the highest-risk communities in the group, exceeded only by Port Elgin / Saugeen Shores. High SDH is strongly associated with poorer baseline health and increased reliance on healthcare services.
- **Higher rate of visits to the ED/UCC for conditions often treatable through primary care:** Port Colborne has 122% higher ED/UCC visits for PCSC compared to the provincial average. This is among the highest rates observed across peers and indicates a pattern of residents relying on hospital-based settings for conditions that could typically be managed through timely primary care.
- **High admission rate for PCSCs:** Admission rates for primary care sensitive conditions in Port Colborne is 15% higher than the provincial benchmark, placing the municipality as the 4th highest in the group. Higher admission rates signal access challenges.
- **Moderate but notable pressure on ALC use:** Port Colborne ranks 5th highest on ALC Days among patients 65 years or older, behind Orillia, Port Hope, Port Elgin / Saugeen Shores, and Fort Erie. This reflects potential challenges in transitioning patients to appropriate post-acute settings with adequate community supports. Given Port Colborne's older population profile, even moderate ALC pressure suggests vulnerability to future strain.
- **Lower projected growth in ED/UCC demand:** Port Colborne ranks 10th (lowest) on projected growth in demand for ED/UCC visits among the comparator municipalities. The ED/UCC visit growth is driven by population growth forecasts, indicating that Port Colborne has lower projected population growth than its peers.

These health service access risks are likely to be exacerbated with the closure of the UCC.

Survey Result Summary

The survey collected input from members of committees of Council, healthcare professionals, as well as community organization representatives. More detailed survey results can be found in the appendix.

Key observations include:

- **Mixed perceptions of healthcare accessibility:** 32% of respondents rated the accessibility²⁴ of healthcare services as 'good' or 'excellent'.

²⁴ "Accessibility" refers to how easy it is to access healthcare when you need it, including factors such as travel distance, wait times, appointment availability, and hours of service.

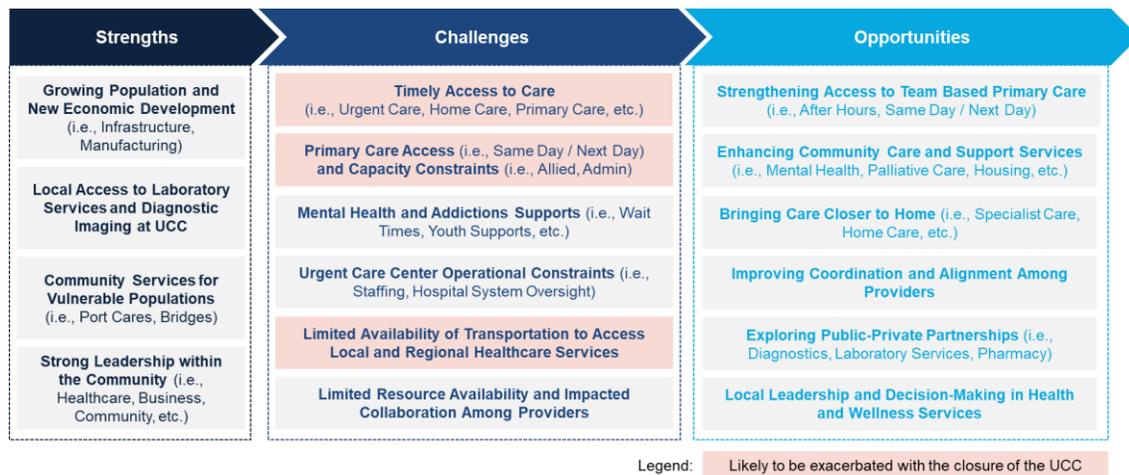
- **Healthcare services rated as inequitable:** Only 19% of respondents rated the equity²⁵ of healthcare services in Port Colborne as ‘good’ or ‘excellent’.
- **Negative outlook of the future of healthcare services:** Over 40% of survey respondents believe that healthcare services in Port Colborne will be getting worse in the next 3-5 years.
- **Transportation identified as a priority:** People without transportation were identified as the group facing the most significant healthcare barrier. Respondents described limited public transit, long travel times to regional hospitals and specialists, and challenges accessing care without a personal vehicle.
- **Concern for the loss of urgent care:** Urgent care or after-hours care was identified as the top service needed. Many emphasized the importance of having reliable, local options for urgent needs and noted that travel to other emergency departments is a safety and equity issue.
- **Access to primary care:** Access to timely primary care was identified as a concern in survey responses. Respondents highlighted difficulty attaching to a primary care provider and long wait times for appointments.
- **Opportunity for an integrated health and wellness hub:** Many respondents articulated a preference for a centralized, integrated healthcare hub that co-locates primary care with allied health professionals, diagnostics, and mental health and addictions services.

Interest Holder Consultation Summary

Interest holder interviews and focus group sessions were conducted to gather insights into the current state of health and wellness services and access in Port Colborne. Seven interest holder interviews and focus group sessions were conducted with over 20 participants consulted. Several themes emerged across the interviews and focus group sessions. Findings are summarized below based on current state strengths, challenges, and opportunities.

²⁵ “Equity” refers to whether healthcare services are provided fairly and consistently across the community and region, and whether certain groups, such as seniors, low-income residents, newcomers, or people with disabilities face greater challenges accessing care than others.

Figure 2. Key Strengths, Challenges and Opportunities from Interest Holder Engagement



Current State – Strengths:

- Growing population and new economic development:** Population growth is driven in part by new manufacturing and infrastructure investment, including an estimated 350 new industrial sector jobs being added over the next year or two. This anticipated growth in the Port Colborne population is expected to increase demand for healthcare services locally. Several interest holders also identified proximity to healthcare services as a key consideration and factor for manufacturing investment, raising concerns about future competitiveness following the anticipated UCC closure.
- Local Access to Laboratory Services and Diagnostic Imaging at UCC:** Interest holders identified local access to diagnostics and laboratory services as a key strength. On site X-ray, ultrasound, and hospital-based laboratory testing at the UCC, along with community-based laboratory services at LifeLabs were described as enablers for timely access to care and reducing the need for residents to travel. Interviewees emphasized the importance of preserving and/or expanding local access to diagnostics following the UCC closure.
- Community Services for Vulnerable Populations:** Interest holders highlighted Port Colborne’s strong network of community-based organizations such as Bridges Community Health Centre and Port Cares, which support seniors, low-income residents, and other vulnerable populations. Participants emphasized that these organizations play a critical role in health equity, often serving as trusted access points for the community.
- Strong Leadership within the Community:** Port Colborne was described as a highly engaged community with strong leadership. Interest holders highlighted strong leadership within municipal, community, healthcare and business sectors, with a shared goal of strengthening health and wellness services in Port Colborne.

Current State – Challenges:

- **Timely Access to Care:** Interest holders highlighted challenges around accessing timely care as well as limited after-hours access. The reduction in UCC hours of operations beginning in 2023 and intermittent closures have negatively impacted access to care. While some community organizations have attempted to mitigate these changes by extending service hours on a temporary basis, these changes and extended hours were not sustainable due to funding and resource constraints.
- **Primary Care Access and Capacity Constraints:** Primary care access emerged as a central theme across interviews. Interest holders described high patient volumes, a population with increasing medical complexity, and limited access to allied health and administrative support as key constraints. It was noted that the absence of a Family Health Team in Port Colborne limits physicians' ability to expand capacity and contributes to challenges related to timely access, patient attachment rates, and longer-term sustainability. Interest holders noted that the lack of wrap around services connected with primary care physicians contributes to fragmented referral pathways, increasing the likelihood that some patients do not receive timely or continuous follow-up. In addition, physician burnout, driven in part by administrative burden, was cited as a key concern.
- **Mental Health and Addictions Supports:** Interest holders identified access to mental health and addictions services as a challenge, describing long wait times for referral-based care and limited availability of locally delivered services. It was noted that youth-focused mental health services, notably eating disorder and substance use supports are a current service gap within the community.
- **Urgent Care Center Operational Constraints:** Operational constraints at the UCC were frequently raised as an issue. Rolling closures and reduced hours of the UCC were attributed to staffing challenges, compounded by broader workforce shortages across the region and province. Participants noted that the reliance on emergency-trained physicians has made Port Colborne's UCC more vulnerable to the regional staffing environment.
- **Limited Availability of Transportation to Access Local and Regional Healthcare Services:** Transportation was consistently identified as a significant barrier to accessing care locally and within the region. Transit costs and limited options make it difficult to reach local and out-of-community appointments. In addition, residents must travel outside Port Colborne for services such as CT and MRI scans, fracture care, wound care, and various specialist appointments (i.e., at Regional Centres of Excellence). Interest holders emphasized that these challenges disproportionately affect residents without access to a vehicle, seniors as well as other vulnerable communities.
- **Limited Resource Availability and Impacted Collaboration Among Providers:** Limited resources and capacity constraints have negatively impacted the collaboration among providers in Port Colborne. Additionally, the existence of a UCC in the community has likely contributed to reduced investment and a slower growth rate in primary care, leading to the community's reliance on the UCC for episodic care and conditions often treatable by primary care.

Opportunities:

- **Strengthening Access to Team Based Primary Care:** Interest holders consistently identified strengthening multi-disciplinary and team-based primary care models as a key opportunity. Strengthening primary care through allied health and administrative supports were noted as potential strategies to reduce physician burnout and enhance timely access to care. Pursuing the expected FHO+ model and extending partnership and integration with community partners were also identified as strategies to strengthen access to primary care.
- **Enhancing Community Care and Support Services:** Interest holders highlighted opportunities to build upon existing community-based care and support services (i.e., mental health and addictions, home care, housing support, transportation, etc.) to help address current needs and reduce reliance on acute care settings (i.e., hospitals). Interest holders described community-based services as trusted access points that support system navigation, housing, mental health, and social needs, particularly for vulnerable populations.
- **Bringing Care Closer to Home:** Participants expressed a strong interest in reducing the need for residents to travel for specialty services and care. Hoteling and itinerant physician models, where specialists from the Centres of Excellence provide services in Port Colborne on a scheduled, part-time basis, were highlighted as opportunities for the community.
- **Improving Coordination and Alignment Among Providers:** Interest holders expressed opportunities to improve the coordination and collaboration of the City and partners around shared goals through role alignment and clear communication pathways. Enabling greater dialogue and alignment were seen as ways to reduce duplication, improve access and equity, and help advance shared goals. There is also an opportunity to align existing services with the needs of the community and help connect members of the community to the appropriate resources and services.
- **Exploring Public-Private Partnerships:** Participants noted the potential for public-private partnerships to expand local access to health and wellness services (i.e., diagnostics, laboratory services, and pharmacy). Participants noted that these partnerships could help complement existing services, reduce the need for residents to travel outside the community, and increase flexibility and responsiveness in how services are delivered locally.
- **Local Leadership and Decision-Making in Health and Wellness Services:** Interest holders emphasized building upon strong local leadership to better align health and wellness services with the needs of the community. Participants expressed a desire for greater local input into planning and decision-making, particularly in the context of changing service models and service delivery in line with local needs. Partnerships with Niagara Region Public Health were also identified as a potential strategy to support community wellness and preventative care programs.

Section D: Discussion

Synthesis and Analysis of Findings

The analysis highlights a community with elevated healthcare need and significant reliance on local urgent care services, shaped by population aging, high social determinants of health risk, and access constraints. Together, these findings point to several considerations that may inform future health and wellness planning in Port Colborne

Considerations: Building a Brighter Future for Healthcare in Port Colborne

Consideration 1: Exploring Options to Strengthen Primary Care Capacity and Integrated Models of Care

Patterns of healthcare utilization observed in the analysis suggest potential gaps in access to timely primary care and community-based services. Elevated use of ED/UCC services for primary care sensitive conditions indicates that hospital-based settings are frequently being used to manage conditions that could often be addressed through effective primary care or outpatient care models.

In this context, there may be value in exploring opportunities to strengthen primary care capacity in Port Colborne, including the potential role of team-based primary care models. Team-based approaches may offer opportunities to expand access through the involvement of allied health professionals, shared administrative supports, and enhanced coordination with community-based services, while also supporting continuity of care and provider sustainability.

There may also be value in considering whether co-located or integrated service models, such as a primary care-led Health and Wellness Hub, could support access and coordination of care. Such models could bring together primary care, after-hours services, diagnostics, and visiting or itinerant specialists in a coordinated way, supporting care delivery closer to home. Exploring integrated models may help assess whether more comprehensive, community-based approaches could reduce reliance on urgent and acute care settings, particularly in light of anticipated changes to local UCC services.

Consideration 2: Exploring Opportunities to Strengthen Community Awareness and Navigation of Healthcare Services

Findings from the analysis and community engagement indicate that residents may not always have a clear or consistent understanding of the healthcare services available to them or the most appropriate settings in which to seek care. Utilization patterns suggest that the Urgent Care Centre has historically functioned as a trusted and familiar access point, which may contribute to continued reliance on urgent or hospital-based services even when other care options could be appropriate.

As outlined in Table 16, healthcare services are delivered across multiple settings, each with a distinct role, scope, and intended purpose within the broader health system. Emergency

Departments are designed to manage high-acuity, life-threatening conditions; Urgent Care Centres provide same-day care for non-life-threatening issues; primary care serves as the foundation for longitudinal and preventive care; and other settings such as walk-in clinics, pharmacies, and community health centres play complementary roles. When the distinctions between these settings are not well understood, residents may default to familiar access points rather than those best aligned with their needs.

Table 16. Health Services Delivery Considerations

	Emergency Department	Urgent Care Centre	Walk In Clinic	Pharmacy	Team Based Primary Care	Community Health Centre	
Care Intent	Primary Purpose	Life-saving emergency care	Same-day urgent care	Rapid access for minor issues	Medication management	Comprehensive, continuous care	Health equity & community wellbeing
	Typical Conditions Treated	Trauma, stroke, cardiac events	Injuries, infections, fractures	Minor illness, prescriptions	Prescriptions, vaccines, minor ailments	Chronic, preventive, some urgent	Chronic disease, mental health, prevention
	Population Focus	All, including critical cases	General population	General population	General population	Attached population	High-needs, underserved
Care Delivery	Care Type	Episodic, high acuity	Episodic	Episodic	Episodic	Longitudinal, coordinated	Longitudinal, holistic
	Patient Attachment	No	No	No	No	Yes (registered panels)	Yes (targeted populations)
	Continuity of Care	Very Low	Low	Low	Low	High	High
Resources	System Role	Tertiary & emergency care	Reduce ED pressure	Improve access convenience	Support access and redirect minor care	Foundation of care system	Reduce inequities; prevention
	Relative Cost per Visit	Very High	Moderate-High	Low	Low	Low	Low-Moderate

In this context, there may be value in exploring opportunities to strengthen community awareness and system navigation, helping residents better understand where and how to access care across the continuum. Clearer, more consistent communication about the roles of different care settings and how they work together could support more informed care-seeking decisions and improve the overall functioning of the local health system.

There may also be value in exploring how coordination and alignment of messaging among providers and partners could support residents during periods of system change. Consistent, accessible information may help reduce confusion, mitigate reliance on urgent and emergency care for non-urgent needs, and support more appropriate use of services, particularly in the context of anticipated changes to local urgent care services.

Consideration 3: Exploring Opportunities to Strengthen Collaboration and Alignment Among Partners

The analysis indicates that healthcare and community services in Port Colborne are delivered by a diverse set of providers operating across local and regional systems. Utilization patterns demonstrate that residents rely on a mix of local services and the broader Niagara health system, particularly for acute, diagnostic, and specialist care. This multi-provider environment underscores the importance of coordination across organizations and jurisdictions to support access, continuity, and equity of care.

As service models evolve and pressures on access increase, there may be value in exploring opportunities to strengthen collaboration and alignment among healthcare providers, community organizations, municipal partners, and regional system actors. Improved alignment could help clarify roles across the continuum of care, reduce fragmentation, and support more coordinated responses to shared challenges, including access constraints, population aging, and service transitions.

There may also be value in considering how more structured mechanisms for dialogue and shared planning could support collaboration over time. Exploring opportunities for information sharing, joint problem-solving, and alignment around common objectives may help partners respond more effectively to changing community needs and anticipated system changes, without presupposing specific governance or service delivery models.

Consideration 4: Exploring Opportunities to Better Align Transportation Supports with Healthcare Access

Findings from the analysis and community engagement consistently indicate that transportation is a significant barrier to accessing healthcare for many Port Colborne residents, particularly for services that require travel outside the community. Utilization patterns and interest holder input highlight that access challenges are not driven by distance alone, but by limited public transit options, long travel times, and reliance on personal or informal transportation.

Transportation barriers were identified as having disproportionate impacts on seniors, low-income residents, and individuals without access to a vehicle, particularly when accessing emergency departments, diagnostic services, and specialist care delivered through regional centres. As healthcare services continue to consolidate regionally, these transportation constraints may become increasingly consequential to timely and equitable access to care.

In this context, there may be value in exploring how transportation planning could be more closely aligned with health and wellness objectives, recognizing transportation as an enabling component of healthcare access rather than a standalone service issue. Considering transportation needs alongside broader health and wellness planning may help mitigate access barriers associated with receiving care beyond Port Colborne and support a more equitable local healthcare system as service models evolve

Section E: Conclusion

This Healthcare Analysis Report provides an evidence-based overview of healthcare needs, access patterns, and system pressures affecting residents of Port Colborne. Drawing on population data, service utilization, peer benchmarking, and community and interest holder input, the analysis highlights a community with elevated healthcare need and significant reliance on local urgent care services, shaped by population aging, high social determinants of health risk, and access constraints.

The findings underscore that Port Colborne's healthcare challenges are not driven by a single factor, but by the intersection of demographic change, social risk, system structure, and geography. While many of these dynamics reflect broader provincial and regional trends, their combined effects are particularly pronounced in Port Colborne, increasing the importance of thoughtful, locally informed planning.

This report does not prescribe specific solutions. Rather, it establishes a shared fact base to support informed discussion and future decision-making. The considerations outlined in this report are intended to help frame potential areas for exploration as the City and its partners continue to navigate system change, including anticipated changes to urgent care services and the evolving regional healthcare landscape.

Taken together, the analysis highlights both risk and opportunity. While access pressures and service transitions pose real challenges, Port Colborne also benefits from strong community leadership and engagement, and a foundation of local health and social services. Leveraging these strengths and aligning planning efforts with community needs and regional realities will be central to supporting access, equity, and sustainability over time.

This report is intended to inform ongoing dialogue and planning as the City advances its broader health and wellness strategy. As regional healthcare services continue to evolve, the findings presented here can serve as a reference point to support continued engagement, collaboration, and evidence-based decision-making in pursuit of a more resilient and responsive local health and wellness system.

Appendices

Appendix A Population Data

Table A1. 2024 Population by Social Determinants of Health

<i>2024 Population by Social Determinants of Health</i>		
<i>SDH Group</i>	<i>Port Colborne</i>	<i>Ontario</i>
Low: Groups 1-4	6%	65%
Moderate: Groups 5-7	10%	19%
High: Group 8	56%	6%
Highest: Groups 9-10	28%	9%
Reserve		0.5%
Total Population	22,000	16,124,000

Sources: Statistics Canada Census, MOF Population Projections Summer 2025 Release

Appendix B Detailed Survey Results

Q1. *Which option best describes you or your current role?*

Table B1. Respondent Profile: Interest Holder Category

<i>Interest Holder Category by Number of Responses</i>		
<i>Interest Holder Category</i>	<i># of Responses</i>	<i>% of Total</i>
Residents of Port Colborne or Surrounding Areas	15	48%
Healthcare Professionals	8	26%
City of Port Colborne Representatives	5	16%
Community Agency or Service Providers	2	6%
Other	1	3%
Total	31	100%

Respondents represented a mix of community and system perspectives. Table B1 shows the breakdown of respondents by interest holder type. Nearly half of respondents identified as

residents (48%), while the remaining included healthcare professionals (26%), City representatives (16%), community agencies/service providers (6%), and others (3%). This composition provides a blend of lived experience and system-facing perspectives.

Q2. Which municipality do you primarily reside in?

Table B2. Respondent Profile: Municipality

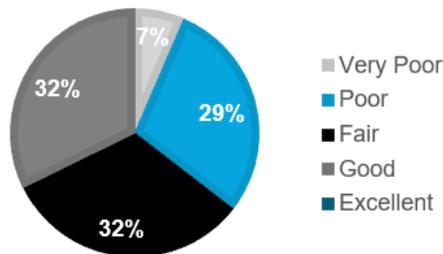
Respondent Municipality by Number of Responses

Interest Holder Category	# of Responses	% of Total
Port Colborne	24	78%
Welland	1	3%
Wainfleet	2	6%
Fort Erie	0	0%
Niagara Falls	1	3%
Other	3	10%
Total	31	100%

The respondent base is primarily local to Port Colborne (78%), with some representation from Wainfleet (6%) Welland (3%) and Niagara Falls (3%). This suggests that most of the survey’s feedback reflects Port Colborne specific experiences.

Q3. How would you rate the accessibility²⁶ of healthcare services for residents of Port Colborne?

Figure B1. Accessibility of Healthcare Services in Port Colborne



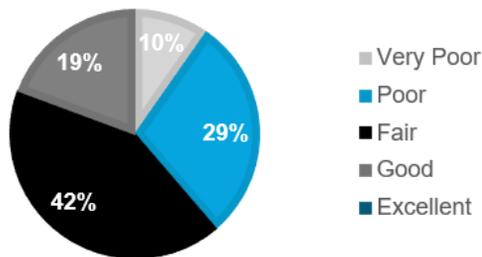
Perceptions of accessibility were mixed. 32% rated accessibility positively (as ‘good’ or ‘excellent’), 32% rated it as ‘fair’, and the remaining 36% rated it negatively (as ‘poor’ or ‘very

²⁶ “Accessibility” refers to how easy it is to access healthcare when you need it, including factors such as travel distance, wait times, appointment availability, and hours of service.

poor'). The distribution suggests a mixed experience in terms of accessibility, where many struggle to easily access healthcare services.

Q4. How would you rate the equity²⁷ of healthcare services for residents of Port Colborne compared to similar communities?

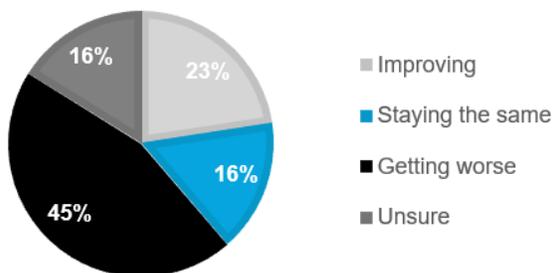
Figure B2. Equity of Healthcare Services in Port Colborne



Equity was rated more negatively than accessibility. Only 19% rated equity positively (as 'good' or 'excellent'), 42% rated it as 'fair', and the remaining 39% rated equity negatively (as 'poor' or 'very poor'). The equity result indicates that respondents perceive meaningful differences in the fairness and consistency of healthcare services across the system across groups and circumstances.

Q5. Over the next 3-5 years, do you believe healthcare services in Port Colborne will be improving, staying the same, or getting worse?

Figure B3. Future Outlook of Healthcare Services in Port Colborne

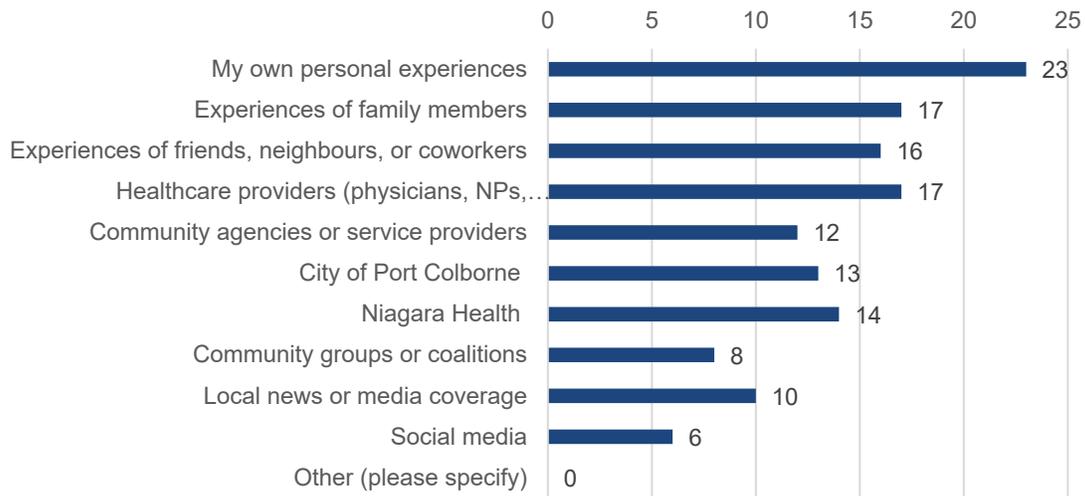


Overall, respondents expressed a negative outlook about the future of healthcare services in Port Colborne. Nearly half anticipate services will get worse (45%), compared to 23% anticipating improvement. The remainder expect services to stay the same (16%) or are unsure (16%). These results indicate heightened sensitivity to future service changes, with the anticipated closure of the Port Colborne UCC likely contributing to these results.

²⁷ "Equity" refers to whether healthcare services are provided fairly and consistently across the community and region, and whether certain groups, such as seniors, low-income residents, newcomers, or people with disabilities face greater challenges accessing care than others.

Q6. *What has most informed your perception of healthcare in the City of Port Colborne?*

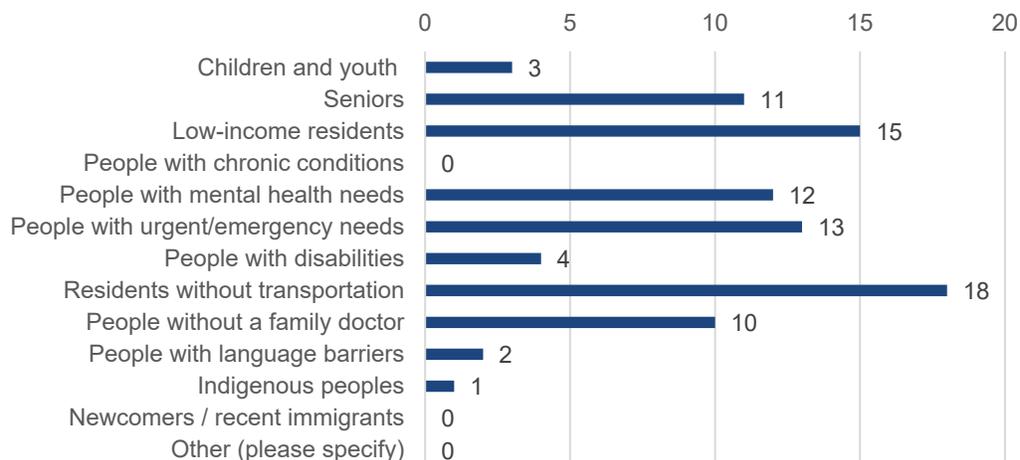
Figure B4. Sources of Perception about Healthcare Services in Port Colborne



Perceptions about healthcare services are primarily shaped by direct experience as well as the experience of family and friends. The most frequently selected influences were personal experiences (74%), followed by healthcare providers (55%), family members' experiences (55%), and friends/neighbours' experiences (52%). Local and regional sources were also noteworthy, including Niagara Health (45%) and the City of Port Colborne (42%).

Q7. *Which groups currently face the most significant barriers to accessing healthcare in Port Colborne?*

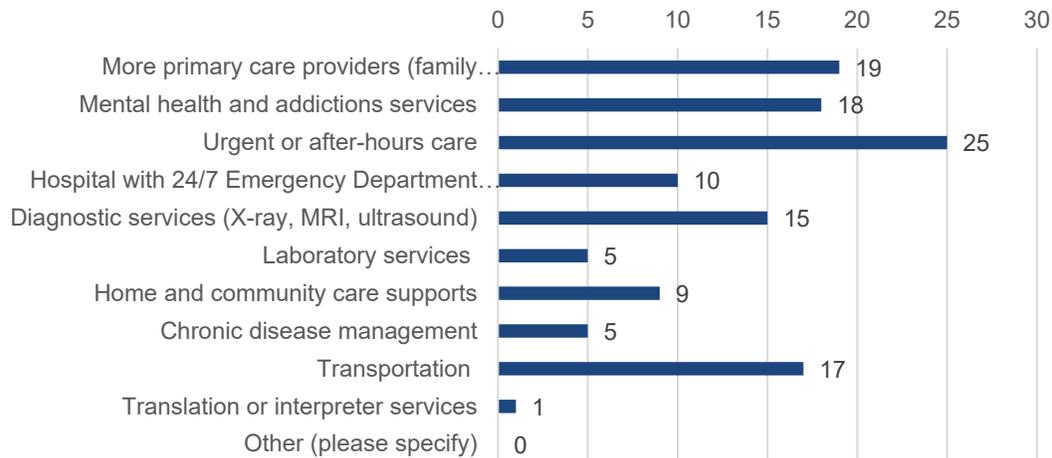
Figure B5. Groups Facing Significant Barriers to Healthcare in Port Colborne



The most commonly identified groups experiencing barriers to healthcare in Port Colborne were people without transportation (58%) and low-income residents (48%), followed by people with urgent/emergency needs (42%), people with mental health needs (39%), and seniors (36%).

Q8. Which healthcare services do you believe are most urgently needed in Port Colborne?

Figure B6. Healthcare Services Most Urgently Needed in Port Colborne



Respondents prioritized urgent or after-hours care²⁸ (81%), followed by more primary care providers (61%), mental health and addictions services (58%), transportation (55%), and diagnostics (48%). These results indicate that respondents prioritize reliable day-to-day access to care, particularly through timely urgent or after-hours services and consistent primary care.

Q9. Based on your response to the previous question, which strategies, investments, or changes do you believe would most improve community and health services in the City of Port Colborne?

Responses to this question were synthesized into three key themes. Respondents emphasized improving access, coordination, and the practicality of obtaining care locally.

²⁸ Some respondents noted that urgent care and after-hours care represent distinct service needs

Figure B7. Identified Opportunities in Healthcare Services



- **Establish a Centralized Integrated Healthcare Hub:** Many respondents mentioned the creation of a centralized health hub that brings together multiple services in one location. This would focus on primary care while co-locating allied health professionals and enabling access to diagnostic and laboratory services. Respondents framed this approach to overcome long travel times and reduce the burden of system navigation.
- **Strengthen Primary Care Services:** Respondents identified primary care as a foundational element of improved access. Many responses suggested that stronger primary care could reduce reliance on urgent care services and improve overall care coordination, especially for patients with existing barriers to access.
- **Improve Local Transportation Options:** Transportation was highlighted as a critical enabler of care access, particularly for specialty services. Respondents emphasized that limited transportation options create significant barriers that are worsened for seniors and those without access to a vehicle. Improving transportation was not presented as a standalone issue, but rather as an essential factor to accessing care.

Q10. *What do you see as the biggest challenge related to healthcare services (i.e., access, equity, etc.) for residents of Port Colborne today and/or in the future?*

Responses to this question were synthesized into three core challenge areas. These themes reflect concern about the reliability of local access, variability in primary care access, and concerns about needing to travel to obtain care.

Figure B8. Identified Challenges in Healthcare Services



- **Concern About the Loss of Local Access to Care:** Respondents expressed concern about the loss of local access to after-hours and urgent care. Many responses highlighted the gap in local after-hours care that will need to be addressed after the anticipated closure of the Port Colborne UCC.
- **Inconsistent Access to Primary Care:** Respondents highlighted primary care access as a key challenge. They noted long wait times for appointments, limited availability of timely care, and difficulty attaching to a provider.
- **Increased Travel Burden:** Increased travel burden was described as both an access issue and an equity concern, as it disproportionately affects residents with fewer resources and greater care needs.