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2023

PESTEL ANALYSIS

TO SUPPORT KW4 OHT'S
STRATEGIC PLANNING
PROCESS

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INTRODUCTION

A PESTEL analysis is a strategic tool used to identify and evaluate the Political, Economic, Social, Technological, Environmental, and Legal external factors that impact an organization or industry. By understanding these external influences, organizations can foresee challenges and opportunities in their evolving environment.



This analysis, which focuses on the trends and drivers that influence health and wellness, will be used to inform the KW4 OHT's inaugural strategic plan by guiding the OHT to align objectives and resources with our external context, ensuring better preparedness and adaptability to changing conditions.

Over 160 documents were analyzed in the preparation of this analysis. Documents ranged from official government publications such as briefings, legislation, publications from professional associations and bodies, official reports, relevant media releases, municipal census data, etc. Relevant information was categorized into the Political, Economic, Social, Technological, Environmental, and Legal categories.



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

One of the key deliverables, of phase 2 of KW4 OHT's strategic plan development roadmap, is the creation of a PESTEL analysis to help inform our plan. KW4 OHT's PESTEL analysis allows us to consider the broad external environmental context that may impact our ability to deliver on our vision over the next 5 years. The information gathered in this analysis will help to inform our draft Opportunities and Threats, a component of the broader Strengths, Weakness, Opportunities, Threats (SWOT) analysis which is being developed under separate cover. This will be augmented with feedback gathered during our various engagement activities.

Based on the PESTEL analysis we have synthesized the external influences into two categories:

1. Opportunities - favorable external factors our OHT may be able to leverage in achieving our vision
2. Threats - negative external factors that have the potential to derail or pose challenges in achieving our vision

Opportunities

- Continued political support for OHTs
- Funding opportunities related to:
 - OHT acceleration
 - clinical pathways including heart failure, diabetes, chronic obstructive pulmonary disorder, stroke, mental health and addictions, palliative and end of life care.
 - long term care
 - hospital infrastructure projects
 - improved health data collection, sharing, and utilization
 - modernizing health systems (i.e. home care modernization)
 - addressing health-related challenges related to climate change
- OHT digital maturity to support interoperability and coordination of health technology
- Regional and municipal plans developed to collectively address housing, economic recovery, community safety and wellbeing, climate change, transportation and transit, diversity, equity and belonging
- Vibrant regional entrepreneur ecosystem, high-tech industry, advanced manufacturing and renowned colleges and universities which attract funding/investment and provide opportunities for collaboration and innovation
- Artificial Intelligence impact in healthcare is expected to grow in the next five years
- Focus on building a skilled, adaptable and resilient health care workforce such as expansion of scope of practice (i.e. pharmacists, nursing), fast-tracking licensing for internationally trained immigrants in healthcare, increasing healthcare-related courses for students, expanding undergraduate and postgraduate medical seats, expanding seats for nurse practitioners, wage increases, etc.
- Rise of social enterprise in Ontario

EXECUTIVE SUMMARY

Threats

- Funding restraint and cost pressures
- Health human resource shortage, burnout
- Changing population demographics (i.e. rapidly aging population, sandwich cohort, increased immigration, growing population) resulting in demand for service, exceeding capacity
- Inflation, high interest rates, decreased disposable income
- Future pandemics and expansion of zoonotic diseases
- Disruptions to drugs and other health products supply chain
- Seniors, children, immigrants and newcomers, low-income individuals, individuals with chronic health conditions, First Nations, Inuit, Métis, Black, and other racialized peoples continue to be disproportionately impacted by inequities as it relates to access to health and health outcomes.
- The number of people experiencing homelessness and food insecurity is increasing
- The emerging fourth wave of the opioid crisis, impacts of mental health and addictions
- A healthcare backlog which was created by the Covid-19 pandemic still exists
- Frequent emergency closures in Ontario hospitals
- Pending long term care reform coupled with demand exceeding capacity will impact acute care and other supporting organizations
- Lack of interoperable/connected health information systems
- Warming temperatures and increased extreme weather events like heat waves, droughts, floods, ice storms, and wild fires pose a serious threat to our health and wellbeing, increasing costs and stress on our health system and are having a profound impact on the mental health of individuals and communities.
- Socioeconomic impacts of war and global conflict

POLITICAL

P

- Healthcare Regulation
- Political Stability/Volatility
- Policy Change
- Governance
- Strategy



Political

POLITICAL ANALYSIS

The Political “P” pertains to the influence of political elements on the KW4 OHT and the broader healthcare system. It encompasses considerations such as healthcare regulations, political stability or volatility, policy changes in medical funding, governance of healthcare institutions, and overarching political strategies concerning health. It assesses how governmental actions shape the healthcare landscape. Political considerations include the following:

Upcoming Federal, Provincial and Municipal Elections (dates subject to change)

- Federal Elections, October 20, 2025 (1)
- Provincial Elections, June 4, 2026 (2)
- Municipal Elections, October 26, 2026 (3,4)

The People’s Health Care Act, Ontario Health Agency (2019)

- On February 26, 2019, Minister Christine Elliott unveiled the Government of Ontario’s legislation on health-care reform (5, 6)
 - A new province-wide agency known as Ontario Health Agency was established to take on many of the functions of the LHINs particularly in respect of funding and exercising oversight of health service providers.
 - Some of the organizations transitioned to Ontario Health include:
 - Cancer Care Ontario
 - eHealth Ontario
 - Health Force Ontario Marketing and Recruitment Agency
 - Health Shared Services Ontario
 - Health Quality Ontario
 - Trillium Gift of Life Network
 - Ontario Telemedicine Network
 - 14 Local Health Integration Networks (LHINS)
 - CorHealth Ontario

Connecting People to Home and Community Care Act, Bill 175 (2020)

- The Connecting Care Act, 2019 was amended to replace references to “integrated care delivery systems” with references to “Ontario Health Teams” (7,8,9)
- Ontario Health (the Agency) is authorized to provide funding to a health service provider or OHT for the purpose of the provider or Team providing funding to or on behalf of an individual to purchase home and community care services

POLITICAL ANALYSIS

- OHTs, health service providers and contracted service providers are prohibited from charging for home and community care services, except as provided for regulations
- It is also prohibited for a person or entity to represent themselves as an “Ontario Health Team”, unless they have been designated as an Ontario Health Team under section 29 of the Act or have received written authorization from the Minister to use the title “Ontario Health Team”
- Ontario Health Teams that provide home and community care services under this Act are required to establish a process for reviewing complaints in accordance with prescribed requirements
- A person is allowed to appeal to the Health Services Appeal and Review Board (the Appeal Board) a prescribed decision of the health service provider or Ontario Health Team concerning a complaint if the prescribed requirements are met

Ontario Health Teams - The Path Forward (November 30, 2022)

- Follow-up publication to Bill 175, describing the (“New Plan”) and next steps for the 57 approved OHTs (10)
- Direction set out in this plan include:
 - Phased introduction of integrated clinical pathways beginning with congestive heart failure, diabetes (focused on avoiding amputation), chronic obstructive pulmonary disease (COPD), stroke, mental health and addictions, and palliative and end-of-life care.
 - A standard model for the operations of OHTs including new not-for-profit corporations for the purpose of managing and coordinating OHT activities.
 - Enhancing primary care connections within OHTs to ensure they have a strong voice in decision-making and leadership structures.
 - Identifying an Operational Support Provider (OSP) that will prove certain back-office functions in support of OHT activities on an ongoing basis.
 - Cultivating consistency in OHT-led public communications to help raise awareness and distinguish OHT’s as an easily recognizable, publicly funded entry point to the health care system.

POLITICAL ANALYSIS

Minister's Update: Accelerating Ontario Health Teams (September 27th, 2023)

- Consistent with the plan to accelerate the impact of OHTs, starting April 2024, each OHT will receive up to \$2.2 million over three years (approximately \$750,000 per year). The Ministry and Ontario Health will work together to develop agreements and flow funds April 1st, 2024.(141)
- Twelve OHTs were selected to be supported for rapid advancement towards maturity designation under the Connecting Care Act, 2019. The selected OHTs were: (141)
 - All Nation Health Partners OHT; Burlington OHT; Couchiching OHT; Durham OHT; East Toronto Health Partners OHT; Frontenac Lennox and Addington OHT; Greater Hamilton Health Network OHT; Middlesex London OHT; Nipissing Wellness OHT; Noojmawing Sookatagaing OHT; and North York Toronto Health Partners OHT.
 - The teams will be supported to achieve a set of standardized structural milestones including:
 - Creating a not-for profit corporation
 - Establishing a primary care network
 - Standardizing back-office supports
 - Developing a home care readiness plan for the eventual delivery of home care
 - The teams will also be supported to achieve a set of patient-facing milestones including:
 - Putting in place a standardized patient navigation solution that integrates with Health 811
 - Implementing two or more integrated clinical pathways
 - Continued work on local signature initiatives tailored to local populations
- The twelve teams will support continuous learning and readiness for the next phase of implementation for all OHTs and will help inform the processes, guidance, and templates that other teams will follow. (141)
- In November 2023, the Ministry and Ontario Health will release guidelines, resources, and support for OHTs on key elements of The Path Forward. The Ministry is also planning to develop an OHT Maturity Framework. OHTs will have the opportunity to inform the framework. (141)

POLITICAL ANALYSIS

Division of the Ministry of Health and Long-Term Care into the Ministry of Health and the Ministry of Long-Term Care (June 20, 2019)

- Ministry of Health Services and Programs (11):
 - Ontario Health Insurance Plan (OHIP)
 - Ontario Drug Benefit Program - prescription drug coverage
 - Community and public health through Public Health Ontario
 - Ontario Health agency
 - Health Connect Ontario
 - Regulates hospitals, operates some medical laboratories and regulates others, and coordinates emergency medical services in the province
- Ministry of Long-Term Care (12):
 - Long-term care, including nursing homes
 - Home care

Creation of a New Associate Minister Role for Mental Health and Addictions (June 21, 2019)

- Premier Doug Ford shuffled his cabinet and appointed a minister dedicated to addressing mental health and addictions, the Honourable Michael Tibollo, signifying the recognition of the importance of mental health and addictions services in the province. (13)
- This aligns with the government's strategy to invest \$3.8 billion in addiction and mental health services over the next 10 years.

Integrating Home and Community Care into Ontario Health Teams (September 2023)

- In February 2023, the Ontario Government released Your Health: A Plan for Connected and Convenient Care with a vision to improve healthcare access. (135)
- Pillar 1 of the Plan, The Right Care in the Right Place emphasizes:(136)
 - Keeping people at home and out of hospital and long-term care
 - Improving patient transitions from hospital or primary care to home care
 - Bringing home care decision-making closer to the patient
 - Advancing maturity of Ontario Health Teams to take on home care delivery
- The objective is to modernize and streamline home care, insuring seamless integration within the OHT's framework. To support this, the Ministry will be transitioning the responsibility for the delivery of home and community care to OHTs. (136)

POLITICAL ANALYSIS

- The Government plans to invest \$1 billion dollars over three years to expand and improve home care services across Ontario, \$100 million for community care services, and accelerate investments to bring funding for home and community care up to \$569 million. (136)
- The Ministry will implement this transition through the Home Care Modernization: Three Point Plan, which includes: (136)
 - Creating a single Shared Services Organization (SSO) by consolidating the fourteen Home and Community Care Support Service Organizations.
 - The SSO will provide home care services (until transferred to OHTs), long-term care home placement, and shared services to OHTs.
 - The organization will employ care coordinators who work in new models in OHTs.
 - Modernizing the home care contracting process
 - Updating contract standards, reporting, and rates to support new care models.
 - Updating guidelines for new volume allocations, while protecting current volumes.
 - Centralizing supports for procurement, contracts, and performance management.
 - Advancing new models of care within OHTs
 - As OHTs reach maturity, they will be responsible for integrated home care planning and delivery.
 - New care models will be tested, with successful models scaled throughout the province.
 - Emphasis will be placed on maintaining system stability and ensuring ongoing access to essential services for patients and caregivers, with the prospect of new legislation to further support this initiative. (137)

Nurse Practitioner Funding for Education Seats and Clinics in Ontario (October 2023)

- Nurse practitioners (NPs) present a promising opportunity for the Ontario government to address gaps in the health system, especially in primary care where thousands are currently struggling to find a family healthcare provider.
- NPs provide many of the same services as primary care physicians such as comprehensive health assessment, diagnosis, treatment, and management for acute and chronic illness within a holistic model of care.

POLITICAL ANALYSIS

- The Registered Nurses Association of Ontario has called for improved integration and inclusion of NPs into the health system. This includes ensuring seamless referrals and continuous care, and establishing more flexible funding models to integrate NPs throughout the entire health continuum.(157)
- Through Your Health: A Plan for Connected and Convenient Care, the government plans to add an additional 150 education seats to train new nurse practitioners in Ontario starting in 2023 to increase the total number to 350 per year.(158)
- The plan also states that the government currently invests \$46 million dollars annually to support NP led clinics. However, it has been argued that there is need for additional funding to support the operations of more publicly funded clinics.(158,159)

Ontario Health Coalition Statement Ford government's response on long-term care is a travesty: "New" LTC bill to be pushed through imminently (December 6, 2021)

- The province plans to allocate 30,000 beds over the next decade and the OHC's report found a majority – more than 16,000 beds – are set aside for private operators. (14)
- According to Public Health Ontario, in the twenty-one months since the pandemic began, we have lost 4,037 human beings who were residents and staff in our long-term care homes.
- "There is no reason that private equity firms and private investors should be operating Ontario's long-term care homes and taking care of the elderly and the vulnerable" executive director of OHC, Natalie Mehra, said during a virtual press conference.
- The Coalition is calling on the Ford government to transition away from for-profit homes, arguing that many of the private operators have seen the highest infection and death rates in their homes, as well many having been found neglecting residents and not complying with protocols including infection prevention and control.
- Advocates, families of long-term care residents sounding the alarm over plans to award beds to private operators.

POLITICAL ANALYSIS

The Fixing Long-Term Care Act, Government of Ontario (April 11, 2022)

- The new legislation to govern LTC services was implemented on April 11th, repealing and replacing the Long-Term Care Homes Act (2007) (15)
- Development of the legislation was informed by external third-party reviews such as LTC COVID-19 Commission Report and the Auditor General Report
- Includes new measures to support the three pillars of the Ontario government's plan to fix LTC
- The three pillars include improving staffing and care, driving quality through better accountability, enforcement, and transparency, and building modern, safe and comfortable homes for Ontario's seniors

Government of Canada Launches Online Consultation for the Safe Long-Term Care Act (July 21, 2023)

- The Honorable Jean-Yves Duclos, Minister of Health, and the Honourable Kamal Khera announced the launch of public consultation to support development of the Safe Long-Term Care Act. (16)
- The development of the Safe LTC Act builds on the Government of Canada's commitment to support seniors and persons with disabilities across the country
 - On January 31, 2023, the Government of Canada welcomed the release of two independent LTC standards from CSA Group and the Health Standards Organization (HSO). The standards provide guidance for delivering services that are safe, reliable and centered on the needs of residents
- The aim of the legislation is to foster advancements to the quality and safety in long-term care services across the country
- Feedback from online consultation will help inform the legislation
 - The 60-day online consultation will invite people, including LTC residents and their families, to share their perspectives and expertise on how to improve the quality and safety of LTC, foster the implementation of the LTC standards, address human resources challenges, and strengthen accountability in the LTC sector
 - Recognizing traditional jurisdictional responsibilities over the delivery of LTC, the Government of Canada will also work with provincial and territorial governments on the Safe LTC Act and how to best support the delivery of quality and safe LTC services
 - The consultations will also include discussions and roundtables with relevant experts and stakeholders to obtain advice on how federal legislation can help support improvements in the quality and safety of LTC

POLITICAL ANALYSIS

Ontario Updating COVID-19 Measures in Long-Term Care Homes (March 22, 2023)

- High vaccine uptakes and effective anti-viral medication have prompted Ontario to adjust its COVID-19 response in Long-Term Care Homes (17)
- Homes will continue to be required to monitor residents daily to detect the presence of infection and indoor masking requirements remain in place
- Working with the Office of the Chief Medical Officer of Health, Ontario is taking a phased approach to updating COVID-19 measures for people living in, working in or visiting long-term care homes
- The first phase involves realigning measures effective March 31, 2023, including:
 - Testing of staff, caregivers and visitors who don't show symptoms (asymptomatic) is no longer required
 - Masking outdoors is no longer recommended for residents, caregivers and visitors, although wearing a mask outdoors continues to be recommended for staff when they are close to a resident
 - Daily temperature checks or screening of residents returning from an absence is no longer required
 - Removing the limit of one caregiver at a time during a COVID-19 outbreak, or when a resident is symptomatic or isolating
 - Social and physical activities can be held without adjusting for physical distancing
- Long-term care homes that have retained COVID-19 proof-of-vaccination requirements are also encouraged to revisit their policies and consider allowing visitors and qualified staff, regardless of their vaccination status

Upstream Impacts of Long-Term Care Reform and Increased Demand (August, 2022)

- According to the Conference Board of Canada, current demand for LTC beds is currently estimated to be approximately 263,000. It is forecasted that an additional 199,000 new beds will be required to accommodate the increasing demand for long-term care by 2035.(154)
- Inability of the health system to meet this demand may have substantial upstream impacts for acute care and other supporting organizations. LTC bed delays are associated with increased frequency and sustained acute care surge protocols.
- Alternative level care patients (ALC) awaiting LTC make up a disproportionate number of hospital stays. Given their complex health status and challenging care needs, there are often no alternatives where these patients can stay while they await LTC placement.(155)
 - With long lengths of stay, ALC patients awaiting LTC contribute to a large proportion of non-medical delays. This results in infrastructural challenges within already strained acute centers by occupying beds and resources allocated for patients with acute health challenges.

POLITICAL ANALYSIS

- Long-term care reform in Ontario is currently in its early stages. Although policy and legislation reform is intended to ultimately benefit patients and the health system in the long-term, it is a challenging, multi-year process which must remain in the forefront of the political agenda. Delays and constant changes may continue to exacerbate already substantial upstream impacts for acute care centers.(156)

Renewed Exemption in the Regulated Health Professions Act, 1991 (July 7, 2023)

- The renewed exemption authorizes RNs, RPNs and pharmacist professionals to administer the COVID-19 vaccine without requiring an order from a physician (or NP) (18)
- The exemption also grants permission for any person to administer a COVID-19 vaccine if a physician, RN, NP or pharmacist is present and accessible during the administration, further enhancing the accessibility and availability of vaccines across various health care settings

Ontario Government Lifts Requirement for COVID-19 Vaccine and Testing Policy (March 14, 2022)

- On March 14th, 2022, the Ontario Government lifted its requirement (Directive 6) for public hospitals, home care and community service provider organizations, Home and Community Care Support Service organizations and ambulance services to have a vaccination and testing policy in place (19)

COVID-19 vaccines for First Nations, Inuit and Métis people – Update (July 4, 2023)

- Ontario has been working with Indigenous partners to develop a mass immunization plan for First Nations, Inuit and Métis people, recognizing local circumstances and individual community needs (20)
- As of July 4th, 2023:
 - 944,707 doses have been administered in First Nations communities, 351,916 were second doses and 142,719 were third doses
 - Over 93% of individuals ages 12+ years residing in First Nations communities have received a second dose, while nearly 40% have received a third dose
 - Over 53% of children aged 0-17 residing in First Nations communities have received at least 1 dose

Chief Medical Officer of Health 2022 Annual Report (March 15, 2023)

- The Chief Medical Officer of Health's 2022 Annual Report, Being Ready, is a call to take key lessons from the pandemic, as well as H1N1 and SARS, to ensure Ontario is ready for any future outbreak or pandemic, whenever it might occur (21)

POLITICAL ANALYSIS

- Recommendations in the report include:
 - Continuing to build a skilled, adaptable and resilient health care workforce as well as investing in scientific expertise, technologies, systems, supplies, and other resources we need to detect and manage outbreaks
 - Ensuring all communities and settings, especially those facing health and social inequities, are supported through collaborative partnerships to be resilient and have better health outcomes during future outbreaks
 - Continuing to build social trust, counter misinformation, and help people understand how and why decisions are made while providing the information and tools they need protect themselves and those around them
 - Routine collection of sociodemographic data and community-based efforts to reduce health inequities which, as COVID-19 has proven, can help ensure more equitable outbreak and pandemic responses
 - Ongoing assessment and reporting on the state of Ontario's pandemic preparedness through future Chief Medical Officer of Health reports
- In addition to ongoing assessment, the report commits to:
 - Examining ways to strengthen accountabilities for preparedness
 - Working with Indigenous, Black and other racialized peoples to improve health inequities
 - Sustaining the relationships within the public health system and with health sector colleagues

Health Profession Regulators of Ontario (HPRO) Anti-Bipoc Racism Project (2020-2021)

- HPRO struck a Working Group to support the active commitment of all 26 member organizations to identify systemic racism and implement tangible and coordinated actions, in the immediate, medium, and long- term, to eradicate anti-BIPOC racism and build a culture, systems and practices that allow diversity, equity and inclusion. (22, 23, 24)

College of Physicians and Surgeons of Ontario (CPSO) Continuity of Care Guide for Patients and Caregivers

- This guide was co-designed by College of Physicians and Surgeons of Ontario (CPSO) and the Citizen Advisory Group (CAG). (25, 26)
- CPSO has recently developed four Continuity of Care policies including Availability and Coverage; Managing Tests; Transitions in Care, and; Walk-in Clinics.

POLITICAL ANALYSIS

Ontario Public Health Restructuring – Funding Adjustments and Mergers (August, 2023)

- In 2019, the government announced changes to the structuring of public health funding in Ontario. The province planned to reduce the number of public health boards from 35 to 10 and transition cost sharing with municipalities to a 50-50 split from the original 75-25. These plans were halted in response to the Covid-19 pandemic and with the cost-sharing ratio only reduced to a 70-30 split.(138,139)
- In July 2023, the Government announced that public health cost sharing would be returning to the original 75-25 split and health units will be receiving a one-percent increase in funding over the next three years. The objective is to provide time for municipalities to collaborate with the government on a sustainable long-term funding structure. (139)
- In August 2023, the Minister of Health announced that the government will be revisiting the topic of public health restructuring to clarify public health roles and responsibilities, reduce redundancy in the system, and promote alignment. (140)
 - One-time funding will be provided to public health units who voluntarily merge to support this initiative and increase their ability to provide care to more patients.

New regulation under section 44 of the Connected Care Act, 2019 – French Language (April 2021)

- This new regulation supports the coordinated and effective engagement of Francophone communities on French-language health services issues. (27)
- This regulation describes how the Minister, in consultation with Ontario Health, must select French language health planning entities to work with Ontario Health. The regulation also sets out Ontario Health's obligations to engage with and collaborate with French language health planning entities.
- Recommendation 8: Include the official language of service as a complaint topic in the section of the regulation on complaints.

National Day for Truth and Reconciliation

- September 30, 2021 marked the first National Day for Truth and Reconciliation. The day honours the lost children and Survivors of residential schools, their families and communities. Public commemoration of the tragic and painful history and ongoing impacts of residential schools is a vital component of the reconciliation process. (28)
- The creation of this federal statutory holiday was through legislative amendments made by Parliament. On June 3, 2021, Bill C-5, An Act to amend the Bills of Exchange Act, the Interpretation Act and the Canada Labour Code (National Day for Truth and Reconciliation) received Royal Assent. (29)

POLITICAL ANALYSIS

Immigration, Refugees and Citizenship Canada Departmental Plan 2023-2024 (March 9, 2023)

- The plan will continue to build on international partnerships, promoting global cooperation on migration and providing safe haven for people fleeing violent conflict in many parts of the world, such as Iran, Afghanistan and Ukraine. The plan has also redoubled efforts to address labour shortages in the workforce. (30)

United Nations' 17 Sustainable Development Goals (SDGs) (2015)

- In 2015, 193 world leaders agreed to 17 global goals and targets to build a green, fairer and better world by 2030. The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests. 2023 is the halfway point in the world's journey towards the global goals yet only 15% of the goals are on track. If the world is going to meet the targets they will need to accelerate their efforts. The 17 goals are: (31, 32)

- 1.No Poverty
- 2.Zero Hunger
- 3.Good Health and Well-being
- 4.Quality Education
- 5.Gender Equality
- 6.Clean Water and Sanitation
- 7.Affordable and Clean Energy
- 8.Decent Work and Economic Growth
- 9.Industry, Innovation and Infrastructure
- 10.Reducing Inequality
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life On Land
16. Peace, Justice, and Strong Institutions
17. Partnerships for the Goals

ECONOMIC

E

- Funding/Expenditures
- GDP and Inflation
- Interest Rate
- Employment Rate
- Supply Chain



Economic

ECONOMIC ANALYSIS

The Economic "E" pertains to the financial dynamics shaping the KW4 OHT and the overarching healthcare system in Canada. This includes aspects like funding for healthcare, remuneration structures, budgetary decisions, economic shifts affecting healthcare spending, expenses associated with medical tools and resources, and patients' financial capacity to utilize services. This dimension assesses how these financial factors dictate operational effectiveness, quality of service, and long-term viability of entities within the broader healthcare system. Economic considerations include the following:

Ontario Provincial Budget 2023

- **Building Highways, Transit, and Infrastructure Projects (33)**
 - \$48 billion for hospital infrastructure over 10 years to add 3,000 new beds
- **Working for Workers**
 - \$3.3 million to expand healthcare-related courses for 1,400 students
 - \$3 million for 2023–24 to fast-track licensing for internationally trained immigrants in healthcare
- **Keeping Your Costs Down**
 - Expanding the Guaranteed Annual Income System to provide financial support to more seniors
 - \$202 million each year in the Homelessness Prevention Program and Indigenous Supportive Housing Program to help those experiencing or at risk of homelessness and those escaping intimate partner violence, and support the community organizations delivering supportive housing.
- **Better Services for You**
 - \$33 million over three years for 100 additional undergraduate and 154 postgraduate medical seats
 - Expanding Pharmacists ability to prescribe certain over-the-counter medications starting fall 2023
 - \$569 million in 2023–24 for expanded home and community care, including workforce stabilization
 - \$22 million for 200 hospital preceptors, \$15 million to retain experienced nurses, and \$4.3 million to license 50 internationally trained physicians in Ontario
 - \$425 million over three years for mental health and addictions services, including a five per cent increase in the base funding of community-based mental health and addictions services providers funded by the Ministry of Health.
 - \$170 million over three years for the youth welfare system's Ready, Set, Go program
- **Protecting You and Your Family**
 - \$110 million over three years to fund, train, coordinate and improve Ontario Corp and the province's emergency preparedness system.

ECONOMIC ANALYSIS

Canada Healthcare Budget 2023 – Investing in Public Health Care (March 28, 2023)

- GDP-Driven Growth: (34)
 - Additional \$141.8 billion projected over 10 years via Canada Health Transfer over and above the \$45.2 billion provided in 2022-23.
- Canada Health Transfer Top-Up:
 - \$2 billion in 2022-23 for emergency rooms, operating rooms, pediatric hospitals, building on the \$6.5 billion provided as top-ups during the pandemic.
- Canada Health Transfer Five Per Cent Guarantee:
 - At least 5% increase yearly for 5 years, estimated at \$17.1 billion added over 10 years.
- Tailored Bilateral Agreements:
 - \$25 billion over 10 years for specific provincial/territorial needs, such as expanding access to family health services, supporting health workers and reducing backlogs, increasing mental health and substance use support, and modernizing health systems.
- Personal Support Worker Wage Support:
 - \$1.7 billion over 5 years for wage increases.
- Territorial Health Investment Fund:
 - \$350 million over 10 years for health care in territories.

Canada Health Expenditure – Canadian Institutes of Health Information Report (November 3, 2022)

- Total health spending in Canada was expected to reach \$331 billion in 2022, or \$8,563 per Canadian. It was anticipated that health expenditure will represent 12.2% of Canada's gross domestic product (GDP) in 2022. (35,36)
- Total health expenditure in Canada was expected to rise by 0.8% in 2022, following high growth of 13.2% in 2020 and 7.6% in 2021. Prior to the pandemic, from 2015 to 2019, growth in health spending averaged 4% per year.
- Hospitals (24.34%), Physicians (13.60%) and Drugs (13.58%) continue to account for the largest shares of health dollars (more than half of total health spending) in 2022.
- Spending related to the COVID-19 pandemic continued in 2022. COVID-19 Response Funding makes up 4.4% of total health spending, compared with 9.9% in 2021. Federal, provincial and territorial governments (combined) spent \$770 per person in 2020 for health-specific funding to deal with COVID-19. Pandemic response funding is projected to decline to \$376 per person in 2022.

ECONOMIC ANALYSIS

Health Premium (February 21, 2018)

- The health premium is paid by Ontario residents through the personal income tax system. Money collected through the tax helps fund Ontario's health services. (37)
- The health premium ranges from \$0 if your taxable income is \$20,000 or less, to \$900 if your taxable income is more than \$200,600.
- The health premium is not linked to OHIP and does not affect a person's eligibility to receive health care in Ontario.

Bank of Canada's Monetary Policy Report (July 2023)

- Gross Domestic Product (GDP) (38, 39, 40)
 - The Bank expects economic growth to slow, averaging around 1% through the second half of this year and the first half of next year. This implies real GDP growth of 1.8% in 2023 and 1.2% in 2024 and 2.4% in 2025.
- Inflation:
 - Inflation fell to 3.4% in May 2023 from a high of 8.1% last summer.
 - The Bank of Canada is projecting that inflation rates will stay around 3% for the next year, returning to the 2% target by the middle of 2025.
 - The inflation rate rose to 3.3% in July, following a 2.8% increase in June.
- Interest:
 - On July 12, 2023 the Bank of Canada increased its interest rate to 5.25%.
 - The Bank of Canada's second quarter survey, which included senior economists and strategists expect the bank to hold interest rates at 5% until the end of 2023, before starting to cut rates in March 2024.
 - Interest rates are predicted to fall around 3-4% in 2024

Employment Statistics - Ontario and Canada (July, 2023)

- Canada (41)
 - Unemployment rate increased by 0.1% from June 2023 to 5.5%
 - Unemployment is at its highest level since February 2022

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- Employment in health care and social assistance was up 25,000 (+0.9%) in July, following an increase of 21,000 in June. Compared with 12 months earlier, employment in the industry was up by 92,000 (+3.6%). Although unmet labour demand in health care and social assistance remains elevated, the number of vacancies in the industry has decreased by 12,500 (-8.5%) to reach 134,500 in May 2023.
- Employment rate was 62.0%
- Average hourly wages rose 5.0% to \$33.24/hour
- Ontario (42)
 - Minimum wage rate in Ontario is currently \$15.50/hour and will increase to \$16.55/hour on October 1st 2023
 - Ontario's unemployment rate increased to 5.6% in July 2023
 - 7.9 million people in Ontario are employed and 83% are in full-time jobs
 - Average hourly wages rose 5.7% to \$34.43/hour

Employment Statistics - KW4 Region Census Impact Report (2022)

- The KW4's employment rate is higher than the provincial and national averages, and employment is especially high in Wellesley and Woolwich. Labour force participation is also higher across the KW4 than it is in Ontario and Canada, with a higher proportion of citizens either working or actively looking for work. (43)
- The employment rate for the KW4 Region is 59.5%
- The unemployment rate for the KW4 Region is 10.6%
- 72.8% of the KW4's labor force are in a permanent position (higher than the 69.8% Ontario rate)
- Most workers in the KW4 Region are in sales and service related roles (22.3%), while 6.3% of workers are in health roles

Region of Waterloo - Population and Employment Projections

- As of year-end 2022, the population estimate for Waterloo Region was 647,540. Based on this estimate, over the past 15 years the region's population has grown an average of 1.41 per cent per year. The Region's population is expected to grow to 835,000 people and 404,000 jobs by the year 2041 and 923,000 people and 470,000 jobs by 2051. (44, 45)
- In 2021, about 1 in 6 people in Waterloo Region were 65 years and older; compared to 1 in 7 in 2016. By 2041, it is expected that about 1 in 4 people in Waterloo Region will be 65 years and older. By 2041, the working age population is expected to drop to 62.0% (compared to 67.2% in 2021).

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Disposable Personal Income - Canada (July 2023)

- Recent increases in the cost of living and declining real estate values had unprecedented impacts on net saving and wealth for more financially vulnerable households in the first quarter, such as those with lower incomes, less wealth, and in younger age groups. (46,47)
- Income inequality increased in the first quarter as the gap in the share of disposable income between households in the two highest income quintiles (top 40%) and two lowest income quintiles (bottom 40%) reached 44.7%, up 0.2 percentage points from the first quarter of 2022.
- Total disposable personal income in Canada decreased to \$1,539,588 in the first quarter of 2023 from \$1,554,892 in the fourth quarter of 2022.

Income Statistics - KW4 Region Census Impact Report (2022)

- The median after-tax individual incomes across all KW4 cities/townships ranges from \$37,600- \$44,000. (43)
- The average total after-tax individual income across all KW4 cities/townships ranges from \$43,720 - \$51,300.
- 9.7% of individuals living in private households live in low-income based on the Low-Income measure after tax. This is lower than the rates for Ontario (10.1%) and Canada (11.1%).
- The KW4 has a lower proportion of the population making less than \$30,000 than provincial and national averages
- In Waterloo, the higher and lower income brackets are heavily populated with 20% of the population making more than \$80,000 and 40% making less than \$30,000 per year
- Household incomes are higher in the three townships, with an average income of greater than \$130,000 per year

Householder Debt to Income Ratio (June 14, 2023)

- Canadian's owe \$1.85 in credit market debt (consumer credit cards, mortgage and non-mortgage loans) on every dollar of disposable income (48)
- Household debt as a ratio of disposable income rose to 184.5% in the first quarter of 2023 up from 181.7% in the fourth quarter of 2022
- The interest portion of Canadian's mortgage payments is 70% higher in the first quarter of 2023 compared to the same period of 2022

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Changes to Canada's Immigration Policy and Immigration Levels Plan (June 28, 2023)

- In the 2023–2025 Immigration Levels Plan, Canada aims to welcome from 410,000 to 505,000 new permanent residents in 2023, from 430,000 to 542,500 in 2024 and from 442,500 to 550,000 in 2025. These targets are incremental record highs for Canada. (49)
- To fill labour shortages in health care and other high-need sectors, and help grow Canada's economy, Immigration, Refugees and Citizenship Canada continues to promote and leverage economic immigration. This includes enhancements to the Express Entry program, including Express Entry 2.0, which will further enable us to target key economic needs; increases to Provincial Nominee Program admissions, in collaboration with provincial and territorial partners, to provide more flexibility to regional labour markets and regional economic and business programs to strengthen communities across Canada
 - In April, changes were made to Express Entry to facilitate the issuance of permanent resident visas for physicians providing publicly funded medical services in Canada
 - June 2023, Minister Fraser announced that the Government of Canada can issue invitations to apply for permanent residency in Canada to candidates from particular fields or with specific skills, training or language ability.
 - The Honourable Sean Fraser, Minister of Immigration, Refugees and Citizenship, and the Honourable Jean-Yves Duclos, Minister of Health, announced the use of these new features for a dedicated round of invitations to be sent to health workers, including doctors, nurses, dentists, physiotherapists and optometrists. The first round for category-based selection will open today and will invite 500 health workers to apply. A second round, inviting 1,500 workers to apply, will take place on July 5. This phased approach will ensure the smooth launch of the program

Your Health – A Plan for Connected and Convenient Care (February 7, 2023)

- In February 2023, the Ministry of Health released a document titled Your Health – A Plan for Connected and Convenient Care. (50)
- One of the three pillars highlighted within the plan is Hiring More Health Care Workers. The ministry shared that they are making innovative changes to make it easier and faster for foreign trained healthcare professionals to begin working and providing care to people in Ontario. For example, the ministry is

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working closely with regulatory colleges, including the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario, to make it easier and faster for qualified health care professionals to work in Ontario. Reducing barriers, costs and timelines in this process is the first step.

- This makes Ontario the first province to allow highly-trained physicians, nurses, respiratory therapists and medical laboratory technologists already registered or licensed in another Canadian jurisdiction to start work immediately when they arrive without having to first register with one of Ontario's health regulatory colleges. These changes will help health care workers overcome bureaucratic delays that have made it difficult to practice in Ontario
- The Ontario Government is also launching programs such as:
 - The Clinical Scholar Program: pairs an experienced front line nurse as a dedicated mentor with newly graduated nurses, internationally educated nurses and nurses wanting to upskill to ensure they have the support they need to confidently transition into the nursing profession.
 - The Supervised Practice Experience Partnership: For Internationally Educated Nurses, this partnership program between the College of Nurses of Ontario (CNO), Ministry of Health (MOH) and Ontario Health (OH) offers internationally trained nurses the opportunity to undertake a supervised practice experience to demonstrate current nursing knowledge while allowing them to meet their evidence of practice and/or language proficiency requirements to enter practice as a nurse.

Ontario Nurses to Receive a Raise (July 24, 2023)

- In November 2022, the Ontario Nurses Association re-opened collective agreements after the ruling that Bill 124 was unconstitutional. (51)
- In July 2023, it was announced that Ontario nurses providing care in hospitals, long-term care facilities, public health, the community, clinics and industry, will receive a wage increase of approximately \$5-7 dollars an hour under the new collective agreement equating to an average wage increases of 11% over two years.

Waterloo Regional Official Plan - Housing - (Update April,11, 2023)

- Provincial Government has assembled an Advisory Body to review Regional Governments in eight municipalities and their lower-tier municipalities, including Waterloo Region, in an effort to make better use of taxpayers' dollars and make it easier for residents and businesses to access important municipal services. (45)

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- This review will look at: how and where our cities and towns might grow; how to protect farmland; how to protect our environment and plan for a changing climate; what housing types and job opportunities we need for residents; and how people and goods will move across our region.
- This review supported the Regional of Waterloo Strategic focus (2019-2023): Thriving economy; Sustainable transportation; Environment and climate action; Healthy, safe and inclusive communities; Responsive and engaging public services; Our people.
- In August 2022, the Regional Council voted to adopt the growth components of staff's proposed amendment to the Region's Official Plan (ROP). The adopted amendment includes plans for the addition of 121,000 housing units that support a range-and-mix of housing, development of 15-minute neighbourhoods in all cities and townships, protection of the Region's natural and agricultural resources, and ensures supply and distribution of employment lands for job growth and economic development.
- On April 11, 2023, the Minister of Municipal Affairs and Housing (MMAH) made a decision to approve the Region of Waterloo's Regional Official Plan Amendment (ROPA) No. 6 with modifications. The amendment will help guide strategic decisions regarding land use planning and a range of Regional services.

Make it Kitchener 2.0 Economic Development Strategy (October 2020)

- Make it Kitchener 2.0 is an ambitious plan to support economic recovery and to propel our community and economy forward by investing in catalytic growth opportunities and creating a resilient future where everyone make a difference. (52)
- Make it Kitchener 2.0 will guide initial investments until 2025. Future strategies will guide investments beyond 2025.
- The City has the capacity to deploy up to \$110 million in catalytic investments from 2020 to 2030, to immediately support businesses impacted by the pandemic, to lead the Impact Economy and to support the critical infrastructure and programs needed to enable Difference Makers.
- The solution is an innovative approach that leverages three funding sources which can be implemented without the need to increase property taxes.
- One area of focus is health innovation with the belief that our community is ideally positioned to establish a unique foothold in the health industry, by leveraging our strengths in technology, data, communications, manufacturing and medical devices to emerge as a center for health innovation and medical technology. The ambition is to develop leading

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facilities for entrepreneurs to advance health and med-tech innovations that create opportunities for clinical, academic and entrepreneurial collaboration, centered around a new urban business park.

- Another area of focus is affordable and attainable housing with a goal of pioneering mixed-income, mixed use communities through new investment models that enable the city to actively create affordable and attainable housing.

The Rise of Social Enterprises to Support Access to Healthcare in Ontario

- Social enterprises are organizations that are often created through collaboration to address social problems. These organizations rely on business models to operate and sustain themselves financially.(160)
 - For example, an insurance provider may partner with homecare and public health organizations to create a social enterprise to coordinate and deliver additional homecare support services to the aging parents of employees who work for companies covered under the insurance provider.
- Research has suggested that social enterprises may be a feasible model for providing community and primary health care, especially in low-resource settings. There also may be opportunity for such enterprises to complement the public health system.(160)
- It is predicted that there may be a rise in social enterprises in upcoming years to provide interventions and increase access to health services in Ontario.

Global War and Conflict (October 2023)

- The rise of global conflicts and war in regions such as Ukraine, Iran, and Gaza may have significant impacts for Ontario's health system including economic strain that may reduce healthcare funding and increase cost of living, heightened community anxiety and decreased morale, disruption of healthcare supply chains, and increased demand due to a rise in refugee arrivals and Canadians returning to Ontario from affected regions.

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Government of Canada Disability Benefit Regulations (July 24, 2023)

- The Canada Disability Benefit (CDB) Act received Royal Assent on Thursday, June 22, 2023. This legislation establishes the framework for the CDB, which enables the Government of Canada to create and deliver a new benefit to working-age persons with disabilities in Canada. The CDB will supplement existing federal and provincial/territorial disability supports, and will help lift working-age persons with disabilities out of poverty. (53)
- In the spirit of “Nothing Without Us” and as required by the Act, collaboration with and feedback from persons with disabilities will be essential in the development of the Canada Disability Benefit Regulations. There will be two phases of engagement. During the regulatory design phase, there will be a series of engagement opportunities to inform the design details and implementation of the new benefit, as well as the drafting of the Regulations.

Building the Future of Care Together (August 8, 2023)

- Grand River Hospital and St. Mary’s General Hospital are partnering to build a new joint hospital and modernize hospital facilities. (54)
- The joint vision will include:
 - A new, state-of-the-art hospital in Kitchener-Waterloo
 - Renewing and repurposing the existing mid-town KW Campus as an ambulatory and urgent care centre
 - Renewing and expanding the Freeport Campus in Kitchener for modernized and expanded rehabilitation capacity
 - All sites will be shared by both GRH and SMGH
- In March, Grand River Hospital and St. Mary’s General Hospital announced the beginning of the site selection process to identify a site for a proposed new joint hospital in Kitchener-Waterloo.
- A Call for Land Process will begin starting in the fall of 2023. The first phase of the Call for Land process will ask landowners to submit basic information about their site, including its size, location, and characteristics.

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Drug Shortages (July 2023)

- Disruptions to drugs and other health products supply can cause hardships for Canadians and their families and put stress on our health care system. (55)
- A couple of examples of recent shortage include infant formula and children's pain and fever medication
- Health Canada initiatives to address shortages have included the launch of a 60-day consultation with Canadians on drug shortage prevention and mitigation, and establishment of the Health Products Supply Chain Advisory Committee for expertise and advice on shortage prevention and management.
- Recent action has been taken such as:
 - Proactive communication on impactful shortages (e.g., Nitroglycerin Spray).
 - Systemic data intake on children's analgesics; foundational for future data collection on shortages.
 - \$1.5 billion over three years for the National Strategy for Drugs for Rare Diseases to help increase access to, and affordability.
 - Development of a National Priority List of Pediatric Drugs with inputs from the pediatric medical community.
 - Established an internal Task Force in November 2022 to bolster capacity for mitigating and preventing shortages and improving access.
 - Budget 2021: \$2.2 billion for biomanufacturing and life sciences sector development, aiming for domestic vaccine, drug, and diagnostic tool production.
 - Creation of a Critical Drug Reserve during COVID-19 for key drugs supporting hospitalized patients.
 - Collaboration with international regulators to share best practices and reduce impacts on Canadians.

S O C I A L



- Demographic variables
- Population Health Patterns
- Community Safety and Wellbeing



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The Social "S" denotes the community and demographic dynamics influencing the KW4 OHT and the overarching Canadian healthcare context. This covers elements such as public health patterns, patient anticipations, health consciousness, societal perspectives on healthcare, and demographic changes. It assesses how these societal contexts impact the need for, and provision of, healthcare services within the KW4 OHT network. Social considerations include the following:

Income Statistics - KW4 Region Census Impact Report (2022)

Population (43)

- KW4 OHT (438,067) covers approximately 75% of the Waterloo regional population (587,165).
- The total population of Waterloo Region as of year-end 2022 was estimated to be 647,540.
- Over the next 25 years, the KW4 population is expected to nearly double, be 43% immigrant, and 30% 65 years or older.
- KW4 is growing at a faster rate than Ontario and Canada. The 2016-2021 growth rate for the KW4 was 10.9% compared to Ontario (5.8%) and Canada (5.2%).
- Expected population in 2031: 731,000
- Expected population in 2041: 835,000

Composition

- KW4 is mostly urban (87%) than rural (13%).

Age

- KW4 is slightly younger than the rest of the province (average age is 39.2 vs. 41.8 years old).
- The fastest growing age category is those 65 years old or older (18.6%).
- By 2041, it is projected that 25% of Ontario's population will be 65 years or older, almost doubling from 3 million to 4.6 million older adults.(142)
- An increased demand for community, social, and health services is predicted to meet the needs of the aging population of Ontario, suggesting an innate need to improve current capacity.(143)

Immigration

- KW4 has a slightly lower immigrant population than the rest of the province (26% vs 30%), but higher than the Waterloo Region (25.4%).
- Newcomers, which is defined as those arriving in the last 5 years, accounted for just over 5% of the KW4 population.

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- From a growth perspective, recent immigrants made up a large proportion of the KW4's population growth. The total population of KW4 grew by just over 43,000 in the last 5 years and recent immigrants made up more than half of that growth.
- 585 government-assisted refugees (Eritrea, Ethiopia, Iraq, Kuwait, Libya, Myanmar, Somalia, Syria and Turkey) in 2021

Homelessness/Housing

- The Point in Time Count 2021 data showed that in the Waterloo Region, the number of people experiencing homelessness was 1,085, 412 were living rough (in encampments, on the street, or in their vehicles), while the remaining 673 were experiencing hidden homelessness (335), in emergency shelters (191), in transitional housing (84), or were in institutions such as police custody, a hospital or domestic violence shelter (63). This is up from 333 people in 2018. (56)
- Of those experiencing homelessness, 10% were 25 years old or younger, 56% were 26-45 years old, and 34% were 45 years old or older. 15% identified themselves as racialized and 17% as First Nations/Indigenous. 67% were male.
- According to Waterloo Region's 2022 Vital Signs Report, Population growth almost tripled between 2016 and 2020 while housing starts are up by a third. There has been stagnant income and soaring housing prices in Kitchener and Waterloo, with homes prices now 8 times higher than median household income. (57)
- New home building has not kept pace with population growth: From 2016-2020, 43,500 more people moved to the region than new housing builds were started (63,712 versus 20,259).
- Approximately 7000 households are on the waitlist for affordable housing in Waterloo Region
- 30.6% of racialized vs 23.4% of non-racialized residents are more likely to be spending more than 30% of their income on housing.
- 19.3% of immigrants vs. 3.2% of non-immigrants are more likely to live in overcrowded
- 37% of female vs. 23% of male renters reported financial difficulties.
- 53% of renters with children vs. 25% of renters without children report financial difficulty.
- Average cost of rent in 2022 was \$1,174/month (bachelor), \$1,371/month (1 Bedroom), \$1,591/month (2 Bedroom).

Family Characteristics

- Average size of census families is 3.0 (2.9 Ontario)
- Average household size 2.6 (2.6 Ontario)

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Transportation

- 78.1% use car as main type of transportation
- 11% walk or cycle as main type of transportation
- 80.0% of KW4 drive to work, which is higher than Ontario (76.1%)
- 5.1% of KW4 use public transit to get to work, which is lower compared to Ontario (8.6%)
- 24.2% of the KW4 workforce commutes for 30 minutes or longer to get to work, lower than Ontario (38.0%).

Food Security

- In 2022, 18.4% of people living in the 10 provinces lived in a food-insecure household, this is a considerable increase from 2021 (15.7%) due to unprecedented inflation. (58)
- 19.2% of people living in Ontario live in food-insecure households, this was a considerable increase from 2021 (16.1%). Of this number 5.3% are marginally food-insecure, 9.8% are moderately insecure, and 4.1% are severely food-insecure.
- According to the Food Bank of Waterloo Region, between April 1 and June 30, 2023 (59):
 - 2,538 households accessed a food assistance program for the first time, a 127% increase over the same quarter in 2022.
 - 12,774 unique households accessed a food assistance program, a 32% increase over the same quarter in 2022.
 - 31,433 unique individuals supported by the Community Food Assistance Network, a 20% increase over the same quarter in 2022.
 - 43,164 hampers distributed to community members, a 42% increase over the same quarter in 2022.
 - 245,718 meals provided to community members, a 26% increase over the same quarter in 2022.

Visible Minority

- Visible minorities make up 29.1% of the KW4 population, with the largest groups being South Asian (9%), Chinese (3.7%), and Black (5%).

Mennonite

- Mennonites make up 6.4% of the population of Woolwich and 9.3% of the population of Wellesley
- Number of Mennonites: Wilmot 1,835, Wellesley 4,175, Woolwich 4,270

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Languages

- Nearly 2% (1.99%) of the population speak neither English nor French.
- 91.3% of the KW4 population speak only English, which is greater than Ontario (86.5%) and Canada (69.0%).
- Only 0.04% of the KW4 population speak French and do not speak English.
- 17.4% of the KW4 population speak a non-official language at home. The top non-official languages spoken at home include Mandarin (2.4%), German (2.0%), and Spanish (2.0%), Arabic (2.0%), Punjabi (1.7%), Serbian (1.2%), Romanian (1.1%), Portuguese (1.1%), French 0.9%), and Polish (0.9%).
- Top languages for interpretation / translation services in Waterloo Region (Feb 2021): Arabic, Spanish, Tigrinya, Persian (Farsi/Dari), Somali, Amharic, Turkish, French

Education

- 57.7% of individuals aged 15 or older in the KW4 have a post-secondary degree (certificate or higher) which is slightly higher than Ontario (57.5) and Canada (57.2).
- 15.6% of the KW4 population has a no Certificate, Diploma, or Degree which is less than the population of Canada (16.2%)

Indigenous

- As per the 2021 Census, 13,935 (approximately 1.7%) of the Waterloo-Wellington population self-identify as First Nations, Métis, and Inuit (FNMI).
- Just over half (7,225 people) reside in the KW4 geography.
- Historical trauma related to data collection may affect individuals' willingness to self-identify as Indigenous on Census data, potentially leading to an under-reported population.
 - Community estimates suggest a higher figure, with around 6.6% of the population, approximately 40,000 individuals in Waterloo-Wellington, being FNMI.
 - The Indigenous population in the Region is remarkably diverse, with multiple Nations represented.
 - The Region has a substantial Métis population and a growing Inuit community.
 - The Region also boasts a large Indigenous student community due to numerous higher-education establishments in the area.

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Post Covid-19 System Recovery - WHO Global Pulse Survey (May 1, 2023)

- Three years into the pandemic, health systems are beginning to show significant recovery signs. (60)
- By early 2023, countries observed fewer disruptions in regular health services but emphasized the need for future resilience and recovery investments.
- By the end of 2022, many countries showed partial service recovery, covering areas like maternal health, nutrition, immunization, disease management, elder care, and traditional care.
- Countries reporting disruptions in their supply chains decreased from half to about a quarter within a year.
- Still, service disruptions remain widespread across all regions and income levels, with increased backlogs, particularly in non-communicable disease services, delaying timely care for many.

Health Care Service Backlogs in Ontario - Ontario Medical Association (May 23, 2023)

- The healthcare backlog that was created by the Covid-19 pandemic has grown to approximately 22 million services. This is an increase of approximately 1 million in the past three months. (61)
- The greatest areas for concern are preventative care, cancer screening, diagnostic tests (MRIs & CT scans), medical treatments, and surgeries

Ontario Forced to Develop Protocol for Emergency Department Closures (July 22, 2023)

- Frequent emergency closures in Ontario hospitals led the provincial government to establish a protocol. (62)
- Ontario Health's "Emergency Department Closure Protocol" was introduced on Sept. 20, 2022, outlining the steps and responsibilities for hospitals planning emergency department closures.
- The Ontario Hospital Association is also convening a special advisory group to work on the issue.
- Emergency department closures are particularly a crisis in smaller, rural, and remote areas of Ontario.
- Between January and July 2023, there have been more than 100 temporary emergency closures across Ontario.

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Health Human Resource Shortage and Burnout (May, 2023)

- According to the Canadian Medical Journal (February, 2023), healthcare workers are past the point of exhaustion (63)
 - Over 20% worked more overtime in the second pandemic year than any previous year in a decade.
 - Average overtime was 8.2 hours paid and 5.8 hours unpaid each week, making up the equivalent of more than 9000 full-time jobs.
 - Paramedics (45%), salaried family physicians (34%), and respiratory therapists (31%) reported the most overtime.
 - Nearly half (49%) of family doctors said they worked beyond their desired capacity. High or severe work-related burnout is experienced around four times more by family physicians working beyond their desired capacity (32.1%) than those working at the desired capacity (8.7%). The OMA is calling for system-level efforts to address burnout and overwork, including streamlining and ensuring fair compensation for administrative work, increasing work-life balance via organizational policy changes, and seamlessly integrating digital health tools into workflows.
 - As of 2022, 45% of practicing nurses reported severe burnout, up from 29% pre-pandemic. 59% of early and 56% of mid-career nurses were considering leaving their jobs within the next year. Nursing vacancies have already increased 133% in the first two years of the pandemic alone.
- According to the Ontario Medical Association (May, 2023), there is a severe shortage and burnout in primary care (64)
 - 2.2 million Ontarians lack a family doctor, as per INSPIRE PHC research.
 - 40% of surveyed doctors across specialties are considering retirement in the next five years.
 - Two-thirds of family doctors are contemplating changing their practice model, cutting hours, or retiring within five years, according to the Ontario College of Family Physicians.
 - There's waning interest in family medicine among medical students. Over 100 family medicine residency spots remained vacant in 2023 Canada-wide, while no other specialty had more than two unfilled.
 - Physician burnout is at an all-time high, largely due to administrative tasks.
 - Family doctors reported spending an average of 19.1 hours weekly on documentation and administrative duties.
- According to Statistics Canada (March, 2022), job vacancies within health occupations rose by 28,000 (65)
- A study by the University of Toronto (March, 2022), showed that female healthcare workers are moving away from front-line care

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Informal Caregiver Burnout – The Sandwich Generation (July, 2023)

- The “Sandwich Generation” refers to working-age individuals (typically aged 40-59) who hold responsibility for caring for the needs of children under the age of 15 and aging parents over the age of 65 years old.(148)
- This population of informal caregivers are suggested to have a high risk for burnout, as they must manage the stress of navigating the health system with the complex needs of aging parent(s) while simultaneously managing the needs of young children, and other socioeconomic needs (occupations, homes, etc.).(149,150)
- Women aged 45 years and older are predicted to be most heavily impacted by burnout as they more commonly serve as informal caregivers at the beginning and end of life.(148,150)
- KW4 Region and Ontario census data shows a growing pocket of working-age adults in addition to a growing older adult population. This population will require increasing supports to prevent and manage burnout.(148)

College of Family Physicians of Canada (CFPC) – Changes to Family Medicine Residency (June 2023)

- On January 26th, the CFPC released a report titled Preparing our Future Family Physicians: An educational prescription for strengthening health care in changing times. The report provided recommendations to enhance the education of family physicians to address the need for:(133)
 - Enhanced recruitment, selection, and retention of medical students into comprehensive family medicine as a career
 - A system of training that promotes the ability of family physicians to adapt to ever changing community health care needs
 - A broad scope of training to enable family physicians to serve Canada’s diverse communities and contexts
 - Increased opportunities for new family physicians to develop skillsets that keep pace with societal changes, increasing complexity of care, new technologies, and medical advances
 - More opportunities for new family physicians to work within advanced, inter-professional and evidence-based care models
 - Improved data and metrics to support family medicine research, evaluation, and continuous improvements in education
 - An extended length of residency training from two to three years, in order to make the necessary educational enhancements

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- In June, the CFPC decided to move forward with the three-year program after consultations showed that the current two-year duration is inadequate to expand the curriculum on essential topics such as seniors' care, new technologies, mental health and addictions, and the effects of colonialism and racism on health.(134)
- The CFPC is creating a taskforce to re-design the training and to determine how to phase in the program without disrupting the supply of doctors. The first three-year program is expected to launch in 2027.(134)
- The decision has been met with mixed reactions from the medical community. Some experts have expressed that the decision is a positive step towards preparing family physicians to meet the needs of increasingly complex patients, while others believe the decision may exacerbate the already severe HHR shortage, especially in Northern and Rural regions of Ontario. (134)

Mental Health and Addictions (August, 2023)

- National suicide prevention number (July 24th, 2023) (66)
 - Canada's government is granting over \$177M to CAMH for a national suicide prevention number and to strengthen distress centers.
 - The Honourable Carolyn Bennett announced \$156M over three years to Centre for Addictions and Mental Health (CAMH) to launch the 9-8-8: Suicide Crisis Helpline, a national three-digit number for suicide prevention, available from November 30, 2023.
 - An additional \$21.4M will be provided to CAMH to enhance the capacity of existing Talk Suicide Canada network distress centers, preparing for the 9-8-8 helpline. This is part of a previously announced \$50M for distress centers during the pandemic.
 - Canadian Government is investing in harm reduction services in the KW4 Region (August 13th, 2023) (67)
 - Sanguen Health Centre Foundation will receive \$325,511 over 17 months from the Canadian government to provide a drug checking service at the existing consumption and treatment services site in Kitchener
 - It Takes a Village: Safer Opioid Supply Through Community: KW Working Centre for the Unemployed will receive \$2,084,892 to continue to provide low-barrier access to pharmaceutical opioids in the Kitchener-Waterloo region. This project will continue to expand the safe supply project by embedding it within a number of housing, shelter, and congregate settings.

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- The Ontario Government invested \$4.75M in January 2023 to expand the “One Stop Talk Program” for children and youth mental health services. (68)
 - The program connects youth to mental health counselling by phone, video, text and chat
 - The government is also significantly expanding the number of Youth Wellness Hubs across the province to make it faster and easier for young people to connect to mental health and substance use support, primary care, social services, and more. Through the Addictions Recovery Fund, the government is adding eight new youth wellness hubs to the 14 that were created since 2020, bringing the total to 22 across the province.

Regional Opioid Use and Consumption & Treatment Service Sites - Update (August 13, 2023)

- Waterloo Region’s Duke Street Consumption site was endorsed unanimously by the Kitchener City Council on April 15, 2019 (50 Duke St. W.) and in October of 2019, the province approved the site. (69,70,71)
- As of June 2023, 28,696 visits occurred at Duke Street Consumption since October 2019. 918 overdoses occurred at the site, all of which were reversed, resulting in zero deaths.
- In 2022, there were 1,269 calls related to suspected opioid overdose, and 89 deaths in Waterloo Region.
- As of September 6th, 2023, there were 41 drug-related deaths in the Waterloo Region.(144)

Co-Substance Abuse - The Fourth Wave of the Opioid Crisis (August 2023)

- There has been a surge in the combined use of methamphetamine and other stimulants with fentanyl, deemed the Fourth Wave of Canada’s Opioid Crisis. This makes it more challenging and complex to treat those struggling from the immediate and long-term effects of drug use.(145)
- Waterloo Region Integrated Drug Strategy: includes a collective working group established in 2011 to respond to substance abuse in the Waterloo Region. The strategy employs a four-pillared approach (Prevention, Harm Reduction, Recovery and Rehabilitation, and Enforcement and Justice). Over 130 individuals from more than 40 entities contribute to WRIDS guided by a diverse steering committee and coordinating committees for each pillar. (146)

SOCIAL ANALYSIS

- Impacts of Stigma and Call for Destigmatizing Language: According to the CEO of CMHA Waterloo, Helen Fishburn, stigma is a major challenge that exists when it comes to combating the opioid crisis, preventing community members from accessing necessary care. One recommendation to respond to this is to advocate for the adoption of de-stigmatizing language such as drug-poisoning rather than overdose.(147)

National Standard of Canada for Psychological Health and Safety in the Workplace (2013)

- 500,000 Canadians, in any given week, are unable to work due to mental health problems or illness (72)
- Psychologically healthy and safe workplace has been defined in the Standard as “a workplace that promotes workers’ psychological well-being and actively works to prevent harm to worker psychological health, including in negligent, reckless, or irrational ways
- The first of its kind in the world, is a set of voluntary guidelines, tools, and resources intended to guide organizations in promoting mental health and preventing psychological harm at work

Community Safety and Wellbeing Plan (Region of Waterloo) – Update (January 26th, 2022)

- The "Waterloo Region Community Safety and Wellbeing Framework" aimed at fostering a safe and inclusive community received approval from the Regional Council on January 26, 2022 (73)
- This emerging framework has been a collaborative process to listen to the voices of many across our community, and to use those voices to create a framework for action and change. Building on the good work already underway in our community, this framework supports the goal of enabling every person who calls Waterloo Region home to feel safe, to feel like they are cared for, and to have the opportunity to thrive.
- This engagement, along with the knowledge and previous contributions of our partners, will inform concrete actions focused on equity, diversity, and belonging; addressing the root causes of issues in our community with holistic systems that wrap supports around individuals.
- This will be a community framework/plan that everyone sees themselves in, and benefits from, and it will evolve with community needs. Our goal is to enable every person who calls Waterloo Region home to feel safe, to feel like they are cared for, and to have the opportunity to thrive.

SOCIAL ANALYSIS

- On August 8, 2023, the Region brought together community leaders, members, grassroots organizations, and other partners to collaborate and commit to actions that uphold community priorities. The focus was on combatting hate, creating safe and inclusive spaces, and addressing mental health needs together.

Smart Waterloo Region 2021: Child and Youth Wellbeing

- The mission of Smart Waterloo Region (SWR) is to be the best community in Canada for Children & Youth. (74)
- The SWR vision was originally created in 2019 when the Region of Waterloo entered, and became a finalist, in the Federal Government's Smart Cities Challenge. Though the Region didn't bring home the \$50 million dollar prize, the community has come together to fund the program and bring the youth-centred vision to life.
- SWR's mandate lasts through to 2040 and aims to make lasting, positive change to how our community works for and with our youngest citizens. The four program streams are:
 - Data Dry Cleaner – The Data Dry Cleaner aims to build a data exchange and Child & Youth dataspace where the individual owns, controls, and benefits from their personal data. The end goal is to transform data into information that is displayed visually by geography and economic activity to inform policy and action within the Region.
 - Kids Arcade – What if we could use play to build 21st century skills and create Belonging for Children & Youth in our Region? The Kids Arcade create a learning and change management platform that will leverage information created by the data exchange to build training and create a 'serious game' and gamification of skills and behaviours.
 - Ice Cream Shop – The ice cream shop is about creating partnerships to support and fund solutions benefiting Children & Youth. By engaging and developing partnerships across the Region, Province, Country, and around the World, the Ice Cream Shop will launch 12 Region wide initiatives (businesses/business models and/or social models), 6 provincial wide, 3 national, and 1 magical global unicorn.
 - The Banting Project – Inspired by Dr. Frederick Banting, this Banting Project will empower Children & Youth by making accessible for free or low cost exponential technology and tools that will power our world in the 21st century.

SOCIAL ANALYSIS

Population Health

- Births and Mortality (75)
 - 4,316 births in 2019/20 in KW4 (vs. 134,943 in Ontario)
 - 2,749 deaths in 2019/20 in KW4 (vs. 108,060 in Ontario)
 - 36.9% of deaths that were premature (age<75) in KW4 (vs. 36% in WWLHIN)
- Leading Causes of Death
 - Top three leading causes for potential years of life lost in Canada:
 - Heart disease
 - Self-harm
 - Lung cancer & bronchus
- Chronic Conditions
 - 15.5% of Waterloo Wellington LHIN residents have two or more chronic conditions
 - 8.2% of KW4 residents have diabetes
 - 15.3% of KW4 residents have high blood pressure
 - 4.7% of KW4 residents have heart disease
- Emergency Visits
 - 325 emergency department visits (rate per 1,000) (vs. 385 in WWLHIN)
 - 17.2 emergency department visits with a main problem of mental health or substance abuse (rate per 1,000) (vs. 18.3 in WWLHIN)
 - Rate of emergency department visits for intentional self-harm in KW4: 195.5 per 100,000

Access to Care

- 95.0% of residents in KW4 have access to a primary care provider (vs. 96.6% in WWLHIN) (75)
- 245 primary care physicians in KW4
- 62.6 primary care physicians per 100,000 in KW4
- 46 primary care physicians with access to inter-disciplinary teams in KW4 (CHC & FHT model)
- 562 specialists in WW (11% increase since 2013)
- 656 pharmacists in WWLHIN
- 72 Midwives in WWLHIN
- 2 hospitals: Grand River Hospital and St. Mary's General Hospital (635 beds)
- 2,020 long-term care beds in KW4 (vs. 4,142 in WWLHIN)
- 1,714 LTC residents on March 31, 2020 in KW4 (vs. 75,635 in Ontario)

TECHNOLOGICAL

T

- Technological access
- Infrastructure
- Research
- Technology trends



Technological

TECHNOLOGICAL

The Technological "T" underscores the impact of tech innovations on the KW4 OHT and the entire Canadian healthcare domain. This encompasses developments in medical tech, e-health endeavors, digital patient records, remote health services, and tech-powered patient interaction methods. It determines how tech progress can amplify or test the operational capacities of the KW4 OHT. Technological considerations include the following:

Regional (Waterloo) Technological Environment

- Waterloo is often considered as “Canada’s Technology Triangle”, encompassing high-tech industries and advanced manufacturing (76)
- The region is part of the Toronto-Waterloo Corridor, a 100km stretch that forms the second largest technology cluster in North America and ranks 16th among Top 20 Global Start-up Ecosystems.
- Waterloo Region is has more than 1,570 tech-related businesses. Our community is home to Canada's largest tech, software, satellite and eLearning companies, and one of the world's top producers of visual technology displays.
- The tech labor force has grown by 40% in the past 5 years, making it one of the fastest growing talent markets in North America (77)
- Waterloo is a strong entrepreneur ecosystem (interconnected post-secondary institutions, private sector and investors)
- Waterloo has the second highest density of startup in the world, with over 1,400 tech companies that employ 23,200+ people.
- Economic growth and job creation is most visible in the technology sector in the past 5 years (approximately 2,000 new jobs since 2017)
- Waterloo Region is also home to some of the largest technology companies in Canada and the world. It is the headquarters for seven of Canada’s largest technology companies: BlackBerry, Christie Digital Systems, Descartes, D2L, OpenText Corporation, Vidyard, Honeywell Aerospace, Thalmic Labs, Teledyne Dalsa and Sandvine.
- Waterloo Region is also home the Communitech Hub, the Communitech Data Hub, Velocity, the Accelerator Centre and the Catalyst
- The University of Waterloo has been ranked Canada’s “most innovative” university for 27 consecutive years
- Wilfrid Laurier University has one of Canada’s largest business schools, and the Lazaridis Institute provides management training aimed at high-growth technology companies, including through the recently launched Canadian Scale Up Program.
- Waterloo Region is also home Conestoga College Institute of Technology and Advanced Learning

TECHNOLOGICAL

Government of Canada Investing in Kitchener-Waterloo Technology Sector (October 7, 2022 and December 2, 2022)

- On October 7, 2022, the Honourable Filomena Tassi, Minister responsible for the Federal Economic Development Agency for Southern Ontario (FedDev Ontario), announced an investment of \$7.5 million for three Kitchener-Waterloo-based tech companies: Shinydocs Corp., Encircle Inc. and Proto Research Inc. This investment will help these companies enhance their technologies and increase sales, which will lead to the creation of 75 jobs across Kitchener-Waterloo. (78)
- Kitchener-Waterloo is one of the fastest growing innovation hubs in the world, consisting of more than 1,500 tech-related businesses. The region's tech sector is predicted to reach 24,000 workers by 2025.
- Since 2015, the Government of Canada has invested over \$228M in over 200 projects across the Waterloo region, creating over 10,000 jobs and maintaining over 30,000 jobs.
- On December 2, 2022, the Government of Canada announced that it is investing over \$10M to the Kitchener-Waterloo tech sector through investment in three tech firms; Miovision Technologies, Advanced Electrophoresis Solutions, and Huron Digital Pathology. (79)
- This investment is expected to generate 80 new jobs in the Kitchener-Waterloo area.
- The move bolsters the region's reputation as a tech and innovation powerhouse, supporting sector growth and attracting more skilled talent.

Provincial Investment in New Innovation Arena for University of Waterloo (April 13, 2023)

- The University of Waterloo and Velocity are introducing a new \$35M Innovation Arena on Waterloo's Health Science Campus. (80)
- The Arena will host collaborative spaces to foster interactions among businesses, founders, researchers, and community partners.
- The facility will house a health-tech incubator, a small business center, and will feature a shared wet lab for local entrepreneurs and startups.
- Ontario Premier Doug Ford marked the project's initiation by announcing a provincial investment of \$7.5 million.

Models of Care Innovation Fund – Ontario Government (July 24, 2023)

- Ontario introduces a \$40 million fund (\$20M in 2023/24 and \$20M in 2024/25) for health care innovations. (81)

TECHNOLOGICAL

- The main objectives of the fund are to support and help develop a resilient health workforce through capacity building and retention (including new technologies), encourage partnerships that will allow for the right care in the right places, and allow faster and more accessible access to care.
- KW4 OHT member organizations submitted several innovative proposals for consideration on August 31, 2023.

Regulatory Changes – Personal Health Information Protection Act (January 2021)

- This regulation provides the ability to monitor and address compliance with the standards and supports the increased value of health information for managing health and health outcomes (82, 83)
- Ontario Health will be leading the implementation of the provincial regulation, including defining interoperability requirements, determining specifications, and actively working with vendors and health information custodians through a program to monitor and ensure compliance

Connecting You to Modern Healthcare – Government of Canada (May 29, 2023)

- Currently only one third of Canadians can access some of their health information online. Health care providers can't easily access or share health information because systems don't always connect. This lack of available patient information can put people's lives at risk, add unnecessary or duplicative tests, and result in longer wait times and hospital stays. (84)
- A Shared Pan-Canadian Interoperability Roadmap has been developed by Canada Health Infoway, and endorsed by the federal and provincial government.
- The Roadmap advises on standardized methods for secure health information transfer between systems and directly to patients, ensuring consistent access to data while maintaining privacy and security.
- This standardization will also benefit system administrators, researchers, and policymakers by offering comprehensive health data comparisons across Canada, offering insights to enhance the health system and public health reactions.
- Budget 2023 earmarks a 10-year, \$200 billion investment in health care, including a multi-level government pledge to improve health data collection, sharing, and utilization through common standards and policies.

TECHNOLOGICAL

Ontario Health Digital Standards in Health Care (January 17, 2023)

- Ontario Health is establishing provincial standards for virtual solutions, digital health information exchange, and online appointment booking and patient portals including: Virtual Visits Verification Standard; Digital Health Information Exchange Standard; Online Appointment Booking Standard; Patient Portals Standards; and Provincial Funding Opportunities. (85, 86, 87, 88, 89)

eHealth Centre of Excellence

- Supporting OHTs by offering Integrated Care Managers, who can assist OHT with proposals, clinical workflow mapping, and decision-making. (90)
- They have a proven track record related to both the development and the deployment of digital health solutions in primary care, including but not limited to: eConsult, eReferral, virtual care, patient forms, online appointment booking, EMR-integrated decision support tools, automated solutions or “bots”, and EHR supports.

Digital First for Health strategy and Key Initiatives to Support Clinician Involvement in Ontario Health Teams (OHTs)

- Digital First for Health is central to the government’s efforts to transform the health care system so that it is integrated, sustainable, and patient-centred. Strong digital capabilities are critical to enable system integration and the sharing of information throughout the health care system so that patients receive seamless care. (91, 92)
- Digital Health Playbook published as part of the Ministry’s central supports program to support prospective OHTs in the development of their digital health plans. It is intended to establish the necessary balance between provincial standardization and local innovation. The Playbook is made of 3 components:
 - i. The Digital Health Playbook details how the adoption and use of digital health solutions can help OHTs meet their clinical and performance objectives. The document provides a general overview of the types of tools, requirements and policies that will guide the creation of digitally-enabled OHTs.
 - ii. The Digital Health Service Catalogue contains a set of digital tools, services and infrastructure assets that will assist OHTs in fulfilling digital health requirements, while balancing local health needs.
 - iii. The Digital Health Policy Guidance Document is a set of draft provincial policy directions governing acquisition, implementation, and use of digital tools and services

TECHNOLOGICAL

Digital First for Health Strategy – OHT Digital Health Maturity Objectives (April, 2022)

- Included within the OHT Digital Health Playbook are objectives to reach Digital Health Maturity. These objectives allow OHTs to assess their current state and address gaps in digital health care. The objectives provide a vision for digital health to guide OHTs in the development and implementation of their digital health plans.
- The Digital Health Maturity Objectives include:(151)
 - Patient Centered Care: OHTs can deliver care in a more patient-centered way by leveraging the use of digital and virtual tools. Patients have options in how and when they navigate the system, access to care, manage their health status, and view their personal health information.
 - Connected Frontline Providers: Frontline providers communicate and share information and clinical data in a manner that enables improved collaboration and efficiency in care planning and provision. Care is highly efficient and transitions are seamless. Shared instances of digital tools and digital tools that are connected and integrated and built on common standards enable real-time, team-based care.
 - System Self-Management: OHTs have the ability to manage themselves and improve their performance through advanced predictive analytics and strong information management practices. They have the information to facilitate population health management, and optimize measurement and efficiency of reporting.

Data Sharing and Interoperability Challenges for Health Information (June, 2023)

- Experts have argued for a more consistent system or standards for health data sharing in Canada.(152)
- Although the majority of organizations have adopted electronic medical records (EMR), incompatibility and differences in quality between systems has created challenges related to sharing data throughout the health system such as files arriving incomplete or corrupted.(153)
- The impact of this challenge has materialized as 1 in 3 patients stating that their care was impacted by a gap in communication and coordination between healthcare providers and 25% of patients stating that their care providers did not have their health information or history prior to their visit.

TECHNOLOGICAL

Introduction of the New Virtual Care Model in the Ontario Health Care System (December 22, 2022)

- The Ministry of Health and the Ontario Medical Association (OMA) are collaborating to enforce the 2021 Physician Services Agreement (PSA). (93)
- From December 1, 2022, the Schedule of Benefits has been updated to include the new virtual care payment structure. This updated virtual care model is only valid for services from December 1, 2022, onwards.
- Video visits delivered through the Ontario Virtual Care Program (OVCP) will be transitioned into the OHIP insured framework in accordance with the pricing structure, rates, and payment parameters outlined in the PSA.

Artificial Intelligence (AI) in Ontario Hospitals (September 2023)

- Ontario medical leaders suggest AI in healthcare is at an early stage, with hospitals exploring its potential benefits. The current impact is limited but expected to grow in the next five years.
- At St. Michael's Hospital in Toronto, AI is making strides in improving patient care, particularly in detecting delirium and continuous patient monitoring. A tool deployed within the GEMINI platform, a notable data and analytics network, has enhanced the accuracy of delirium detection. Another AI tool, CHARTWatch Surgical, offers real-time, around-the-clock monitoring of patients. This comprehensive monitoring, storing data in Electronic Medical Records (EMR), allows for hourly patient assessments, facilitating clinical teams in making informed decisions regarding treatment advancements or palliative care based on the patient's condition.
- University Health Network has appointed Bo Wang to harness AI for quicker diagnoses and personalized care. With the AI Hub, Wang explores AI applications, demonstrating reduced hospital visits in a heart failure management project.
- AI's potential in predicting diseases raises concerns around bias, ethics, and privacy, with discussions focusing on minimizing risks and leveraging benefits at a population level. The notion of AI replacing doctors is dismissed, yet the adoption of AI among doctors is encouraged.

TECHNOLOGICAL

AI in Community and Primary Care (September 2023)

- An AI-assisted early diabetes prevention initiative in Peel Region is utilizing predictive models to forecast the likelihood of Type 2 diabetes onset or complications up to five years in advance, addressing the high incidence of the disease in the region.
- Mitsubishi Tanabe Pharma Canada supports an AI program for early identification of potential ALS patients. Using an algorithm, MNd-5, it aims to facilitate timely decisions for healthcare professionals, and is accessible to a broad community of neurologists through various EMR systems.
- AI in primary care is still at an early stage in Canada. A research study (Darcel et al., 2023), identified barriers and strategies for implementation from the perspective of patients, providers, and health leaders. The following were identified:
 - Barriers included system and data readiness, potential for bias and inequity, regulation of AI and big data, the importance of people as AI enablers.
 - Strategies included investing in interoperability, organizing technology infrastructure and architecture to support AI, developing a robust adoption strategy, using unbiased training data, partaking in frequent reassessment to prevent bias, designing ethics training, encouraging leadership commitment, defining national rules and regulations, designing regulations based on level of risk, providing clear value propositions, easing in to the technology, transparency, providing education to support AI literacy, and using deliberate designs.

Artificial Intelligence for Healthcare in Kitchener-Waterloo (September 2023)

- Grand River Hospital has collaborated with Signal 1 to pilot an AI-powered system. This system is designed to aid clinical decisions by analyzing patient data to predict either imminent discharge readiness or increased care needs, thereby facilitating early intervention by doctors. Through its predictive insights, this initiative not only addresses hospital capacity issues by potentially freeing up beds sooner but also optimizes staff resource allocation, illustrating the practical benefits of integrating AI in healthcare management.

ENVIRONMENTAL

E

- Environmental policies
- Climate Change
- Risk to Human Health
- Transportation and Transit



Environmental

ENVIRONMENTAL

The Environmental "E" emphasizes the ecological considerations impacting the KW4 OHT and the overall Canadian healthcare realm. This involves matters such as green medical protocols, climate change's effect on community health, resource conservation, and the environmental impact of healthcare. It reviews how such ecological factors can guide the operational methods and focal points of the KW4 OHT. Environmental considerations include the following:

Government of Canada Investment to Support Individuals and the Health Sector to Adapt to the Changing Climate (May 26, 2023)

- Warming temperatures and increased extreme weather events like heat waves, floods and wildfires already pose a serious threat to our health and wellbeing. These events are becoming more frequent and more severe. They are increasing costs and stress on our health system and are having a profound impact on the mental health of individuals and communities. (94)
- The National Adaptation Strategy aims to prepare the health care sector for the health challenges posed by climate change.
- Health Canada will allocate up to \$43 million over five years to assist the health sector and Canadians in adjusting to the climate shifts. The National Adaptation Strategy, currently under review by provinces, territories, and National Indigenous Organizations, will soon be finalized. It is designed to confront the current impacts of climate change in Canada and pave the way for a resilient, low-carbon health care system.
- Health Canada plans to rejuvenate and expand health programs under this Strategy, like HealthADAPT, to combat severe heat, including indoor heat, the leading cause of heat-related ailments and fatalities in Canada. This is a crucial step towards addressing the health hazards of climate change and safeguarding Canadians from intensifying heat threats.

Government of Canada 2030 Emissions Reduction Plan: Clean Air, Strong Economy (July 12, 2022)

- Canada's 2030 Emissions Reduction Plan sets a detailed course for the country to reduce its emissions by 40% from 2005 levels by 2030, with a goal to achieve net-zero emissions by 2050. (95)
- This Plan is the culmination of feedback from over 30,000 Canadians, including provinces, territories, Indigenous communities, industries, and the Net-Zero Advisory Body.

ENVIRONMENTAL

- The 2030 Emissions Reduction Plan includes \$9.1 billion in new investments to cut pollution and grow the economy. To boost climate actions, the Canadian government will replenish the Low Carbon Economy Fund with \$2.2 billion. This fund encourages climate initiatives from various sectors, including educational institutions, healthcare facilities, businesses, and more. A significant addition is the Indigenous Leadership Fund, aimed at backing clean energy projects led by First Nations, Inuit, and Métis groups.

Waterloo Region's First Climate Action Plan (ClimateActionWR)

- This climate action plan, which was approved and endorsed by the municipalities, aims to reduce local greenhouse gas emissions by 30% by 2030 and 80% by 2050. (96)
- To achieve a 30% GHG reduction by 2030, a list of 78 action items were outlined in the TransformWR 10-year plan. TransformWR 30-year strategy identifies six Transformative Changes that will help us build an equitable, prosperous, and resilient low carbon community by 2050.

City of Kitchener's Corporate Climate Action Plan for Sustainability (2019-2026)

- The City of Kitchener committed to reducing operational greenhouse gas emissions by 8% by 2026. In 2020, this target was surpassed by decreasing emissions by over 20% compared to the 2016 benchmark. (97,98)
- In 2020, Kitchener's Love My Hood Program allocated over \$60,000 to community garden initiatives, enhancing food security and supporting resident-led green projects throughout the city.

Canada's Changing Climate Report (2019)

- Canada's climate has warmed and will warm further in the future, driven by human influence. (99)
- Both past and future warming in Canada is, on average, about double the magnitude of global warming.
- Oceans surrounding Canada have warmed, become more acidic, and less oxygenated, consistent with observed global ocean changes over the past century.
- The effects of widespread warming are evident in many parts of Canada and are projected to intensify in the future.
- Precipitation is projected to increase for most of Canada, on average, although summer rainfall may decrease in some areas.

ENVIRONMENTAL

- The seasonal availability of freshwater is changing, with an increased risk of water supply shortages in summer.
- A warmer climate will intensify some weather extremes in the future.
- Canadian areas of the Arctic and Atlantic Oceans have experienced longer and more widespread sea-ice-free conditions.
- Coastal flooding is expected to increase in many areas of Canada due to local sea level rise.
- The rate and magnitude of climate change under high versus low emission scenarios project two very different futures for Canada.

Report - Health of Canadians in a Changing Climate: Advancing our knowledge for action (February, 2022)

- Climate change poses serious health threats to Canadians. Immediate, substantial action is required to combat these risks. By focusing on adaptation and ensuring health systems are both sustainable and resilient to climate-related challenges, we can prevent many adverse health outcomes. If not addressed, these changes will strain health systems, amplifying risks from disasters and emergencies. (100)
- Research shows that the health of Canadians has been affected by climate variability and change in recent years – both directly, when extreme heat and other natural hazards result from climate change, and indirectly, through a range of social, environmental, cultural, and economic pathways that have effects on health. Recent health effects related to rising temperatures and extreme heat, wildfire events, and the expansion of zoonotic diseases into Canada, such as Lyme disease, are linked to a warming climate.
- All Canadians can be affected by climate change; however, the distribution of these impacts and related health risks are not uniform. Seniors, children, racialized populations, low-income individuals, individuals with chronic health conditions, and First Nations, Inuit, and Métis peoples often experience greater health impacts of climate change. Existing health inequities and variations in the status of determinants of health can drive this increased risk, as can an individual's sensitivity (such as pre-existing health conditions) and exposure (such as geographic location) to climate hazards.

ENVIRONMENTAL

Canada in a Changing Climate: Regional Perspectives Report Ontario (2022)

- Temperatures are increasing across the province. As temperatures continue to rise, heat waves are expected to be more common. The province will likely see more rainfall annually and a higher risk of flooding due to increased extreme precipitation events. The Great Lakes' water levels have shown great variability, with both record highs and lows observed. (101)
- Key perspectives of the report included:
 - Ontario's infrastructure is vulnerable to climate change
 - Nature-based approaches help address climate change impacts on biodiversity and ecosystem services
 - Adaptive management is key for addressing impacts in the Great Lakes Basin
 - Adaptation improves forest health, carbon storage and biodiversity
 - Climate change brings threats and opportunities to Ontario agriculture and food systems
 - Existing human health inequities will be worsened by climate change
 - Climate change increases existing threats to population health and compounds existing pressures on key factors such as water quality, food security and shelter.
 - Many non-climate factors, including income, housing quality and employment, play key roles in determining the vulnerability of communities and individuals to the health risks of climate change.
 - Marginalized and low socio-economic populations will experience disproportionate health impacts and will have increasing difficulty in coping and adapting.
 - Regional and local assessments of climate change vulnerability that include consideration of health equity provide a foundation for stronger and more widespread adaptation action.
 - Addressing public health risks from climate change and extreme weather is mandated through the Ontario Public Health Standards, which references climate change in sections related to population health assessment, healthy environments, and prevention and control of infectious and communicable diseases
 - Progress on adaptation remains limited in Ontario

ENVIRONMENTAL

Climate Change Risk to Human Health

- According to the Ontario Centre for Climate Impacts and Adaptation Resources, climate change poses significant risks to human health and well-being. In Ontario, the main health risks related to climate change include greater morbidity and mortality related to an increase in the frequency and severity of extreme weather events (e.g. extreme heat, floods, wildfires, ice storms and droughts), increases in illness and deaths due to poor air quality, food- and water-borne illnesses and the expansion of vector-borne and zoonotic diseases. (102)
- There are significant opportunities to adapt to climate change health risks and a number of examples currently at the provincial level and at the community level. The Ontario Ministry of Health and Long-Term Care is developing climate change and health vulnerability assessment guidelines and an Environmental Health Climate Change Framework for Action.

Global Climate Change in 2021-2025 (WMO Global Annual to Decadal Climate Update - Met Office (UK), WCRP, WMO)

- The annual mean global near-surface temperature for each year between 2022 and 2026 is predicted to be between 1.1°C and 1.7°C higher than preindustrial levels (the average over years 1850-1900). (103)
- For the May to September average, predicted temperature patterns over the years 2022-2026 show a high probability of temperatures above the 1991-2020 average almost everywhere, with enhanced warming over land in the northern hemisphere.
- Precipitation predictions favour wetter than average conditions at high latitudes in the northern hemisphere for the next five extended winter seasons (November to March).

Transportation and Transit

- According to Statistics Canada 2021, 31.4% of the KW4's employed labour force work at home, which is a higher rate than that of Ontario (29.7%) and Canada (24.3%). (43)
- Only 44.9% of the KW4's employed labour force work within the municipality where they reside, which is much lower than Ontario (58.7%) and Canada (59.0%).
- 40.1% of the KW4's employed labour force commute to a different municipality, which is a much higher rate than that of Ontario (17.3%) and Canada (21.6%).

ENVIRONMENTAL

- 80.0% of the KW4's employed labour force drive to work, which is higher than the rates for Ontario (76.1%) and Canada (77.5%).
- Public transit is used less frequently in the KW4 compared to Ontario and Canada. 5.1% of the KW4's employed labour force use public transit to get to work, compared to 8.6% for Ontario and 7.7% for Canada.
- 24.2% of the KW4's employed labour force take 30 minutes or longer to commute to work, which is much lower than the rates for Ontario (38.0%) and Canada (33.1%).
- Grand River Transit provides transit service in Kitchener, Waterloo, Cambridge, Elmira, St. Jacobs and New Hamburg. GRT consists of ION light rail, an express bus network, conventional buses, busPLUS service for community routes and MobilityPLUS, a door-to-door transit service for riders with disabilities. Carpooling in Waterloo Region can be arranged through the TravelWise program. (104)
- Moving Forward is the Region of Waterloo's Transportation Master Plan (TMP) which was approved by Regional Council June 27, 2018. Moving Forward is a strategic plan which identifies the policies and projects that will meet the Region's long and short term transportation needs over the next 25 years. These include how and where to invest in Regional road improvements, traffic controls, public transit services, and cycling and walking facilities. It also includes strategies to manage both ongoing travel demands, and the necessary accommodations required by evolving transportation technologies. Moving Forward also addresses transportation needs related to provincial highways within the Region, travel to and from the Region, emerging transportation trends, and passenger rail service. The plan provides for a transportation system that supports sustainable growth in both urban and rural areas and reduces transportation contributions to climate change. (105)

Building Design

- The built environment generates 40% of annual global CO2 emissions. Of those total emissions, building operations are responsible for 27% annually, while building and infrastructure materials and construction are responsible for an additional 13% annually. Achieving zero emissions from the existing building stock will require energy upgrades (increasing energy efficiency, eliminating on-site fossil fuels, and generating and/or procuring 100% renewable energy). Achieving zero emissions from new construction will require energy efficient buildings that use no on-site fossil fuels to operate, and are 100% powered by on- and/or off-site renewable energy. (106)

ENVIRONMENTAL

- Provincial legislation, plans, and policies encourage the establishment of sustainable complete communities and is further supported by regional and local plans, such as the Region of Waterloo's Official Plan (ROP); the Official Plans (OP) of Cambridge, Waterloo, and Kitchener; Transform WR, and the Community Energy Investment Strategy. WR Community Energy leads an Energy and Land-Use Working Group consisting of experts from the Region of Waterloo (the Region); the cities of Cambridge, Kitchener, and Waterloo (the cities); Waterloo North Hydro, Kitchener Wilmot Hydro, GrandBridge Energy, Enbridge Gas Inc., and Kitchener Utilities (the local utilities). This working group has prioritized the development of Green Development Standards (GDS). All local councils in Waterloo Region have declared a climate emergency or crises, paving the way for ambitious actions on perhaps the biggest gap in our climate action plan: community level new buildings. GDS are a critical policy tool for municipalities to guide development and community design to minimize greenhouse (GHG) emissions, adapt to changing weather patterns, preserve the natural environment, reduce infrastructure demands, and create connected and resilient communities. (107)
- Many organizations are now seeking LEED certification for environmentally-friendly building design. For example, the Region of Waterloo builds new facilities over 500 square feet according to the LEED (Leadership in Energy and Environmental Design) certification process – a high standard for building environmentally-friendly. (108)

Social Activism

- Greater public awareness regarding environmental factors are increasing expectations that organizations adhere to not only legal standards but also to exceed them to become a responsible stakeholder in the community. This not only impacts patient and community expectations but may also influence donor decisions and our ability to attract environmentally-conscious employees.
- Confronted daily with evidence of climate change and other issues that harm our well-being, most of us yearn to do something but don't know what or how. Companies can fill this need and gain competitive advantage by transforming their stakeholders from bystanders into owners and making sustainability, including as it pertains to social good, part of their purpose. Company sustainability initiatives positively influence customers' buying behavior, employee retention, and even investor reactions. (109)

ENVIRONMENTAL

Ontario Carbon Trust

- In November 2018, the PC government announced that Ontario will use tax payer dollars to spur private investment in clean technologies and create performance standards for large emitters under a new climate plan that replaces the province's cap-and-trade system. This includes spending \$400 million over four years on a fund called the Ontario Carbon Trust, which aims to entice companies to invest in initiatives that reduce greenhouse gas emissions. Environment Minister Rod Phillips said the plan will ensure Ontario meets international emissions targets from the Paris Climate Agreement. (110)

LEGAL

L

- The Path Forward for OHTs
- Legislative Changes
- Regulations



Legal

LEGAL ANALYSIS

The Legal "L" relates to the regulatory framework and legal considerations that the KW4 OHT operates within, set against the backdrop of the broader healthcare field. This includes healthcare regulations, compliance requirements, patient rights, data privacy laws, and other legal mandates. It evaluates how these legal dimensions define the operational boundaries and potential liabilities for the KW4 OHT. Legal considerations include the following:

OHTs legal framework (Bill 175)

- OHTs to this day remain “non-legal entities”, and thus have no statutory basis in legislation, nor formal powers or accountability to deliver integrated care.
- To date, subject to a few requirements, OHTs have been able to self-organize and design their own governance models. The stated purpose of the Ontario Health Teams – The Path Forward is to present a standard model for OHTs. Among other features, the Ministry has identified that each OHT should include a new not-for-profit corporation (“NFP Corporation”) “for the purpose of managing and coordinating the OHT’s activities”. The Plan states that the NFP Corporations will “be responsible for OHT initiatives to design and deliver integrated care”. The Plan clarifies that the NFP Corporations will support integrated accountability and funding, while members of the OHT would remain intact. To this point, the New Plan emphasizes that the NFP Corporations will be distinct from the members of the OHT (meaning that members of OHTs will not be the subject of any mergers or restructurings in meeting this expectation). (111)
- On November 30, 2020 the Members entered into this Collaborative Decision-Making Agreement (CDMA) to set out their mutual understanding and establish a framework for implementation and operation of the KW4 OHT.

Passing of Bill C-24: An Act to amend the Employment Insurance Act (additional regular benefits), the Canada Recovery Benefits Act (restriction on eligibility) and another Act in response to COVID-19 (March 17, 2021)

- This enactment amends the Employment Insurance Act in order, temporarily, to increase the maximum number of weeks for which regular benefits may be paid under Part I of that Act and facilitate access to benefits for self-employed persons under Part VII.1 of that Act. (112)

LEGAL ANALYSIS

Passing of Bill C-7: An Act to amend the Criminal Code (medical assistance in dying) (February 2, 2023)

- Bill C-7 would amend the Criminal Code to permit MAID for individuals whose natural death is not reasonably foreseeable. (113)
- The bill may further expand access to MAID in Canada to people suffering solely from mental illnesses.
- The Bill has been postponed to March 17, 2024, to allow time for additional consultation and to ensure MAID assessors and providers are ready to assess requests for MAID for persons suffering solely from a mental illness in a safe and consistent manner across Canada.

Passing of Bill 116: Promoting and Protecting Mental Health and Addictions Services Act (December 12, 2019)

- The Bill enacts two Schedules, the Mental Health and Addictions Centre of Excellence Act, 2019 and the Opioid Damages and Health Care Costs Recovery Act, 2019. (114)
- The purpose of the Act is to lay a foundation to support a mental health and addictions strategy in Ontario.
- Mental Health and Addictions Centre of Excellence Act, 2019: Ontario Health shall establish and maintain, within Ontario Health, a Mental Health and Addictions Centre of Excellence. The functions of Ontario Health to be carried out through its Centre of Excellence are provided for.
- Opioid Damages and Health Care Costs Recovery Act, 2019: The Schedule enacts the Opioid Damages and Health Care Costs Recovery Act, 2019 and makes a complementary amendment to the Limitations Act, 2002.

Passing of Bill 124: Protecting a Sustainable Public Service for Future Generations Act (October 31, 2019) - Update November 2022

- Bill 124 was enacted as Chapter 12 of the Statutes of Ontario, October 31, 2019. The purpose of the Act was to ensure that increases in public sector compensation reflect the fiscal situation of the Province, are consistent with the principles of responsible fiscal management and protect the sustainability of public services. It limited annual salary increases to one per cent for many parts of the public sector in the province. (115)

LEGAL ANALYSIS

- In November 2022, the Superior Court of Ontario ruled Bill 124 to be unconstitutional. In striking down Bill 124, the decision will directly impact compensation practices and terms of employment for broader public sector workplaces. Many employers had negotiated collective agreements, which committed to reopening compensation if the legislation is revoked. Arbitrators assigned retroactive pay increases for the period which was impacted by Bill 124 wage suppression. Beyond the impact on compensation practices, the Decision also offers important insights into what government actions will be considered “substantial interference” and underlines the importance of a meaningful collective bargaining process. The decision also emphasized the negative impact of capping wages on staffing, the relationship between unions and their members, and the right to strike. (116)

Passing Of Bill 138: Plan to Build Ontario Together Act (December 10, 2019)

- Bill 138 is far reaching and amends or enacts over 40 pieces of legislation with widespread impact across the health sector. (117)
- To address the establishment of Ontario Health and Ontario Health Teams under the Connecting Care Act, 2019 S.O. 2019, new regulation-making authorities have been established under PHIPA:
 - prescribing the circumstances in which Ontario Health may collect, use and disclose Personal Health Information ("PHI") and when PHI can be disclosed by a health information custodian or other person to Ontario Health
 - prescribing under what circumstances Ontario Health Teams may collect, use and disclose personal health information; what conditions apply to the collection, use and disclosure by Ontario Health Teams; and disclosures that may be made by a health information custodian or other person to an Ontario Health Team
- Bill 138 creates a new Supply Chain Management Act (Government, Broader Public Sector and Health Sector Entities), 2019, (the "SCMA")
- Bill 138 makes significant changes to the Health Insurance Act, R.S.O. 1990 ("HIA") in respect of physician billing, payment and reimbursement intended to provide greater oversight of OHIP and increased transparency.
- Substantial changes have also been made to the Independent Health Facilities Act, R.S.O. 1990 ("IHFA") to increase oversight.

LEGAL ANALYSIS

Bill C-47 - The Protecting Canadians from Unsafe Drugs Act (Vanessa's Law)

- The Protecting Canadians from Unsafe Drugs Act was published in November 2014 (known commonly as Vanessa's Law). It amended the Food and Drugs Act to include new rules that increase the regulation of therapeutic products and mandates the reporting of adverse reactions by healthcare institutions. In addition, these measures intended to modify Health Canada's ability to collect post-market safety information and take action when a serious health risk is identified. (118)
- As of June 22, 2023, the powers conferred by the Protecting Canadians from Unsafe Drugs Act (Vanessa's Law) apply to natural health products (NHPs). The key authorities in the Food and Drugs Act that come into force immediately for natural health products are:
 - order a recall of NHPs that present a serious or imminent risk of injury to human health
 - require a label change or package modification, if necessary, to prevent serious injury to health
 - impose higher fines and penalties for non-compliance
 - order a person to provide information to determine if a product presents a serious risk of injury to human health
 - disclose confidential business information in circumstances where the product may present a serious risk of injury to human health or for the protection or promotion of human health or the safety of the public
 - incorporate by reference, and
 - prohibit false or misleading statements or information made to the Minister

Bill C3 - 10 days of paid sick leave now in force for nearly 1 million federally regulated workers across Canada (December 1, 2022)

- As of December 1, 2022, 10 days of paid sick leave (medical leave with pay) is now a reality in all federally regulated private sector workplaces. Among other things, having access to paid sick leave is expected to reduce the number of days workers show up to work sick, reduce the spread of illness in the workplace, and help Canadians recover from illness faster. (119)

LEGAL ANALYSIS

Bill C-45 – Cannabis Act

- With the passing of Bill C-45 in October 2017, the use of recreational cannabis was legalized. The Cannabis Act provides legal access to cannabis and controls and regulates its production, distribution and sale. (120)
- Balancing the respective rights of employers (to ensure a safe working environment) and of employees (to privacy, and, in some cases, to use cannabis for medical purposes) is required and will likely face many years of constitutional challenges.
- Health Canada developed and implemented the Canadian Cannabis Survey (CCS) to obtain detailed information about the habits of people who use cannabis and behaviours relative to cannabis use. (121)
 - By the end of 2021, 19% of Canadians aged 16 and older, reported having used cannabis in the past three months. This was higher than both the 14.0% reporting use before legalization and the 17.5% reporting use in the first months after the Cannabis Act was enacted.

Bill 121: Improving Dementia Care in Ontario Act, 2023 (October 2023)

- Bill 121, Improving Dementia Care in Ontario Act, 2023 aims to develop a framework to ensure that every person in Ontario has access to quality dementia care.(161)
- If passed, Bill 121 would require the following:
 - The Minister of Health must develop a provincial framework designed to support improved access to dementia care. The Minister must table a report setting out the provincial framework in the Legislative Assembly and, afterwards, must prepare and table a report on the state of dementia care in Ontario. Each report must be published on a Government of Ontario website.
 - The Ministry of Colleges and Universities must review its “Personal Support Worker Standard” to determine if certain changes should be made, including whether to require in-depth learning about person-centered dementia care.
- Current status – Second Reading Ordered referred to Standing Committee.

LEGAL ANALYSIS

Duty to Accommodate – Policy on preventing discrimination based on mental health disabilities and addictions

- The Ontario Human Rights Code (the Code) protects people with mental health disabilities and addictions from discrimination and harassment under the ground of disability. A new labour arbitration in 2019 reminds employers that the duty to accommodate may be engaged when an employee's breach of workplace rule is connected to a substance abuse disability. This does not necessarily mean that no discipline will be appropriate, nor does it necessarily mean that discharge will not ultimately be the appropriate consequence imposed, but employers must engage in the accommodation process, and analyze the employee's individual circumstances and all possible outcomes, before making a determination on the course of action to be taken. (122)

Privacy

- Personal Health Information Protection Act (PHIPA) requires that, health information custodians must take reasonable steps to ensure that personal health information in their custody or control is protected against theft, loss and unauthorized use and disclosure, and that the records containing the information are protected against unauthorized copying, modification or disposal. They must also take reasonable steps to ensure that personal health information is not collected without authority, and that records of personal health information are retained, transferred and disposed of in a secure manner. (123)
- On April 14, 2022, Ontario's Bill 106, Pandemic and Emergency Preparedness Act, 2022 (Bill 106) received royal assent. According to the Government of Ontario, the purpose of Bill 106 is to "prepare Ontario for future pandemics and threats". Bill 106 seeks to accomplish its stated objective, in part, by introducing changes to Ontario's Personal Health Information Protection Act, 2004 (PHIPA) that will facilitate the sharing of personal health information in electronic and other formats. (124)

Data Residency Laws

- Need to ensure that all service ensure that Employee Health Records and personal health information remain in Canada to avoid the compelled disclosure of personal information pursuant to statutes such as the US Patriot Act agreements contain contractual provisions to provide equivalent protection of information transferred out of Canada. (125)
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LEGAL ANALYSIS

Labor Standards

- The Employment Standards Act, 2000 (ESA) was amended on April 29, 2021 to require employers that employ 50 or more employees to have a written policy on disconnecting from work. (126)

Bill 60 - Your Health Act, 2023 (May 8, 2023)

- The "Your Health Act, 2023" was introduced by the Ontario government, aiming to decrease wait times for surgeries and diagnostic imaging. The act also includes "As of Right" provisions to automatically acknowledge the credentials of health care workers registered in other Canadian provinces and territories. (127)
- Under Bill 60, which passed on May 8th, 2023, both public and private clinics are able to conduct cataract surgeries, MRI and CT scans, minimally invasive gynecological surgeries and knee and hip replacements under OHIP



APPENDIX 1: SOURCE LINKS

SOURCE LINKS

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