



IGNACE AREA HEALTH SERVICES

EXECUTIVE SUMMARY

NORTHWEST COMMUNITY STUDIES

InterGroup Consultants, July 2022



1. Study Objectives

This study assesses the potential impact of the Project on community health services and options to mitigate Project-related consequences in the Township of Ignace, and the Dryden Health Hub¹.

Key Planning Assumptions: The projected population growth for Ignace is assumed to increase from just over 1,200 people now to around 1,760 residents in the preconstruction phase (2028-2032) of which 43% (530) residents can be attributed to the Project. In the operations phase (2043-2088) the population is assumed to be around 2,260 residents of which 80% (995) people can be attributed to the Project.

In the Local Study Area (excluding Ignace) the project population growth is assumed to from 15,170 about 15,245 residents in the preconstruction phase (2023-2032) of which about 0.5% (75) people can be attributed to the Project. In the operations phase (2043-2088) the population is assumed to be around 16,330 residents of which 5.4% (830) people might be attributed to the Project.

Ignace Health Service Planning Aspirations: Develop strategies to support and retain the population across all age groups, particularly youth; attract and retain workers in the community; and develop enhancements to social services.



2. Key Findings

Baseline

- Mary Berglund Community Health Centre Hub (MBCHCH) is central to the provision of primary health care services in Ignace and is the beginning of the “Health Care Journey” for many residents.
- It is common for residents to travel to Dryden, Kenora, Sioux Lookout, Thunder Bay, and Winnipeg for both general and specialist services.
- Current region-wide service gaps include addictions and mental health, crisis response, and seniors’ services.
- Kenora District Services Board (KDSB) has been funded to implement a paramedics program which will bring medicine and services to northern communities reducing need for travel

Forecast without the Project: Primary healthcare services will continue to be met, and existing gaps may persist. Travel to fill health care services will remain. While steps can be taken to attract healthcare professionals and services to Ignace, external factors (Provincial funding and policies, doctor and nurse shortages, etc.) are outside of the community’s control.

Forecast with the Project: A population increase will increase the demand for, and act as an incentive for more healthcare professionals to practice in Ignace. An expanded local healthcare network should also encourage professionals to take up practice in the Township, including into areas where the growth in population could support services not currently offered (e.g., dentist). The Deep Geological Repository (DGR) construction camp will include onsite health care services and programs.

¹ Includes Dryden, Eagle Lake First Nation, Ignace, Machin, and Wabigoon Lake Ojibway Nation.



3. Next Steps

- Plan collaboratively to anticipate and deliver, healthcare services based on the distinct needs in each of the three Project phases.
- Implement and evaluate, with the active participation of Indigenous and non-Indigenous interests, best practices regarding the provision of onsite healthcare and other well-being services for the construction camp.
- Establish a participatory monitoring committee to continuously assess and manage growth and other pressures on the healthcare services associated with Project.