

KENORA, ONTARIO, CANADA



KENORA HEALTH CARE SECTOR PROFILE



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Kenora Health Care Profile

Special Thanks

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This Kenora Health Care Sector Profile serves as an example of the collaborative and supportive relationship businesses enjoy in Ontario.



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Kenora's Health Care Advantage

Kenora is the second-largest health care centre in Northwestern Ontario, after Thunder Bay, and is the main centre serving the health care needs of local residents, members of First Nations communities in the region, and cottagers and visitors who spend their summers on Lake of the Woods. The federal and provincial governments transferred an estimated **\$124.2 million** in funding to health care service providers in or near Kenora in the 2013-2014 fiscal year, an increase of 8% from funding transferred in 2012-13. Federal and provincial support for the sector has made the Health Care Sector the largest industry sector in Kenora, representing about **15% of Kenora's economy**, as measured in gross economic output (GDP).

Key assets supporting Kenora's Health Care Sector include:

- ✓ Lake of the Woods District Hospital, the largest hospital in the region, serving approximately **30,000 people** per year and employing approximately 500 full-time, part-time and casual workers
- ✓ The Paterson Medical Centre, has undergone two expansions, first in 2006 and a second 12,000 sq. ft. expansion in 2009; the centre employs 40 healthcare professionals and 25 support staff.





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- ✓ A strong base of Aboriginal health organizations including Kenora Chief's Advisory, the Grand Council Treaty #3 Health Council, and Waasegiizhig Nanaandawe'Iyewigamig Health Access Centre, which together received nearly **\$10 million** in federal and provincial health funding in 2013-14
- ✓ Multiple First Nations communities in the region that access health services both on-reserve and in Kenora
- ✓ Head offices or regional offices for organizations such as FIREFLY, Kenora-Rainy River Districts Child and Family Services, the Northwestern Health Unit, Health Canada, and other organizations that provide services throughout the North West Local Health Integration Network (LHIN) area
- ✓ Two long-term care residential homes - Birchwood Terrace and Pinecrest Home for the Aged - that together offer **212 beds**
- ✓ A health care labour force of approximately **1,460 workers**, of which 675 are health care professionals or technicians
- ✓ A significant critical mass of physicians - **41 per cent of all physicians** in the Kenora District live in Kenora – but more work is needed to recruit additional physicians to replace those who move away or retire
- ✓ A supply for future medical talent with medical students and residents at the Northern Ontario School of Medicine completing rotations in Kenora.



Key Opportunities for Growth

Health care providers interviewed for this profile emphasized four major opportunities for Kenora’s health care sector to grow in the future.

<p>A New Hospital and Health Care Campus</p>		<p>A new hospital building could replace the current building, portions of which back to 1929. Modernizing the facility would replace an inefficient, cramped facility with one that is suited to the needs of all people in Kenora’s catchment area. Development of a comprehensive health care campus would increase efficiency through shared services and the campus could serve as a referral centre for more specialized services to the surrounding health hubs. Culturally appropriate services could support both traditional healing and modern health care.</p>
<p>Expanded Primary Care and an After-Hours Clinic</p>		<p>Kenora currently does not offer an after-hours clinic and a portion of the population does not have a primary care physician. An after-hours clinic would reduce visits to the emergency room. Increased recruiting of health care professionals would expand the availability of primary care.</p>
<p>Upgrades to Senior Services and Long-Term Care Facilities</p>		<p>Birchwood Terrace, one of Kenora’s two long-term care facilities, has plans to rebuild their facility. The other facility, Pinecrest Home for the Aged, has plans to upgrade facilities and has applied to add more beds, expanding on it’s current site. Demand for these facilities is high resulting in waiting lists for both. There is also demand for more home health services that help seniors remain in their own homes longer, as well as demand for assisted living and supportive living arrangements.</p>
<p>Better Health for Aboriginal Peoples</p>		<p>The quality of health among Aboriginal People is not at the same standards as the general population. There are opportunities for First Nations communities and Kenora’s larger health care community to expand services, coordinate service delivery, and address growing needs of Aboriginal People in the areas surrounding Kenora.</p>

Northwestern Ontario's Health Care Centre

Kenora is home to the largest centre for health care in the Kenora District and the second largest centre in Northwestern Ontario, after Thunder Bay. The North West LHIN has identified fourteen Local Health Hubs (LHHs) that fall into four Integrated Health Districts (IDNs).

The Kenora LHH serves a population of 27,501 residents living within the Kenora LHH catchment area, which includes the City of Kenora (15,348), unincorporated Kenora, and First Nations people living at 15 Indian Reserves. The Kenora LHH is the largest medical centre serving the people of Grand Council Treaty 3, with a total population of approximately 25,000.

Table 1 Year-Round Population Served in North West LHIN Local Health Hubs

Local Health Hub	Population
Thunder Bay	121,596
Kenora	27,501
Sioux Lookout	21,561
Fort Frances	11,072
Dryden	10,165
Greenstone	5,879
Marathon	4,037
Rainy River	3,741
Nipigon	3,396
Atikokan	3,250
Terrace Bay	2,672
Emo	2,307
Manitouwadge	2,105

Sources: Local Health Hub Profile, NWLHIN





Kenora's Cottagers Contribute to Health Care Needs and Resources

In addition, the area is the part-time home for approximately 20,000 cottagers, who also access health care in Kenora. According to the Lake of the Woods District Property Owners Association (LOWDPOA) survey, a growing number of cottagers plan to retire and live year-round at their cottage. In 1985, one of the region's cottagers, JB Nethercutt, donated \$1 million to build a new emergency department at the Lake to the Woods hospital and during the three year period 2010-2012, over 12% of all discharges from the Lake of the Woods District Hospital were for people with permanent residences outside of the Kenora Local Health Hub catchment area.

Table 2 Populations Served in Kenora

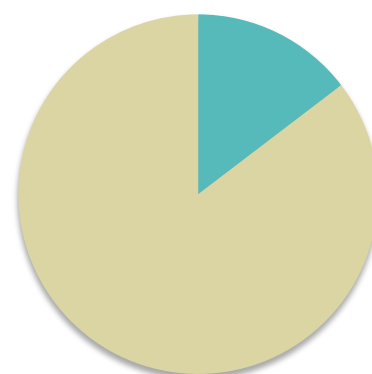
Local Health Hub	Population
Kenora City	15,348
First Nations and Unincorporated Areas	12,153
Cottagers (Mainly Part-Time)*	20,000

Sources: Local Health Hub Profile, NWLIHN *Cottager Population estimated based on Kenora Tourism Sector Profile.

Health Care is a Major Driver for Kenora's Economy

Health care is Kenora's largest economic sector. The Health Care sector generated over **\$80 million of Kenora's GDP** in 2011. Health care represented 14.6 per cent of the total Kenora economy in 2011 and, by comparison, health care represented just 6.9 per cent of the Ontario economy.

Figure 1 Health Care Share of Kenora GDP



- Health care and social assistance (14.6%)
- Other Industries (85.4%)

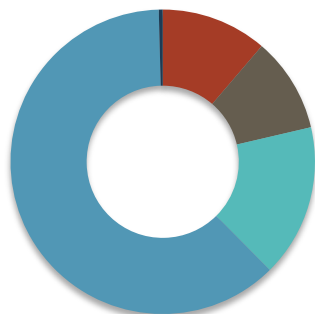
Government Spending on Health Care

Government transfers represent the majority of the funds flowing into the sector and in 2013-2014, the federal and provincial governments transferred approximately **\$124.2 million in funding** to organizations in Kenora and to nearby First Nations communities.

Sources of Health Care Funding

Transfers of funds from Ontario and federal ministries represent the majority of all health care spending in Kenora. Nearly two thirds (62 per cent) of funding flowing to Kenora in 2013-2014 came from the Ministry of Health and Long-Term Care, which provided about **\$77 million** in funding to Kenora-based organizations and to the First Nations communities located in the area. The Ministry of Children and Youth Services and the Ministry of Community and Social Services contributed 10 per cent and 16 per cent of total transfers, respectively. The Federal Government was also a major contributor, supplying 11 per cent of health funds transferred to the region, primarily to First Nations communities.

Figure 2 Sources of Health Care Funds



- Federal Government (11.2%)
- Ontario Ministry of Children and Youth Services (10.1%)
- Ontario Ministry of Community and Social Services (16.2%)
- Ontario Ministry of Health and Long-Term Care (62.0%)
- Ontario Ministry of the Attorney General (0.4%)

Sources: Public Accounts of Canada, Public Accounts of Ontario

Table 3 Sources of Health Care Funds Transferred to Kenora Organizations 2013-2014

Row Labels	2012-2013	2013-2014	Pct. Increase
Federal Government	\$9,595,152	\$13,999,641	45.9%
Ministry of Children and Youth Services	\$11,780,132	\$12,530,634	6.4%
Ministry of Community and Social Services	\$18,798,421	\$20,164,629	7.3%
Ministry of Health and Long-Term Care	\$74,583,273	\$77,018,779	3.3%
Ministry of the Attorney General	\$501,540	\$517,206	3.1%
Grand Total	\$115,258,518	\$124,230,890	7.8%

Sources: Public Accounts of Canada, Public Accounts of Ontario. Note: Excludes some transfers, such as transfers to the Ontario Drug Program and other Province-wide programs. Calculations are described in the Endnotes to this report.

The allocation of funding for health services is complex.

The funds that support the health care sector come largely from the provincial and federal government and originate from multiple ministries. Some funding is used strictly for health services while other funding provides support for child care, youth services, mental health services, senior services, or other services that combine direct health service delivery with social services delivery. In particular, this is often the case with funds provided by the Ministries of Children and Youth Services, Community and Social Services, and the Attorney General.

Health care infrastructure support is also part of the funding that flows into the Kenora area. These funds come in the form of both ongoing annual health infrastructure funds as well as one-time funds that are provided for major infrastructure upgrades such as equipment or construction.

Primary health care service funding is provided directly to physicians or physician groups. This is a significant portion of the health care funding flowing into the Kenora area. Since figures on primary care are not reported directly at the local level, the amount of funding is estimated based on average provincial spending per person.

Supplementary health care benefits are transferred to some First Nations communities but are not used to support programming or health services provided directly by the community. For this reason, these services are reported separately.

Pass-through funding occurs when a government transfers funds to one organization, which in turn reallocates these funds to a different service provider. The information on funding transfers can be misleading because for some organizations, a portion of funds transferred from the government are passed on to partners.

Table 4 contains an estimate of the government-provided health care transfers flowing to Kenora and the surrounding areas. Except where otherwise noted, the estimates are based on the published public accounts for Canada and Ontario. For organizations that operate solely in Kenora or the surrounding area, all of the funds transferred from governments have been included, while for organizations operating in Kenora as well as in areas outside the Kenora area, the funds flowing to Kenora have been estimated. The Endnotes to this report contain a detailed description of the estimation methodology. To the extent possible, Table 3 has been annotated to note one-time funding or funding that is pass-through. The table provides a good estimate of the total funds flowing into Kenora for health care and related services, but caution is urged in interpreting the figures, based on the aforementioned issues.



Table 4 Estimated Federal and Provincial Transfers to Health Care Organizations in Kenora and Surrounding Areas

Recipient	2012-13	2013-14	Pct. Growth	Share of Total
LAKE OF THE WOODS DISTRICT HOSPITAL (LWDH)	\$36,340,688	\$36,210,510	-0.4%	29.1%
PRIMARY CARE PROVIDERS	\$14,391,481	\$14,353,572	-0.3%	11.6%
KENORA ASSOCIATION FOR COMMUNITY LIVING	\$7,766,451	\$8,156,228	5.0%	6.6%
FIREFLY	\$7,493,190	\$7,966,126	6.3%	6.4%
WABASEMOONG INDEPENDENT NATIONS ***	\$3,776,405	\$7,607,035	***	6.1%
KENORA DISTRICT SERVICES BOARD	\$4,187,963	\$4,065,455	-2.9%	3.3%
DISTRICT OF KENORA HOME FOR THE AGED (PINECREST)	\$3,741,172	\$3,871,544	3.5%	3.1%
KENORA-RAINY RIVER DISTRICTS CHILD AND FAMILY SERVICES	\$3,963,813	\$3,647,056	-8.0%	2.9%
NORTH WEST COMMUNITY CARE ACCESS CENTRE	\$3,347,961	\$3,639,150	8.7%	2.9%
WAASEGIIZHIG NANAANDAWE'IYEWIGAMIG HEALTH ACCESS CENTRE - KENORA AREA HEALTH ACCESS CENTER	\$1,246,143	\$3,276,334	162.9%	2.6%
KENORA CHIEFS ADVISORY *	\$2,886,947	\$3,253,556	12.7%	2.6%
NAOTKAMEGWANNING FIRST NATION	\$2,804,965	\$3,213,877	14.6%	2.6%
GRASSY NARROWS	\$2,832,235	\$3,112,893	9.9%	2.5%
NORTHWESTERN HEALTH UNIT	\$2,413,706	\$2,428,059	0.6%	2.0%
GRAND COUNCIL TREATY 3 REPRESENTATIVE SERVICES	\$1,958,773	\$2,310,841	18.0%	1.9%
REVERA LONG TERM CARE/SOUTHBRIDGE CAPITAL (BIRCHWOOD) **	\$2,300,000	\$2,300,000	0.0%	1.9%
CANADIAN MENTAL HEALTH ASSOCIATION KENORA BRANCH	\$2,245,697	\$2,236,817	-0.4%	1.8%
SUNSET COUNTRY FAMILY HEALTH TEAM ****	\$1,626,124	\$1,872,807	15.2%	1.5%
ISKATEWIZAAGEGAN #39 INDEPENDENT FIRST NATION	\$1,097,262	\$1,230,307	12.1%	1.0%
BOARD OF MANAGEMENT OF THE DISTRICT KENORA	\$1,097,442	\$1,169,382	6.6%	0.9%
OJIBWAYS OF ONIGAMING FIRST NATION	\$1,021,585	\$1,143,986	12.0%	0.9%
MIGISI ALCOHOL & DRUG	\$721,360	\$746,664	3.5%	0.6%

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Recipient	2012-13	2013-14	Pct. Growth	Share of Total
OBASHKAANDAGAANG FIRST NATION	\$697,270	\$704,002	1.0%	0.6%
NORTHWEST ANGLE 37 FIRST NATION	\$584,073	\$676,183	15.8%	0.5%
NORTHWEST ANGLE 33 FIRST NATION	\$568,791	\$603,475	6.1%	0.5%
CHANGES RECOVERY HOMES	\$596,766	\$596,765	0.0%	0.5%
OCHIICHAGWE'BABIGO'INING FIRST NATION	\$602,990	\$590,604	-2.1%	0.5%
SHOAL LAKE 40 FIRST NATION	\$535,686	\$576,633	7.6%	0.5%
LAKE OF THE WOODS CHILD DEVELOPMENT CENTRE		\$474,695	n.a.	0.4%
NORTH WEST ONTARIO LOCAL HEALTH INTEGRATION NETWORK	\$434,015	\$440,788	1.6%	0.4%
SUPPLEMENTARY HEALTH BENEFITS (KENORA CHIEFS ADVISORY, GRASSY NARROWS)	\$400,267	\$400,268	0.0%	0.3%
WESWAY INC	\$253,770	\$314,834	24.1%	0.3%
ANISHNABE OF WAUZHUSK ONIGUM	\$261,960	\$281,780	7.6%	0.2%
KENORA SEXUAL ASSAULT CENTRE.	\$262,621	\$262,621	0.0%	0.2%
BRAIN INJURY SERVICES OF NORTHERN ONTARIO	\$227,590	\$247,971	9.0%	0.2%
NORTHWESTERN INDEPENDENT LIVING SERVICES INC	\$205,938	\$205,938	0.0%	0.2%
ALZHEIMER SOCIETY OF KENORA/RAINY RIVER DISTRICTS	\$23,811	\$23,811	0.0%	0.0%
CANADIAN HEARING SOCIETY	\$18,323	\$18,323	0.0%	0.0%
NE'CHEE FRIENDSHIP CENTRE	\$215,443		n.a.	0.0%
SUNSET COUNTRY PSYCHIATRIC SURVIVORS	\$107,841		n.a.	0.0%
Grand Total	\$115,258,518	\$124,230,890	7.8%	100.0%

Sources: Public Accounts for Canada and Ontario. Estimates for Kenora portion made by the author. While efforts have been made to include all organizations providing services in Kenora and to the First Nations communities in the area, the list of services receiving federal and provincial funding may not be complete. For organizations serving Kenora and other communities in the Kenora District, Northwestern Ontario, or other large jurisdictions, estimates for spending in Kenora have been made on a share-of-population basis. A similar approach has been used to estimate primary care spending.

*Kenora Chief's Advisory reported independently that the funding transfer amounts published by the Province of Ontario exceeded the actual amount by \$120,094.

**The spending at Birchwood is estimated on a spending-per-bed basis.

*** Wabaseemoong's annual federal funding is in the range of \$1.1 million. A significant portion of the funding from provincial sources to Wabaseemoong includes services that support daycare and welfare services. One-time capital funding of \$3.2 million was provided in 2013-14 for capital investment in a health centre.

****Sunset County Health Team figures provided directly by the organization.

See Endnote ii for a detailed description of the calculation used to estimate transfers.

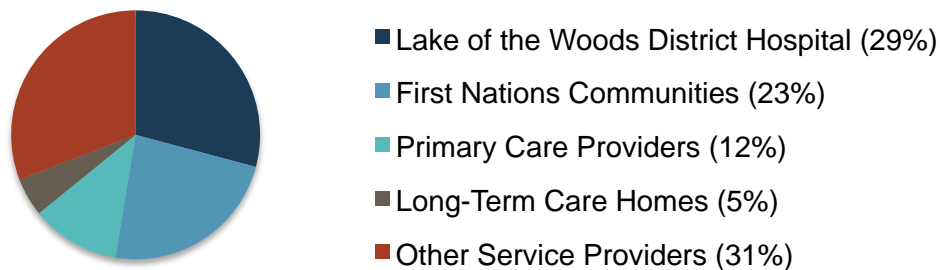


Funding Recipients

The Lake of the Woods District Hospital (LWDH) is the largest single recipient of funds from provincial and federal transfers, receiving **\$36.2 million** in funding in 2013-2014, according to the Provincial and Federal Public Accounts. In addition, in 2013, the hospital received \$6.1 million in patient revenue and from other sources.ⁱ After LWDH, the second-largest recipient of funding was Aboriginal communities in the areas surrounding Kenora. In 2013-14, federal and provincial governments transferred **\$29.1 million in funding to Aboriginal Communities** near Kenora for health care, infrastructure, and related services.

Primary health care services provided by physicians are not reported explicitly for physicians in Kenora, but it is estimatedⁱⁱ that primary care providers received **\$14.3 million** in transfers from the provincial government for services provided to the population living in the region. Long-term care facilities received approximately **\$6 million** in funding and community service providers like Firefly and Waasegiizhig Nanaandawe'Iyewigamig Kenora Area Health Access Centre received funds for a variety of services spanning diabetes, mental health, home health services, and other services.

Figure 3 Recipients of Federal and Provincial Fund Transfers



Health Care Funding for Aboriginal Peoples

Funding transfers to Aboriginal Communities originate from both federal and provincial ministries. In a typical year, the largest recipients of funding include Waasegiizhig Nanaandawe'Iyewigamig Health Access Centre, Kenora Chief's Advisory and Grand Council Treaty #3 Representative Services (in 2013-14, a one-time transfer to Wabaseemoong Independent Nations for a health centre placed that nation as the highest recipient in that year). Table 4 contains a summary of funding transfers. The funding transfers from the federal government to Aboriginal communities supports health infrastructure, primary health care, and supplementary health benefits and these funds are shown in Table 5. In addition to direct funding to Aboriginal communities and organizations, provincial and federal governments also provide funding to primary health care providers and service organizations who operate programs to serve Aboriginal communities.

Table 5 Health Care Transfers Serving Aboriginal People from Federal and Provincial Sources, 2013-14

ORGANIZATION	FEDERAL	PROVINCE	TOTAL
WABASEEMOONG INDEPENDENT NATIONS ***	\$4,393,542	\$3,213,493	\$7,607,035
WAASEGIIZHIG NANAANDAWE'YEWIGAMIG HEALTH ACCESS CENTRE - KENORA AREA HEALTH ACCESS CENTER	\$467,584	\$2,808,750	\$3,276,334
KENORA CHIEFS ADVISORY *	\$513,290	\$2,740,266	\$3,253,556
NAOTKAMEGWANNING FIRST NATION	\$1,588,522	\$1,625,355	\$3,213,877
GRASSY NARROWS	\$1,391,223	\$1,721,670	\$3,112,893
GRAND COUNCIL TREATY 3 REPRESENTATIVE SERVICES	\$1,343,071	\$967,770	\$2,310,841
ISKATEWIZAAGEGAN #39 INDEPENDENT FIRST NATION	\$598,259	\$632,048	\$1,230,307
OJIBWAYS OF ONIGAMING FIRST NATION	\$336,930	\$807,056	\$1,143,986
MIGISI ALCOHOL & DRUG	\$746,664		\$746,664
OBASHKAANDAGAANG FIRST NATION	\$211,305	\$492,697	\$704,002
NORTHWEST ANGLE 37 FIRST NATION	\$341,118	\$335,065	\$676,183
NORTHWEST ANGLE 33 FIRST NATION	\$300,085	\$303,390	\$603,475
OCHIIICHAGWE'BABIGO'INING FIRST NATION	\$200,220	\$390,384	\$590,604
SHOAL LAKE 40 FIRST NATION	\$279,733	\$296,900	\$576,633
LAKE OF THE WOODS CHILD DEVELOPMENT CENTRE SUPPLEMENTARY HEALTH BENEFITS (KENORA CHIEFS ADVISORY, GRASSY NARROWS)	\$474,695		\$474,695
	\$400,268		\$400,268
ANISHNABE OF WAUZHUSK ONIGUM	\$281,780		\$281,780
FIREFLY *****	\$108,770		\$108,770
NORTHWESTERN HEALTH UNIT	\$22,582		\$22,582
Grand Total	\$13,999,641	\$16,334,844	\$30,334,485

Sources: Public Accounts of Canada, Public Accounts of Ontario. See Endnote ii for a detailed description of calculation of transfers.

* Kenora Chief's Advisory reported independently that the funding transfer amounts published by the Province of Ontario exceeded the actual amount by \$120,094.

*** Wabaseemoong's annual federal funding is in the range of \$1.1 million. A significant portion of the funding from provincial sources to Wabaseemoong includes services that support daycare and welfare services. One-time capital funding of \$3.2 million was provided in 2013-14 for capital investment in a health centre.

***** Includes only Federal portion of funding provided to Firefly.

Table 6 Federal Contributions for First Nations in the Kenora Area

Source of Funds	2012-13	2013-14
Health Infrastructure Support	\$1,857,163	\$5,135,879
Primary Health Care	\$7,337,722	\$8,463,494
Supplementary Health Benefits	\$400,267	\$400,268
Total Federal Funding to First Nations for Healthcare	\$9,595,152	\$13,999,641

Sources: Public Accounts of Canada, Public Accounts of Ontario. See Appendix A for a description of the funding categories.

Kenora's Health Care Resources

Lake of the Woods District Hospital

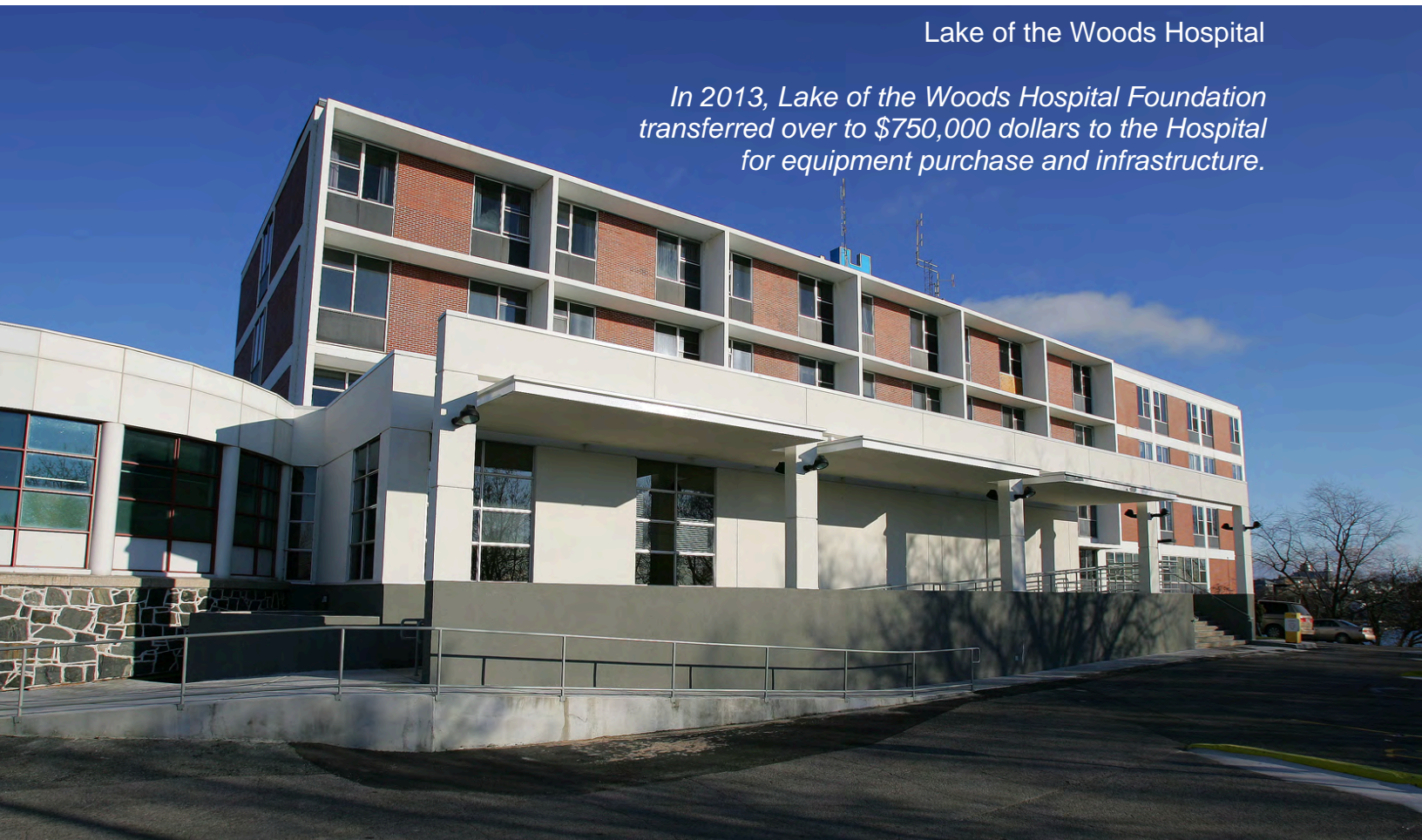
Treating well over 30,000 people per year, Lake of the Woods District Hospital is Northwestern Ontario's largest hospital outside of Thunder Bay.

The Hospital's core programs include emergency and ambulatory care, chronic care, mental health, maternal and child health, and acute care services, which include general medicine, intensive care and surgical services. It also manages a broad range of services including dialysis, chemotherapy, diagnostic imaging, mammography, ultrasound, addiction counseling and detoxification, a sexual assault centre, physiotherapy and rehabilitation services, ambulance (land and dedicated air), palliative care and various education programs.

The Lake of the Woods District Hospital meets the immediate healthcare needs of residents of the City of Kenora, as well as a large surrounding area, including several First Nations communities. In recognition of the First Nations communities that it serves, the hospital is committed to ensuring that traditional native healing and culture are part of native health care, including a unique Native Healer Program that recognizes the spiritual component of health care for Aboriginal People.

Lake of the Woods Hospital

In 2013, Lake of the Woods Hospital Foundation transferred over to \$750,000 dollars to the Hospital for equipment purchase and infrastructure.



Lake of the Woods District Hospital accounts for nearly half (47%) of all beds in the Kenora Integrated District Network. It accounts for all mental health beds (17) and 55% of acute care beds.

Kenora is also home to about 41% of all physicians in the Kenora District, but more physicians are needed as the number of physicians in Northwestern Ontario declines. In 2013, there were 33 family practice doctors and 14 specialists practicing in Kenora. In 2015, the number of family practice physicians in the Family Health Network was down to 21 and other networks serving First Nations had only three family practice doctors. The number of specialists living in the community was down to nine, with a growing number of visiting specialists – 16 in 2015. Physician recruitment in the future will be critical to sustaining the quality of health care available in Kenora.

Table 7 Beds at Lake of the Woods District Hospital and in the Kenora Integrated District Network

Type	Beds		Kenora Share of IDN
	Kenora	Kenora IDN	
Acute+ Complex Continuing Care	48	124	39%
Mental Health	17	17	100%
ICU	4	n.a.	n.a.
Newborn Bassinets	5	14	36%
Total	69	155	45%

Sources: Local Health Hub Profile, NWLINHN, Updated figures for Kenora provided by the NW LIHN.

Table 8 Physicians in Kenora and in the Kenora District, 2013

Type	Kenora Census Division (City)	Kenora District
Family Practice	33	96
Specialists (incl. Visiting Specialists)	14	19
Total	47	115

Sources: Canadian Health Human Resources Network Physician Database

Cooperation Key to Success

In 2005 family practice physicians in Kenora practiced independently with five separate practices in three locations. The largest location, the Kenora Medical Centre housed three physician practices in separate offices, each with their own staff, reception, and business model. Overheads were high and the model was not effective for the recruitment and retention of new physicians. A community-based not-for-profit Board, the Kenora Health Centre Corporation (KHCC) was formed to purchase and renovate the Kenora Medical Centre. The physicians formed the Sunset Country Family Health Network (SCFHN) in 2006. KHCC proceeded with a 12,000 square foot, 2 story building addition at the Paterson Medical Centre, which opened in late February 2010. This new medical complex would not have been possible without the support of the City of Kenora and the generous donations of Andrew Paterson and the Paterson Foundation.



Paterson Medical Centre

Primary Care: The Sunset Country Family Health Team

The Sunset Country Family Health Team (SCFHT) is an interdisciplinary primary health care team that is committed to working together to provide comprehensive, accessible, coordinated primary health care services for people located in and around Kenora. The mission of SCFHT is to improve access to effective, comprehensive patient-centered, team-based primary health care which supports self-management, emphasizes health promotion and disease prevention, and enhances the management of individuals with chronic diseases through programs that are well linked with other local health and community services.

The team includes physicians, nurse practitioners, nurses, dietitians, a pharmacist, a social worker and a chiropodist. SCFHT operates out of 4 sites including the Paterson Medical Centre, Keewatin Medical Clinic, Docside Clinic and Woodlands Medical Associates.

The **Paterson Medical Centre** is the largest site and has over 40 healthcare professionals and 25 support staff comprised of general practitioners, general surgeons, clinical therapists, nurse practitioners, pharmacists, a chiropodist, dietitians, registered nurses, registered practical nurses, a psychiatrist, and a social worker.

Sunset Country Family Health Team Services Include:

- ✓ Chiropody
- ✓ COPD
- ✓ Diabetes
- ✓ Hospital Discharge Program
- ✓ Hypertension
- ✓ INR
- ✓ Mental Health
- ✓ NOSM Program
- ✓ Nurse Practitioners
- ✓ Nursing
- ✓ Nutrition
- ✓ Pharmacy
- ✓ Smoking Cessation
- ✓ Social Work

Kenora Medical Associates (KMA) operates a 15-doctor primary care clinic within the Paterson Medical Centre. KMA along with SCFHT offers primary health care including but not limited to:

- Chronic disease education and prevention
- Disease management and prevention
- Health promotion

Paterson Medical Centre also houses an on-site lab and on-site pharmacy, dentist office, psychologist, CCAC and Midwives. SCFHT participates in teaching with a regular rotation of medical students and residents from Northern Ontario School of Medicine (NOSM). SCFHT members travel to outlying communities including Whitefish Bay, White Dog and Grassy Narrows to provide services.

Waasegiizhig Nanaandawe'Iyewigamig Health Access Centre The Kenora Area Health Access Centre

Waasegiizhig Nanaandawe'Iyewigamig offers primary health care and preventative services combining traditional and contemporary approaches to health and healing. Complementary programs include a residential healing program. The Centre also managed the hospital's hostel accommodation program for people accessing hospital services in Kenora. Language interpretation, emotional support, and client advocacy services are also available. The centre's catchment area includes communities in Dalles, Grassy Narrows, Northwest Angles (No. 33 and No. 37), Washagamis Bay, Shoal Lake, Iskatewizaagegan, Whitedog, Whitefish Bay, Rat Portage, Minaki, and Wabigoon. The number of client encounters has risen quickly in recent years, growing from 13,870 encounters in 2011-12 to 19,117 in 2013-14.

Waasegiizhig Nanaandawe'Iyewigamig Health Access Centre 's Services Include:

- ✓ Assessment, diagnosis & treatment
- ✓ Preventative health care
- ✓ Health education & promotion
- ✓ Traditional health care
- ✓ Mental health & wellness
- ✓ Diabetes education and specialized care
- ✓ Nutritional counseling and support
- ✓ Reproductive health
- ✓ Early child development & nutrition



Long-Term Care & Home Care for Seniors

Kenora offers two residential long-term care facilities plus a range of in-home long-term care services that allow people to continue to enjoy life in their own homes.

Table 1 Beds at Long Term Care Facilities in Kenora

Facility	LTC Beds
Birchwood Terrace Nursing Home	96
Pinecrest Home for the Aged	116
Total	212

Sources: Local Health Hub Profile, NWLIHN

Birchwood Terrace

Birchwood Terrace staffs an interdisciplinary team, including registered nursing staff, that is dedicated to providing optimal care through individualized assessment and care plans. The facility overlooks Lake of the Woods and residents have been enjoying the lake's spectacular seasons since 1975.



Birchwood Terrace's professional dietary staff ensures meals are nourishing and complementary to each resident's health care needs. The facility offers recreation and rehabilitation programs to optimize independence and lifestyle choices, an award-winning Skin Health program, pain and symptom management, and health care services including physiotherapy, doctor and pharmacist services.

Pinecrest

Pinecrest is a 116-bed long-term care facility offering a variety of programs, services and amenities. The home organizes community special events, guest speakers, intergenerational programs and pet visitation and therapy to enrich the quality of life of residents. The staff provides 24-hour nursing care and supervision, 24-hour on call physician care, a psychogeriatric resource consultant, and a variety of personal services and meals.



An Age-Friendly Community

Kenora has formed an age-friendly steering committee that will bring together fifteen senior services organizations to work together to make the community age-friendly for seniors. The group will address issues for seniors housing, home care services, transportation and other senior services.

The Kenora Senior's Centre and the Keewatin Senior's Center both provide a variety of programming to give Kenora's seniors more opportunities for social activities and a chance to enjoy the company of friends in a social setting. Kenora Area Senior Centres offer opportunities to make new friends as well as enjoy and cultivate existing friendships.

Home Care

Serving the Kenora Area, Sioux Lookout and Red Lake, **Community Support Services** is a non-profit organization that has been providing services to seniors and special needs clients in the Kenora district for over 23 years. The primary goal of Community Support Services is to allow clients to maintain their independence, to continue family and community relationships and to remain for as long as possible in their own homes. The **Community Care Access Centre** offers at home care services by registered nurses and personal support workers. The **Alzheimer Society of Kenora Rainy River Districts** offers support services for seniors with Alzheimer's and their families.



Community Support Services in Kenora

Adult Day Program (Club Day Away)

Clients participate in a supervised group setting, enjoying social activities, nutritious meals, exercises and companionship.

Supportive Housing - Benidickson Court

This new program is designed to help people live independently in their own apartment. The focus is on promoting mental and physical health along with around the clock personal support. For a low monthly fee, clients enjoy a variety of scheduled activities and outings among other benefits.

Congregate Dining Program

A support service that provides a nutritious meal at a central location.

Lifeline - Personal Response and Support Service

At the touch of a button, Lifeline is able to provide 24-hour help or assistance. Lifeline offers peace of mind and reassurance to subscribers, their caregivers and healthcare providers.

Home Help

Home Help is a support service (provided by non-health personnel) to assist with general cleaning. The job may be undertaken on a regular basis or occasionally.

Home Maintenance

This program is designed to assist clients with cleaning and maintaining their home, yard and garden.

Meals on Wheels

A hot meal is delivered by friendly volunteers to promote nutrition and social interactions to home-bound individuals.

Transportation

A support service that provides transportation to medical appointments, wellness programs and recreational activities for individuals who meet the eligibility criteria.

Other Service Providers

The Kenora Association for Community Living

The Kenora Association for Community Living has been providing necessary community services to Kenora for over fifty years. Founded in 1961, the association works diligently toward making Kenora a healthy community. The KACL employs over 200 people, making it one of Kenora's larger employers, and received over \$8.1 million in provincial funding in 2013-14.

The organization advocates for social equality through services to children, services to adults with developmental disabilities, and services to adults with mental health needs. Programs like the Art Hub Workshop, gardening workshops, a seed library, and a local food coop all enrich the lives of Kenora residents.

People associated with the KACL actively participate in the community by volunteering their time, by sitting on boards and committees, by coaching and managing sports teams, and by enjoying the beautiful Lake of the Woods area.

The Kenora Association for Community Living aspires to weave the social fabric that celebrates connectedness, belonging, autonomy, and diversity by cultivating positive change, through conversations that emphasize possibilities rather than problems.



"Bunch Of Flowers" by Tyson Cederwall



"Over The Bridge" by Jacob McDonald



"Historical Old Stuff" by Tyson Cederwall



"Float Plane" by Jacob McDonald

FIREFLY

FIREFLY provides a range of physical, emotional, developmental and community services with offices and programs located across the Kenora and Rainy River Districts.



These services include:

- Access services such as service co-ordination for adult developmental services and for children’s rehabilitation. FIREFLY provides resources, training and support for early years service providers in literacy and language development for children across the Kenora and Rainy River Districts;
- Child and youth mental health and other clinical services including children’s rehabilitation, youth justice, respite and supervised access services across the Kenora District;
- Best Start Hubs: Hubs provide community information and support on child development, parent education and connections to other services in Kenora, Sioux Lookout, Minaki and Sioux Narrows;
- Prenatal Nutrition Programs that offer supports for expectant and new mothers in Red Lake and Kenora including prenatal classes, healthy infant feeding and postnatal supports;
- Licensed Early Learning and Child Care programs in Kenora;
- Resources, training and supports for Licensed Child Care and Best Start Hub providers across the Kenora and Rainy River Districts;
- The Youth Justice Committee Program, an alternative to the traditional youth criminal justice system in Dryden;
- Youth Mental Health Court Worker Program, a diversion alternative to the Court process for youth who have been identified with mental health issues.

Table 2 FIREFLY Services 2013/14, Selected Programs

FIREFLY Service	Clients Served
Physical Health	
Occupational Therapy	325
Physical Therapy	216
Speech & Language	699
Early Language Facilitation	348
Children's Mental Health	
Child and Family Intervention	513
Children's Mental Health 0-6	59
Waitlist Management	52
Mental Health in Schools	52
Children's Community Support	322
Psychology/Psychiatry Coordination	
Telepsychiatry Program (SickKids Hospital)	78
Psychology Services	58
Treatment Foster Care	21
Youth Justice Program	
Counselling	21
Section 34 Assessments	12
Youth MH Court Worker	29
Youth Justice Committee	10
Child Development Services	
Assessment and Counselling	62
Autism Services	47
Infant Development	48
Respite	
Autism Spectrum Disorder Respite	79
In-Home Respite	23
Out-of Home Respite	85
Canada Prenatal and Nutrition Program (CPNP)	72
Child Care Services	250
Summer Camp	35
Kenora-Rainy River Best Start Hubs	
Children Served (0-6 yrs)	2792

Sources: Firefly Annual Report

Kenora District Services Board



The Kenora District Services Board (KDSB) was formed by the District Social Services Administration Boards Act in 1999 and is governed by a Board of Directors represented by Municipalities and Unincorporated areas within the geographical area of the District of Kenora. The KDSB jurisdiction is approximately 407,000 square kilometers or approximately 38% of Ontario's entire land mass and the KDSB is responsible for the delivery and management of Ontario Works (OW), Social Housing, Emergency Medical Services (EMS – Land Ambulance) and Early Learning and Child Care services.

Social Housing administers rent-geared-to-income assistance to eligible households in the Kenora District. There are 1,130 units in the district of which 528 are owned by the KDSB, 560 are owned by Non-Profit Providers and 42 rent supplement units. Housing rental assistance is provided to eligible single non-elderly, family and seniors in a number of cities, towns, municipalities, villages and unincorporated areas within the Kenora District.

Land Ambulance: Northwest EMS is responsible for providing emergency pre hospital care in the District of Kenora. Northwest EMS currently has 9 stations and 96 primary care paramedics.

Ontario Works provides financial assistance to those most in need while they meet obligations to become and stay employed. Ontario Works employment assistance helps people through activities such as:

- Job search support services;
- Employment information sessions;
- Community participation (activities that allow people to contribute to the community and improve their employability);
- Employment placement and job retention services;
- Referrals to basic education;
- The Learning, Earning and Parenting (LEAP) program;
- Literacy and job-specific skills training



Children's Programs: The Kenora District Services Board is the Service System Manager for Early Learning and Care/Best Start initiatives within the Kenora District. The KDSB goal is to support economic and social development in the District of Kenora by investing in and supporting an accessible, affordable and accountable Early Learning and Care (ELC) system, benefiting children, their parents, caregivers and the broader community.

Kenora-Rainy River Districts Child and Family Services

Kenora-Rainy River Districts Child and Family Services is a non-profit community organization funded by the Government of Ontario, legally mandated to protect children and youth from abuse and neglect through the Child and Family Services Act. Spanning two districts - Kenora and Rainy River – the organization was formed in 2011 as a result of the merging of two organizations (Family & Children’s Services of the District of Rainy River and Kenora-Patricia Child and Family Services) with a rich and lengthy history in each of their districts.

The Agency offers many services to children and families including:

- Child welfare,
- Children’s mental health, and
- Developmental services.

The agency provides counselling, teaching and support programs to help create safe and loving homes for children. Working with families, the agency offers guidance and techniques to become better parents and for children to develop to their full potential. Working with community partners, the agency ensures that families have access to other programs and services specific to their needs.

Health for Aboriginal Peoples

Kenora Chief’s Advisory

The Kenora Chiefs Advisory is an alliance of independent, participating First Nations within the Western Region and has been incorporated and in operation since 1995. The Kenora Chiefs Advisory’s mandate is to provide programs and services to the First Nations in the field of health, education and social services in a holistic, traditional way ensuring the survival of the Anishinabe way in the present and future generations. Chiefs from each of the seven communities constitute a board of directors and govern Kenora Chiefs Advisory (KCA) while the day-to-day operations are managed by the Executive Director. These Chiefs are accountable to the First Nations that they represent.



Kenora Chiefs Advisory is committed and dedicated to providing culturally appropriate health and social services, which address the needs and enhance the well-being and capacity of community members in affiliated First Nations. In 2013-14, the Kenora Chief's Advisory received over \$3.4 million in federal and provincial funding to support programs in:

- Mental health and addiction;
- Social services;
- Children's services;
- Aboriginal diabetes;
- Long-term care; and
- Responsible gambling.



Grand Council of Treaty #3 Health Council

The purpose of the Grand Council Treaty #3 – in relation to health – is to enable the 28 member communities to discuss and decide on regional, federal and national priorities affecting First Nations health, and to provide a unified voice on health issues affecting its citizens. Treaty #3 Health Council:

- Protects, preserves and enhances inherent treaty rights for Health utilizing our holistic healing wheel
- Acts as a technical health advisory body to the political leadership and communities of Grand Council Treaty#3
- Creates common approaches, recognizes and utilizes traditional teachings and practices through holistic health and cooperation
- Promotes communication and shares information within communities, the region and nationally



Grand Council of Treaty # 3 Provides Funding to...

Health Care Agencies in the Kenora Area

Migisi Treatment Center
 Nanaandawe'Iyemigamig Healing Lodge
 Wassay-Geezhig-Na-Nahn-Dah-We-Igamig (Kenora Health Access Center)

Child Care Agencies in the Kenora Area

Anishinaabe Abinoojii Family Services
 Anishinabeg of Kabapikotawangag Resource Council
 Bimose Tribal Council

Healthcare Human Resources and Labour Force

Kenora's health care sector represents about 17 per cent of all employment in Kenora, a percentage that is similar to that of the Kenora District. In total 1,460 people work in health care in Kenora and about 675 of these workers are employed in health care occupations, with the balance of workers employed in other professional, administrative and service occupations.

Table 3 Employment by Industry, Kenora and the Kenora District

Labour Force by NAICS Industry (2011)	Kenora City		Kenora District	
11 Agriculture, forestry, fishing and hunting	300	3.5%	540	2.0%
21 Mining, quarrying, and oil and gas extraction	30	0.3%	1,230	4.5%
22 Utilities	90	1.0%	320	1.2%
23 Construction	970	11.2%	2,225	8.2%
31-33 Manufacturing	399	4.6%	1,030	3.8%
41 Wholesale trade	200	2.3%	415	1.5%
44-45 Retail trade	1,250	14.5%	3,100	11.4%
48-49 Transportation and warehousing	400	4.6%	1,490	5.5%
51 Information and cultural industries	240	2.8%	405	1.5%
52 Finance and insurance	210	2.4%	530	2.0%
53 Real estate and rental and leasing	40	0.5%	190	0.7%
54 Professional, scientific and technical services	240	2.8%	580	2.1%
55 Management of companies and enterprises	-	0.0%	-	0.0%
56 Administrative, waste management and remediation services	120	1.4%	520	1.9%
61 Educational services	560	6.5%	2,245	8.3%
62 Health care and social assistance	1,460	16.9%	4,685	17.2%
71 Arts, entertainment and recreation	125	1.4%	355	1.3%
72 Accommodation and food services	670	7.8%	2,090	7.7%
81 Other services (except public administration)	450	5.2%	1,145	4.2%
91 Public administration	870	10.1%	4,075	15.0%
Total	8,624		27,170	

Labour Force by Occupation (2011)	Kenora City		Kenora District	
Management occupations	645	7%	2,260	8%
Business, finance and administration occupations	945	11%	3,345	12%
Natural and applied sciences and related occupations	365	4%	1,330	5%
Health occupations	675	8%	1,575	6%
Occupations in education, law and social, community and gov services	1,460	17%	5,175	19%
Occupations in art, culture, recreation and sport	190	2%	440	2%
Sales and service occupations	2,110	24%	6,195	23%
Trades, transport and equipment operators and related occupations	1,530	18%	4,980	18%
Natural resources, agriculture and related production occupations	425	5%	1,180	4%
Occupations in manufacturing and utilities	279	3%	690	3%
Total	8,624		27,170	

Source: Household Survey 2011

Kenora Health Care Profile

Lake of the Woods District Hospital is the largest employer in Kenora's health care sector, employing approximately 500 full-time, part-time, and casual staff. These workers equate to approximately 380 full-time equivalent workers.

Table 4 Lake of the Woods District Hospital Full-Time and Part-Time Staff

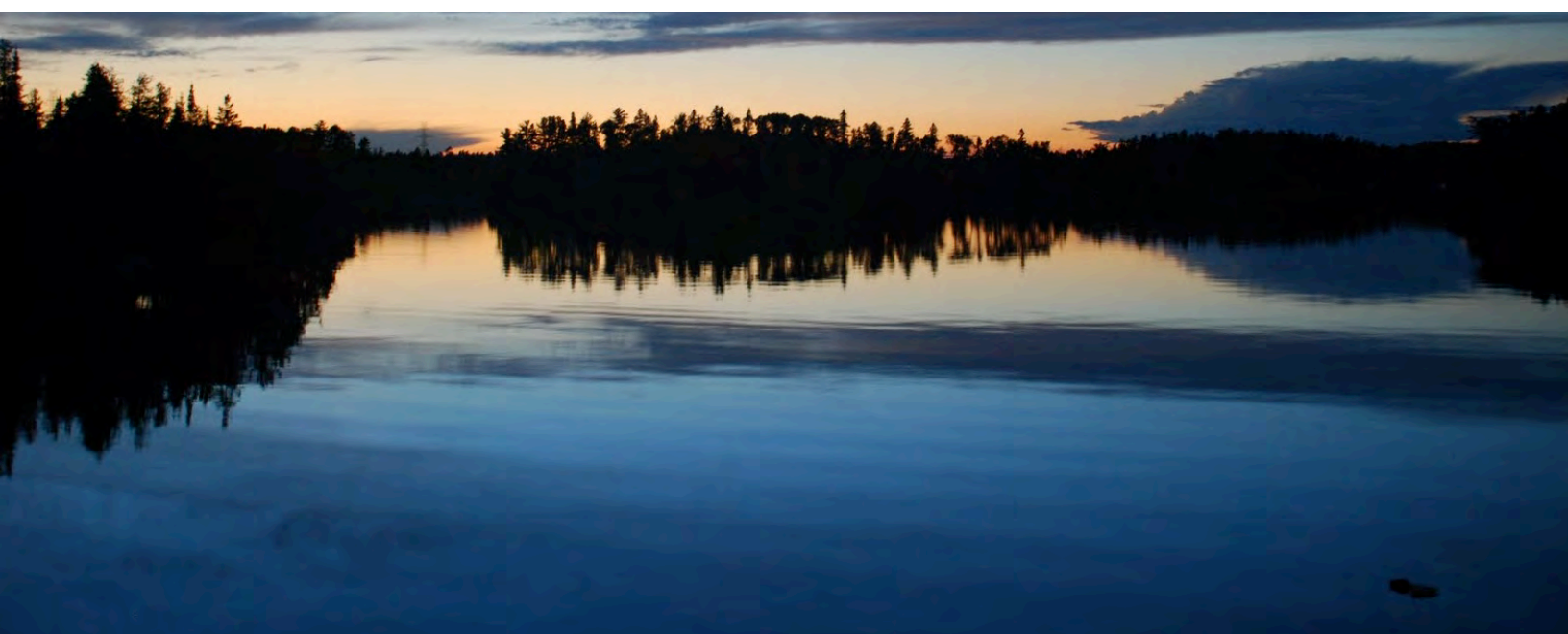
Occupational Category	Positions
Registered Nurses	109
Service and Clerical Workers	92
Practical Nurses	39
IT	3
Para Clinical Occupations	33
Para Technologists	15
Management	26

Recruitment of Health Workers

In addition to being the second largest centre in northwestern Ontario, every year, Kenora greets tens of thousands of visitors looking for the best in outdoor adventure, fishing, hunting, water sports, winter sports, snowmobiling, unique festivals, international sport tournaments, or simply a relaxing lakeside getaway with all the comforts of a city dedicated to hospitality. Spring, summer, fall and winter, Kenora is continually hosting festivals, competitions and events that add to a high quality of life. Pristine natural surroundings offered in Kenora have been a key factor enabling Kenora to successfully attract health care professionals.

Physicians

Physicians are provided the opportunity to start a turn-key practice at the Paterson Medical Centre. Eligible candidates may receive \$113,600 over four years through the Northern and Rural Recruitment and Retention incentive (Ministry of Health and Long-Term Care).



Opportunities for Growth

Vision for a New Hospital and Health Care Campus

The Lake of the Woods District Hospital was founded as St. Joseph's Hospital in 1897. The main hospital building was constructed in 1929 with additions and renovations in 1961, 1970, 1972, 1987 and 2003, however, the current building lacks adequate space and suffers from functionality problems that hinder the hospital's ability to incorporate modern best practices. With a new building on a health care campus, the hospital could provide better services and effectively integrate those services with other healthcare and community partners.

The ultimate Lake of the Woods District Hospital capital redevelopment vision would be based on a service delivery model that provides for enhanced system integration through a comprehensive health campus. The campus would provide the opportunity for local health providers to voluntarily co-locate, which would facilitate access to a more complete continuum of care. The campus would also support the ability for Kenora to provide more specialized services to surrounding local health hubs. It would assist in developing a more systematic approach to healthcare services, with the potential to enhance efficiency, reduce waiting times, facilitate excellent health promotion, illness prevention, primary care, acute care and long term care.

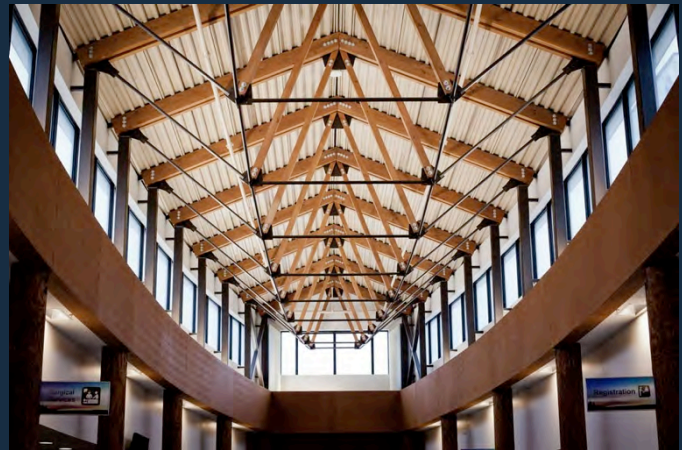


Photo Above: Sioux Lookout Meno Ya Win Health Centre

As part of the vision, a new Kenora hospital and campus could...

- ✓ **Expand the Emergency/Outpatient Department** to better accommodate the volume of patients
- ✓ **Replace the Surgical Suite and Operating Theatres** that were constructed in the early 1960's with modern facilities that support day surgery services
- ✓ **Expand the number of private rooms**, replacing the current shared rooms and reducing risk of infection
- ✓ **Support both traditional and modern medicines and practices**, recognizing and respecting the cultural and linguistic diversity of the population in the region
- ✓ **Increase the number of public washrooms.** (There is only one set of public washrooms for the hospital).
- ✓ **Increase accessibility.** The current building is located on steeply sloping bedrock, making it difficult for the mobility impaired to access the Hospital; Many of the current bathrooms do not have wheelchair access.
- ✓ **Improve the effectiveness of patient care and outcomes in the 19-bed mental health unit**, by assuring adequate space to segregate patients when needed and provide for space conducive to therapeutic treatment.

A health campus concept will provide enhanced opportunities for system efficiencies through the integration of common services, sharing of common physical space among the health campus tenants, and voluntary sharing of clinical services, support services and management resources. Opportunities to share and/or collaborate in common services such as education, information technology, back office services, telemedicine, and other services can also be more readily available.

A health care campus could also serve as a referral centre for services provided to the surrounding health hubs. For instance, Kenora could potentially serve as the centre for cataract surgeries, joint replacements, or other services. The addition of services would support better recruitment of more specialists and family physicians to the community to provide these services by creating the appropriate facilities to provide these more specialized services.

Paterson Medical Centre: Built with expansion in mind...

After undergoing a complete renovation in 2006 / 2007 and expansion in 2010, the newly designed Paterson Medical Centre is a model of medical efficiency, making Kenora one of the top served communities in Northwestern Ontario. The modern facility has 25 clinical exam rooms, nursing rooms, healthcare professional offices, a conference room, an electronic medical record and everything needed to provide access to some of the highest quality medical care in the area.

Having already completed one expansion, the Paterson Medical Center still has room to grow as health providers need additional space co-located with the clinic.



Rebuilding Birchwood Terrace Nursing Home

Kenora's only privately owned nursing home, Birchwood Terrace, was purchased in 2013 by Southbridge Capital. The new ownership is planning to upgrade the whole facility within the next few years, by taking advantage of provincial funding to help companies redevelop their facilities.

As part of Southbridge's Country Village Homes business, the redeveloped home will give its 96 residents individualized, quality care in a home that they can truly call their own. If feasible, the rebuilt facility could be developed jointly as part of the envisioned comprehensive health campus. Southbridge Care Homes' mission is to develop a best-in-class portfolio of care homes and retirement communities that consistently deliver excellence in care and services. Southbridge creates environments where residents feel connected to their community and experience individualized, quality care in a home that they can truly call their own.



Above: Successful redevelopment of Country Village Homes in other communities in 2013 by Southbridge Capital

Building Common Ground for Health of Aboriginal People

The population of Northwestern Ontario's Aboriginal Peoples is increasing but health levels among Aboriginal Peoples are not as high as the general population.

The growing health needs of Aboriginal People presents an opportunity to form new and stronger partnerships as well as provide modern and traditional health services in a culturally sensitive manner. Key future opportunities for partnership include:

- Inclusion of Aboriginal People in planning of future health care expansion and services.
- Better integration and delivery of health services both in Kenora and in First Nations communities.
- Provision of a combination of traditional healing and modern health care services.

The Kenora Chief's Advisory and the Grand Council Treaty #3 Health Council play leading roles in directly providing services and extending access to services among the region's First Nations communities.

A History of Partnerships

Minobimaddiziwin: Working together to Improve Mental Health

April 17, 2014 in Eagle Lake First Nation members of the "Minobimaddiziwin" – Treaty #3 Health Improvement and Community Preparedness Strategy signed the relationship agreement to work collaboratively to strengthen sustained relationships that seek to enhance culturally safe services, reduce barriers and improve the continuum of care. The agreement spans prevention, early identification, assessment, treatment, and aftercare for mental health, addiction and emergency response within Anishinaabe communities to better serve children, elders, seniors, adults and families. Minobimaddiziwin will improve integration of existing provincially and federally funded mental health, addiction and community preparedness services, strengthen communication and access to mental health and community preparedness services that meet the needs of Anishinaabe of Treaty #3.

Tunnel Island Common Ground

The Tunnel Island 5-party partnership is one example of collaboration, in which delegates from common ground project partners representing Grand Council Treaty 3, the three First Nation communities of Wauzhusk Onigum (Rat Portage), Obashkaandagaang (Washagamis Bay), Ochiichagwe'babigo'ining (Dalles) and the City of Kenora worked together to form a governing board for Tunnel Island, located in the heart of Kenora.

Appendix A: Federal Health Care Funding Categories

Federal healthcare funding is divided into three major categories:

Health Infrastructure Support: The Health Infrastructure Support Authority underpins the long-term vision of an integrated health system with greater First Nations and Inuit control by enhancing their capacity to design, manage, deliver and evaluate quality health programs and services. It provides the foundation to support the delivery of programs and services in First Nations communities and for individuals, and to promote innovation and partnerships in health care delivery to better meet the unique health needs of First Nations and Inuit. The funds are used for: planning and management for the delivery of quality health services; construction and maintenance of health facilities; research activities; encouraging Aboriginal people to pursue health careers; investments in technologies to modernize health services; and integrating and realigning the governance of existing health services.

Primary Health Care: The Primary Health Care Authority funds a suite of programs, services and strategies provided primarily to First Nations and Inuit individuals, families, and communities living on-reserve or in Inuit communities. It encompasses health promotion and disease prevention programs to improve health outcomes and reduce health risks; public health protection, including surveillance, to prevent and/or mitigate human health risks associated with communicable diseases and exposure to environmental hazards; and primary care where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end-of-life care, and referral services.

Supplementary Health Benefits: The Non-Insured Health Benefits (NIHB) Program provides a specified range of medically necessary health-related goods and services to registered Indians (according to the Indian Act) and Inuit (recognized by one of the Inuit Land Claim Organizations) regardless of residency in Canada where not otherwise covered under a separate agreement (e.g. a self-government agreement) with federal, provincial or territorial governments. The benefits under the NIHB Program include the following, where not otherwise provided to eligible clients through other private or provincial/territorial programs: pharmacy benefits (prescription drugs and some over-the-counter medication), medical supplies and equipment, dental care, vision care, short-term crisis intervention mental health counselling, and medical transportation benefits to access medically required health services not available on reserve or in the community of residence.

Endnotes

ⁱ Source: Lake of the Woods District Hospital Annual Report

ⁱⁱ Estimates of funding are calculated based transfers from Federal and Provincial ministries to organizations in Kenora and to First Nations communities near Kenora, as reported in the Federal and Provincial Public Accounts. Estimates are limited to health-related transfers and do not include transfers for general infrastructure (unless designated as healthcare infrastructure), schools, or other community services.

Some assumptions are made in the estimated transfers.

- Transfers to organizations that serve only residents in the City of Kenora and immediate surrounding area are included in total estimates at 100% of the total transfer.
- Transfers to organizations that serve residents throughout the Kenora District are included in total estimates at 26.6% of the total gross transfer because the Kenora city and surrounding areas represent approximately 26.6% of the District's population.
- Transfers to organizations that serve residents throughout the Kenora and Rainy River Districts are included in total estimates at 19.7% of the total gross transfer because the Kenora city and surrounding areas represent approximately 19.7% of the two districts' combined population.
- Transfers to organizations that serve residents throughout Northwestern Ontario are included in total estimates at 6.9% of the total gross transfer because the Kenora city and surrounding areas represent approximately 7.9% of the Northwestern Ontario population.
- Transfers for long-term care homes are estimated on a transfer-per-bed basis.
- Transfers to physicians and surgeons are calculated as the product of the population of the Kenora Health Hub and average primary care spending per capita in Ontario.