

Report

To: Mayor and Council
From: Renée Mask, CAO
Subject: Calabogie Junction: Health & Wellness Hub Implementation Readiness Plan

Recommendation

That Council endorse the Calabogie Junction: Health and Wellness Hub Implementation Readiness Plan as presented.

Background

In October 2025, Council endorsed the Strategic Framework for the Calabogie Junction Health and Wellness Hub. The Framework established the rationale, partnership direction, and preliminary advancement pathway required to move the initiative from vision toward implementation.

Since endorsement of the Framework, the Township has undertaken the actions identified within it. These actions included Township-wide public consultation and interactive service mapping, engagement with primary care providers and allied health partners, discussions with County Paramedic Services and community organizations, testing of private sector delivery through a formal Expression of Interest process, delegation with the Minister of Health to clarify capital pathways, and preliminary financial modelling to assess capital structuring options.

These steps confirmed both the demand for expanded clinical and wellness space and the structural realities associated with delivering purpose-built rural health infrastructure. The existing Calabogie Medical Centre has reached physical capacity, limiting growth in patient attachment and constraining recruitment despite demonstrated interest from providers. Infrastructure expansion has been identified as a prerequisite to service expansion.

The Implementation Readiness Plan has been prepared to transition the project from the Strategic Framework stage into a structured, capital advancement model.

Discussion

The Implementation Readiness Plan establishes a pathway for evaluating and advancing the Health and Wellness Hub. Endorsement of the Plan does not authorize construction, borrowing, or final ownership determination. Rather, it confirms Council's support for a structured feasibility-first approach.

The Plan outlines the following milestones:

Milestone 1 – Feasibility Validation

March 19, 2026
Regular Council

This stage will confirm detailed capital cost estimates, energy performance modelling, lifecycle sustainability analysis, functional programming refinement, and financial modelling to validate long-term operating viability.

Milestone 2 – Capital Alignment

Upon successful feasibility validation, a blended capital structure will be pursued, combining senior government participation, philanthropic contributions, tenant participation where appropriate, and municipal borrowing within validated affordability thresholds.

Milestone 3 – Capital Commitment and Detailed Design

This stage converts capital alignment and tenant intent into binding commitments and advances detailed architectural and engineering design.

Milestone 4 – Construction

Construction would proceed only upon confirmation of capital alignment, secured tenancy, and Council authorization.

Milestone 5 – Operational Launch

The Plan maintains ownership neutrality. Municipal ownership, developer-led delivery, and hybrid partnership structures will be evaluated during feasibility. No ownership model has been selected at this stage.

Endorsement of the Plan positions the Township to demonstrate capital discipline, advance feasibility analysis responsibly, and present a structured readiness framework when engaging with provincial partners and potential capital sponsors.

Financial Implications

There are no financial implications in endorsing this report.

Strategic Plan Alignment

- Open Communication and Engagement
- Growth Management
- Culture and Wellness
- Efficient and Effective Governance

Respectfully Submitted,
Renée Mask, CAO

March 19, 2026
Regular Council



TOWNSHIP OF

GREATER MADAWASKA



Calabogie Junction: Health and Wellness Hub Implementation Readiness Plan

Connecting Health and Community, Closer to Home

Contents

1	Executive Summary	3
2	Rural Service Context and Access Differentiation.....	3
3	Community and Economic Impact.....	4
4	Partnership Framework	5
5	Site and Design	7
6	Financial Validation Pathway	8
7	Delivery Model Evaluation.....	10
8	Governance and Accountability.....	11
9	Risk Management and Success Indicators.....	12
10	Implementation Roadmap.....	12

DRAFT

1 Executive Summary

In October 2025, Council endorsed the initial Strategic Framework for the Calabogie Junction Health and Wellness Hub, identifying the key actions required to advance the initiative from vision to implementation.

Since that endorsement, and building on the Township's 2025 acquisition of 6.47 acres of centrally located, development-ready land for this project, the Township conducted public engagement and community mapping to validate service priorities, strengthened collaboration with primary care and community paramedicine partners, tested private sector delivery through a formal Expression of Interest, undertook a formal delegation with the Minister of Health to clarify capital funding pathways, and initiated preliminary financial feasibility structuring analysis.

Continued engagement with Ministry of Health staff will occur throughout feasibility and capital alignment to ensure consistency with provincial funding criteria and health infrastructure planning frameworks. The Hub is positioned as infrastructure that strengthens community-based primary care capacity and reduces downstream system pressures. Discussions with provincial partners have identified potential pathways for capital delivery.

While provincial data indicate that approximately 9.2 percent of residents remain unattached to a primary care provider, local consultation findings show that only approximately 24.5 percent of residents have access to a provider located within Greater Madawaska. As a result, many residents travel to neighbouring municipalities for routine care, reflecting an accessibility gap rather than simply an attachment gap.

The Implementation Readiness Plan establishes a structured pathway to determine the most financially responsible ownership and delivery structure under a blended capital framework. Both developer-led partnership models and municipal ownership structures will be evaluated during the feasibility phase. Final determination will be informed by validated financial modelling, tenant operating capacity, capital funding alignment, and long-term community benefit.

2 Rural Service Context and Access Differentiation

The Township of Greater Madawaska spans more than 1,000 square kilometres in the County of Renfrew and functions as a dispersed rural service area rather than a centralized settlement. The permanent population is distributed across villages, waterfront communities, and rural concessions, resulting in significant travel distances for primary care, rehabilitation, and allied health services.

The Township has a Rurality Index of Ontario (RIO) score of 55. The RIO score reflects geographic isolation, travel time to referral centres, and population density, and is widely used in provincial planning to assess rural health service challenges and to differentiate funding. Service expansion in high-RIO communities requires not only operating support but also enabling infrastructure to support recruitment and team-based care.

Calabogie and the surrounding communities in Greater Madawaska experience substantial seasonal population increases associated with tourism and second-home ownership. Peak periods materially

increase service demand and emergency response pressures beyond the permanent resident base. The Township continues to attract new permanent residents, including young families and retirees seeking rural quality of life.

While residential growth and demographic aging are increasing the demand for care, health infrastructure has not expanded proportionally. The Township has prioritized housing development, land-use planning, and community investment to support permanent residency; however, the absence of expanded primary care capacity creates structural barriers to aging in place. Without accessible local services, residents must travel to neighbouring municipalities for routine and preventative care. For some, sustained access to services ultimately requires relocation away from the Township.

Local health service delivery is anchored by the Calabogie Medical Centre, operating within Township-owned space that has reached physical capacity. Providers have indicated that roster expansion has been constrained by facility limitations rather than operating funding availability. The proposed Health and Wellness Hub responds directly to validated infrastructure constraints. It is not speculative growth infrastructure, but rather the enabling capacity required to support existing and incoming residents in a high-rurality environment.

Health system partners have emphasized that rural service expansion depends not only on funding envelopes, but on the availability of appropriate physical space. Recruitment, retention, and interdisciplinary integration are closely linked to facility quality, co-location, and functional capacity. Infrastructure expansion is therefore a prerequisite to attachment growth in this region.

3 Community and Economic Impact

3.1 Community Validation and Service Demand

The Strategic Framework was informed through an interactive mapping survey and two in-person open houses where residents participated in facilitated board exercises and service-mapping discussions. Participants identified travel burdens for primary care and rehabilitation services, the absence of a coordinated wellness space, and concern regarding the ability to age within the community.

Geographic mapping confirmed participation from across the Township, demonstrating that service demand is distributed Township-wide. Consultation findings directly informed the proposed functional program and confirmed that expanded health infrastructure is a community priority.

Provincial data indicate that approximately 9.2 percent of our residents remain unattached to a primary care provider. However, local consultation and survey mapping revealed that only approximately 24.5 percent of respondents have a provider located within Greater Madawaska. As a result, an estimated 75.5 percent of residents travel to neighbouring municipalities for routine care, with reported round-trip travel distances ranging from approximately 100 to 160 kilometres.

These findings illustrate that the primary challenge within the Township is not solely attachment but also access to locally delivered services. The availability of appropriately designed clinical space has therefore been identified as a key constraint to expanding primary care capacity within the community.

3.2 Health Infrastructure as a Growth Prerequisite

Access to primary care is a primary determinant in residential location decisions. Families considering relocation and older residents evaluating retirement options assess health access alongside housing availability. In rural municipalities, health capacity is directly correlated with housing market viability and long-term population stability.

The Township has advanced land-use planning initiatives and is actively engaging with private-sector housing proponents to encourage diversified housing options, including attainable family housing and downsizing opportunities for seniors. However, housing growth cannot be sustained without local access to primary care and wellness services. Expanded clinical capacity is, therefore, foundational infrastructure supporting community permanency and responsible growth.

Without access to health infrastructure, residents are required to seek care in neighbouring municipalities. For some, sustained access to services ultimately results in relocation away from the Township. Infrastructure expansion is required to reverse that pattern and support aging in place.

3.3 Workforce Attraction and Retention

Purpose-built clinical space enables recruitment and retention of physicians, nurse practitioners, and allied health professionals. Recent recruitment efforts have demonstrated interest in practicing locally; however, physical capacity constraints prevent roster expansion and team growth.

The Hub supports interdisciplinary care models, rural training placements, and integration with paramedicine and wellness programming. Infrastructure readiness strengthens the Township's position in provincial recruitment and attachment initiatives.

3.4 Local Employment and Economic Stability

The facility will generate direct employment through clinical, rehabilitation, wellness, and facility operations roles. Indirect economic benefits will arise through construction activity, local procurement, and increased demand for nearby retail and service-sector businesses.

More significantly, sustained access to health services contributes to community stability by supporting permanent residency, enabling workforce participation, and reducing outward migration to access services.

4 Partnership Framework

The Health and Wellness Hub is being advanced through confirmed engagement with primary care providers, regional health system partners, paramedic services, and community organizations. Anchor tenants and service partners have participated in structured discussions on space programming, service integration, and long-term operational alignment to advance feasibility.

4.1 Primary Care and Clinical Partners

The Calabogie Medical Centre represents the Township's core primary care presence and is anticipated to serve as a foundational tenant within the expanded facility. Engagement with family physicians and

allied health professionals has confirmed the need for additional examination rooms and flexible clinical space to support provider recruitment, integration of nurse practitioners, and expansion of team-based care. Providers have indicated support for advancement to feasibility and have confirmed planning intent to participate in detailed functional programming.

4.2 Clinical Model

The Health and Wellness Hub is designed as a purpose-built clinical facility. Building ownership and operations will be structured through either municipal stewardship, developer-led delivery, or a partnership model, as determined through feasibility analysis. In a municipally owned model, the Township would retain responsibility for building operations. Under a developer-led model, building operations would be structured through long-term lease and service agreements. In both cases, clinical administration remains with provincially funded providers. The Township’s role is limited to facility ownership and property management functions; clinical operations, staffing, and service funding remain entirely within provincial and provider governance structures.

Under this model, physicians and allied health providers will operate within a professionally managed facility without assuming responsibility for property ownership, capital maintenance, or lease administration. This approach reduces operational burden on clinical providers and supports recruitment and retention in a rural setting.

Partner	Role	Space Type	Status
Calabogie Medical Centre	Anchor tenant	Clinical core	Confirmed Intent
County Paramedicine	Community outreach	Flexible space	Engagement active
SALC	Wellness programming	Multipurpose	Confirmed intent
Allied Health	Rotational/leased	Clinical suites	Interest identified

Engagement status reflects active participation in planning discussions and confirmation of service need, subject to capital funding and lease structuring outcomes.

Primary care services in Calabogie currently operate within a Family Health Organization (FHO) structure, with separate Family Health Team (FHT) funding supporting allied health services. The Implementation Readiness Plan does not alter existing clinical funding or governance arrangements. Feasibility will focus on facility tenancy structure and lease arrangements to support long-term operational stability.

4.3 Ontario Health Team Alignment

Engagement with Ontario Health Team representatives has confirmed alignment between the Hub concept. The integration of primary care, rehabilitation, therapy, and wellness services within a single environment supports regional objectives for continuity of care and service integration.

Within the existing Renfrew-Calabogie FHO structure, Calabogie’s RIO 55 designation presents an opportunity to align site-level rural differentiation with expanded infrastructure capacity, subject to provincial review.

4.4 Paramedic Services Collaboration

County of Renfrew Paramedic Services has identified opportunities to integrate community paramedicine functions within the Hub, including wellness outreach, chronic disease monitoring, and coordinated care pathways.

4.5 Community and Wellness Organizations

The Hub will provide space for Seniors Active Living Centre (SALC) programming and other wellness initiatives that enhance mobility, social connection, and preventative health care. Community organizations will play a key role in programming delivery and potential philanthropic fundraising initiatives.

4.6 Formalization of Intent

The Township has established a structured partner alignment process to formalize shared planning intent and demonstrate readiness to advance to feasibility and capital alignment stages. Non-binding memoranda of understanding will be executed with anchor tenants and service partners to confirm participation in functional programming, space validation, and financial modelling.

These agreements will document planning alignment, anticipated space requirements, and intent to participate in the feasibility phase, while preserving flexibility pending validated capital costing, funding confirmation, and final Council approval.

5 Site and Design

The Township has acquired 6.47 acres of centrally located land in Calabogie suitable for the development of the Health and Wellness Hub. Its location within the village core provides visibility, accessibility, and proximity to existing community amenities.

5.1 Facility Design

The Health and Wellness Hub is being planned as a cohesive facility that integrates primary care, allied health, rehabilitation services, community paramedicine, and wellness.

Design considerations include:

- Flexible clinical space capable of accommodating evolving service models
- Shared meeting and training space for interdisciplinary collaboration
- Dedicated areas for rehabilitation and therapy services
- Accessible multipurpose space for multigenerational active programming

The facility design allows for a mix of provincially funded services and privately delivered rehabilitation or allied health services where appropriate.

5.2 Design Concept and Long-Term Build-Out Vision

At the conceptual level, the ground floor is anticipated to be organized into two functional zones connected by a shared central lobby.

The Clinical Core is intended to accommodate the Calabogie Medical Centre, the County of Renfrew Community Paramedicine, and flexible clinical rooms that support visiting specialists and allied health providers on a rotational basis. This configuration is designed to provide stable primary care capacity while maintaining adaptability for a changing workforce and service availability.

A Rehabilitation and Fitness component is anticipated to support programming, physiotherapy, and structured rehabilitation services. This dual-use approach reflects public consultation feedback that identified gaps in rehabilitation access and the need for inclusive wellness programming serving youth, families, working adults, and seniors within a single facility.

Final architectural configuration, internal layout, and phasing will be confirmed through detailed design and feasibility validation.

5.3 Sustainability and Asset Management

Under a municipal ownership scenario, the Hub will be designed to reflect long-term asset management principles and energy efficiency objectives. Opportunities for high-performance building design, energy-efficient systems, and climate resilience measures will be evaluated during detailed design to align with federal and provincial program criteria.

5.4 Future Adaptability

The site configuration and building design will allow for flexibility in internal layout and potential future expansion, subject to funding and service growth. This adaptability is critical in a rural context where service models and population needs may evolve over time.

5.5 Long-Term Capacity Planning

The proposed 18,500-square-foot infrastructure reflects both immediate clinical space limitations and anticipated provider recruitment, interdisciplinary expansion, and evolving models of team-based care. Feasibility analysis will validate space requirements through structured programming sessions with confirmed and prospective tenants, ensuring the facility is appropriately sized for long-term functionality rather than short-term relief. Final square footage will be validated through structured functional programming sessions during feasibility to ensure neither underbuilding nor excess capital exposure.

6 Financial Validation Pathway

6.1 Feasibility and Technical Validation

The next advancement stage is a comprehensive feasibility study to convert planning assumptions into validated capital readiness.

The feasibility phase will confirm:

- Class C construction cost estimate
- Energy modelling and greenhouse gas reduction analysis
- Lifecycle cost modelling and long-term asset sustainability

- Functional programming confirmation with tenants
- Preliminary architectural concept drawings
- Financial modelling, including debt capacity and lease sensitivity analysis
- Capital gap identification under multiple ownership and funding scenarios

Funding for this stage may be sought through federal programs, including the Federation of Canadian Municipalities' Green Municipal Fund, in combination with municipal contributions.

6.2 Planning-Level Capital Context

Based on comparable rural primary care and community health facilities in Ontario, an 18,500-square-foot integrated facility is expected to require a total capital investment of approximately \$18- \$22 million. This is a planning-level estimate only and will be validated during the feasibility stage.

No capital funding allocations or borrowing levels have been assumed or approved. Feasibility will determine the validated cost envelope and confirm the financial sustainability of the preferred ownership and delivery model.

6.3 Ownership and Funding Gap Framework

Under a municipal-ownership scenario, debt service would be supported by lease revenue and blended capital contributions. Alternative ownership or capital sponsorship models will also be evaluated during the feasibility phase. The objective is to prevent reliance on the municipal tax base for ongoing operations.

Lease agreements will be structured on market-based or full cost-recovery principles consistent with municipal authority under the Municipal Act, ensuring that no operating subsidy or financial assistance is provided to individual tenants.

The funding gap will be defined as the difference between:

- Total validated capital cost; and
- The combination of senior government contributions, tenant participation, philanthropic funding, and debt capacity supportable through lease revenue.

Alternative ownership and partnership structures will be comparatively evaluated during feasibility to determine risk allocation, borrowing exposure, and long-term operating responsibility.

6.4 Capital Alignment and Advancement Conditions

Advancement to detailed design and construction will proceed only upon confirmation of:

- Validated capital cost
- Confirmed senior government participation
- Secured anchor tenancy commitments
- Demonstrated operating sustainability
- Council approval of borrowing within established affordability thresholds

No tender will be issued until capital commitments are executed and financial sustainability is confirmed. The project will not proceed under any structure that requires ongoing municipal operating subsidy or constitutes financial assistance inconsistent with the Municipal Act.

7 Delivery Model Evaluation

Following engagement with provincial partners and preliminary financial analysis, the Township has identified multiple viable ownership and delivery structures for the Health and Wellness Hub. No final determination of ownership has been made at this stage. The preferred model will be confirmed following completion of the feasibility study and validation of long-term operating sustainability.

Primary care is anticipated to serve as the anchor tenancy, with complementary rehabilitation, paramedicine, and wellness programming supporting lease stability and integrated service delivery.

Ownership and delivery structures under evaluation include:

- Municipal ownership
- Developer-led delivery with stabilized health leases
- Structured public-private partnership models
- Sponsor Capital Pathway Delivery

Under a sponsored capital pathway, the Township may continue to play a supporting role through land provision, community infrastructure coordination, and partnership facilitation.

While municipal, developer-led, and partnership models represent traditional infrastructure delivery approaches, engagement with provincial partners has also identified the potential for a sponsored capital pathway.

Sponsored capital represents a potential pathway where capital funding may flow through an eligible provincial transfer payment agency to support infrastructure enabling community-based primary care and allied health services. Under such a model, facility ownership, tenancy structure, and long-term operational responsibilities would be defined through formal agreements between the Township, the capital sponsor, and participating service providers. This approach would be evaluated during feasibility alongside other ownership structures to determine financial sustainability, governance clarity, and alignment with provincial capital funding frameworks.

Each delivery model will be comparatively assessed during feasibility based on capital eligibility, risk allocation, long-term operating sustainability, municipal borrowing exposure, and flexibility to accommodate evolving clinical service models.

Ownership Model Comparison Table:

Ownership Model	Capital Eligibility	Risk Allocation	Lease Control	Borrowing Exposure
-----------------	---------------------	-----------------	---------------	--------------------

Municipal Ownership	High	Municipal	High	Direct
Developer-Led	Moderate	Private	Moderate	Limited
Hybrid	Moderate	Shared	Shared	Shared
Sponsored Capital	High	Shared/Sponsor	Moderate	Limited/Shared

Final selection of the preferred structure will be subject to Council approval following feasibility validation.

8 Governance and Accountability

8.1 Governance Structure

The Health and Wellness Hub will be advanced through collaborative governance structures determined by the selected delivery model. Council will retain oversight of major financial decisions, borrowing approvals, funding applications, ownership selection, and partnership agreements.

Senior administrative leadership will manage project coordination, financial analysis, procurement processes, and stakeholder engagement in accordance with municipal policies and asset management principles. Clinical service delivery will remain under the direction of provincially funded providers.

8.2 Partner Engagement

The Township has engaged primary care providers, Ontario Health Team representatives, County Paramedic Services, Renfrew Victoria Hospital, and community organizations in structured planning discussions. Engagement will continue through feasibility to validate space programming, operational integration, and funding alignment.

Planning alignment will be formalized through non-binding memoranda of understanding confirming participation in the feasibility and capital alignment stages.

8.3 Community Engagement

The Hub has been shaped through public consultation and Township-wide mapping engagement. Ongoing communication will include public reporting on key milestones, transparent presentation of feasibility findings, and updates on funding applications and capital alignment.

8.4 Decision-Making Authority

All major capital decisions, including acceptance of funding, authorization to borrow, selection of ownership, and approval of construction, will require a formal Council resolution. Feasibility outcomes and partnership confirmations will be presented publicly prior to advancement to detailed design and construction.

9 Risk Management and Success Indicators

Risk Area	Mitigation Approach	Success Indicator
Capital Funding	Blended capital structure; defined borrowing ceiling; construction conditional on confirmed senior government funding.	Capital grants secured and borrowing maintained within approved municipal limits.
Anchor Tenancy Stability	Secure long-term lease agreements prior to final financing; design flexible clinical space to accommodate evolving needs.	Anchor tenants confirmed covering the majority of leasable space.
Operating Cost Pressure	Conservative financial modeling; energy-efficient building design; annual lifecycle reserve contributions.	Operating performance remains within forecast and reserves funded annually.
Workforce Recruitment and Utilization	Clinical environment; integrated learning space; adaptable program configuration.	Sustained clinical occupancy and active rehabilitation and wellness programming.
Community Inclusivity	Multi-generational programming model; accessible and flexible shared spaces.	Demonstrated participation across age groups and consistent community use.
Long-Term Adaptability	Structural capacity for future expansion; flexible interior layouts.	Ability to integrate new services without major structural modification.

10 Implementation Roadmap

The Health and Wellness Hub will advance through a structured implementation roadmap. Progression between milestones requires defined criteria and authorization from the governing partner organizations. Construction will proceed only upon confirmation of capital alignment, secured tenancy, and long-term financial sustainability.

Strategic Framework – Completed

Milestone 1 – Feasibility Validation

Undertake a comprehensive feasibility study to validate capital costs, energy performance, lifecycle sustainability, and long-term financial capacity. This stage converts planning assumptions into defensible infrastructure readiness suitable for senior government funding consideration.

Milestone 2 – Capital Alignment

Establish a blended capital structure combining senior government participation, municipal borrowing within validated thresholds, philanthropic contributions, and tenant participation. Capital alignment confirms that the project can proceed without placing undue pressure on the municipal tax base.

Milestone 3 – Capital Commitment & Detailed Design

Convert capital alignment and tenant intent into binding financial and lease commitments. Advance detailed architectural and engineering design consistent with confirmed space programming and funding parameters.

Milestone 4 – Construction

Proceed to competitive procurement and construction delivery within the approved capital envelope. Implement project oversight, risk mitigation controls, and lifecycle reserve planning throughout the build phase.

Milestone 5 – Health & Wellness Hub Launch

Activate integrated primary care, rehabilitation, and wellness services.

