









PRESCRIPTION FOR ONTARIO PILLAR	Green Party	Liberal Party	NDP	PC Party
<p>Reduce wait times and the backlog of services</p>				
<ul style="list-style-type: none"> <li>• Provide adequate funding to address the backlog of services in hospitals and community clinics</li> <li>• Evolve the model of surgical care delivery to include a greater portion of services delivered in community-based specialty settings outside of hospitals</li> <li>• Ensure enough nurses and technologists to expand MRI and CT machine hours, and for ultrasound and mammography</li> <li>• Greater efforts to educate young people about healthy lifestyles and disease prevention, including an adequately funded tobacco strategy, which will lead to better long-term health and reduce future stress on the system</li> <li>• Expand the use of home remote monitoring programs to streamline pre- and post-surgical delivery</li> </ul>	<p><b>Green Party Platform:</b></p> <ul style="list-style-type: none"> <li>• Increase year-over-year hospital base operating funding to a minimum of 5%.</li> <li>• Hire 15,000 new nurses to increase hospital capacity and reduce backlogs (\$300 million rising to \$1.2 billion by 2025/26)</li> <li>• Work with the federal government to provide surge funding to reduce the backlog in surgeries, imaging, and other services.</li> <li>• Invest in new and expanded hospitals as needed to meet demand in high growth areas</li> <li>• Establish a nurse-led task force to make recommendations on matters related to the</li> </ul>	<p><b>Liberal Platform:</b></p> <ul style="list-style-type: none"> <li>• \$1B in additional capacity – empowering hospitals to operate significantly above pre-pandemic volumes and expand operating room, MRI/CT operations – including into evenings and weekends.</li> <li>• Grow the number of hospital beds by 20%</li> <li>• Establish maximum wait times for surgeries</li> <li>• Invest in new minimally-invasive surgery approaches that help people recover more quickly and shorten hospital stays.</li> <li>• Support the creation of not-for-profit surgery centres managed by local hospitals to maintain higher surgical volumes.</li> </ul>	<p><b>NDP Platform:</b></p> <ul style="list-style-type: none"> <li>• \$1B over two years to tackle the surgical backlog.</li> <li>• Raise hospital funding to exceed health sector inflation, population growth, expanded operating plans, and unique local needs such as aging populations. (\$207 million in 2022/23 rising to \$226 million in 2024/25)</li> <li>• Prioritize badly needed hospital projects</li> <li>• Identify and publicize the number of delayed procedures and publish regular progress reports.</li> <li>• Expand operating room hours over the evenings and weekends to increase hospital capacity, engage in a health care worker hiring blitz</li> </ul>	<p><b>2022 Budget</b></p> <ul style="list-style-type: none"> <li>• \$300M - Surgical Recovery Strategy (2022-2023). Increase scheduled surgeries, procedures and appropriate diagnostic imaging services (150,000 additional hours). Total investment \$880M.</li> <li>• 50+ capital expansion projects. 3,000 new adult, paediatric and neonatal critical hospital beds over 10 years.</li> <li>• \$1.8+ B to hospitals (2021–22): 3,100 new and additional beds, reduce backlogs and help hospitals handle patient needs and increase access to care (Nov. 4, 2021)</li> <li>• \$142M “Learn and Stay” grant. Expanding Community Commitment Program. 1,500 first two years, 2,500 students for 2023 application. Tuition,</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Ensure sufficient health human resources to meet Ontario’s needs</b></li> <li>• <b>Enhanced data collection and timely data sharing to support planning, measurement and evaluation</b></li> <li>• <b>Better integration of health-care service provision with public health and other services, including but not limited to palliative care, long-term care, home care and community care</b></li> <li>• <b>Create a detailed analysis, based on high-quality data, that accounts for the types and distribution of doctors to meet population needs</b></li> <li>• <b>Establish a set of best practices around physician supports to help ensure Ontario has the right doctors in the right places at the right times</b></li> <li>• <b>Use best evidence regarding forecasted population need, increasing the number of medical student and residency positions</b></li> <li>• <b>Support students from remote, rural and racialized communities to go to medical school aligned with populations in need</b></li> <li>• <b>“Let doctors be doctors” whereby they spend more time with patients doing the</b></li> </ul>	<p>recruitment, retention and safety of nurses.</p> <ul style="list-style-type: none"> <li>• Provide a minimum hourly wage rate of \$35 to registered practical nurses and \$25 to personal support workers.</li> <li>• Increase nursing program enrollments by 10% every year for 7 years and the number of trained nurse practitioners by 50% by 2030 to enable us to meet our target of at least 30,000 additional nurses.</li> <li>• Support certification upgrades for healthcare workers through expanded bridging programs at publicly funded post-secondary institutions.</li> <li>• Fast-track credential approvals for 15,000 international healthcare workers, including nurses and personal support workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Hire 100,000 new nurses, doctors and other health care workers, prioritizing full-time roles</li> <li>• Increase admission in nursing programs by a minimum of 10% each year – which will add 2,000 additional nurses</li> <li>• Forgive all student loans for nurses,</li> <li>• Establish and publish maximum wait times for all surgeries. Return to pre-pandemic wait times by the end of 2022. Create a centralized electronic surgical waitlist</li> <li>• Invest in engaging preventative health initiatives that teach people about their health, including raising awareness about the signs of stroke and concussion safety.</li> <li>• Charge a fee to the tobacco industry, making back the \$44 million spent on efforts to prevent or get people to quit smoking under Smoke Free Ontario.</li> </ul>	<ul style="list-style-type: none"> <li>• Take immediate action to begin hiring 10,000 PSWs, the number experts estimate Ontario is short.</li> <li>• Take immediate action to begin hiring 30,000 nurses: The number experts say Ontario is short.</li> <li>• Expedite recognition of nursing credentials of 15,000 internationally trained nurses so they can get to work in their field faster.</li> <li>• Create a job-matching program to guarantee internationally trained physicians get local experience.</li> <li>• Identify and publicize the number of delayed procedures and publish regular progress reports.</li> <li>• Expand operating room hours over the evenings and weekends to increase hospital capacity, engage in a health care worker hiring blitz</li> <li>• Fund a Return to Nursing Now program and reinstate the Late Career Nurse Initiative to bringing back</li> </ul>	<p>books and educational costs will be funded. (April 14).</p> <ul style="list-style-type: none"> <li>• Investing \$764M over two years to provide Ontario’s nurses with a retention incentive of up to \$5,000 per person.</li> <li>• Additional \$230M to hire health-care workers, 8,600 added since March of 2020. Enhance existing programs in hospitals and the health-care system to support additional capacity.</li> <li>• Largest expansion of medical school education in 10+ years. Adding 160 undergraduate seats/295 postgraduate positions over five years. \$42.5M over two years starting 2023–24.</li> <li>• Accelerating the accreditation of up to 1,000 internationally licensed nurses.</li> </ul> <p><b><u>Other Announcements, Government Bills and Motions</u></b></p> <ul style="list-style-type: none"> <li>• \$25,000 to the Ontario Physical and Health Education Association to develop a vaping education resource (April 1, 2022)</li> <li>• \$342M (2021–22) for 5,000 new and upskilled RNs and</li> </ul>
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<p><b>things that only doctors can do and less time on paperwork or other tasks</b></p> <ul style="list-style-type: none"> <li>• <b>Help doctors trained in other jurisdictions become qualified to practise here</b></li> <li>• <b>Invest in more training and educational supports for practising doctors</b></li> </ul>		<ul style="list-style-type: none"> <li>• Build capacity in and better fund health care. Make care more modern, integrated, flexible and accessible as patients move through the health system.</li> <li>• Create over 450 new medical school and residency spaces across the province, using new learning avenues to do so including in Brampton and Scarborough.</li> <li>• Cover tuition costs for medical and nursing students working in a rural or remote community</li> <li>• Embrace approaches and technologies that enhance patient experiences, improve efficiency and reduce burdens on health care providers – including ending the use of fax machines</li> <li>• Hire internationally-trained health professionals - focusing instead on competency-based assessments and bridge training.</li> </ul>	<p>retired nurses to serve as mentors to new graduates and IENs and connect nursing graduates and internationally educated nurses to local nursing jobs (\$192 million per year)</p> <p><b><u>Announcements, Private Members Bills and Motions</u></b></p> <ul style="list-style-type: none"> <li>• Call for \$1.3 billion in new funding to be immediately allocated to clearing the surgical backlog, with an eye to supporting rural communities (Feb. 28, 2022)</li> <li>• With Ontario Nurses' Association, nine recommendations to address the nursing shortage (currently estimated at 22,000) including funding more university seats for nursing programs and fixing issues with clinical placements (Jan. 13, 2022)</li> <li>• Vaping is not for Kids Act would prohibit the promotion of vaping products, restrict sales to specialty shops, bump the minimal legal age to 21,</li> </ul>	<p>RPNs as well as 8,000 personal support workers (Nov. 4, 2021)</p> <ul style="list-style-type: none"> <li>• \$41.4M annually to support the clinical education component in Ontario's nursing education programs (March 29, 2022)</li> <li>• Adding 7,000 spots to the Enhanced Extern Program to allow students in nursing, respiratory therapy, medicine, paramedicine, occupational therapy and physiotherapy to participate (Feb. 18, 2022)</li> <li>• Deploy internationally educated nurses by need, supervised by a regulated health-care provider. Working with Ontario Health and the College of Nurses of Ontario (Jan. 11, 2022).</li> <li>• Pandemic and Emergency Preparedness Act, 2022 reduces barriers for foreign-credentialed health workers to begin practicing in Ontario (April 14, 2022)</li> </ul>
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			<p>estimated at 22,000) including funding more university seats for nursing programs and fixing issues with clinical placements (Jan. 13, 2022)</p> <ul style="list-style-type: none"> <li>• Bill 98, Fairness for Ontario's Internationally Trained Workers Act would establish an Internationally Trained and Educated Healthcare Professions Advisory Committee that shall make recommendations regarding the employment of internationally trained and educated health-care professionals (March 9, 2022)</li> </ul>	
<b>PRESCRIPTION FOR ONTARIO PILLAR</b>	<b>Green Party</b>	<b>Liberal Party</b>	<b>NDP</b>	<b>PC Party</b>
<b>Expand mental health and addiction services in the community</b>				
<ul style="list-style-type: none"> <li>• <b>Province-wide standards for equitable, connected, timely and high-quality mental health and addiction services to improve the consistency of care</b></li> <li>• <b>Expand access to mental health and addiction resources in primary care</b></li> </ul>	<p><u><a href="#">Green Party Mental Health Plan</a></u></p> <ul style="list-style-type: none"> <li>• Define standards of care for common and complex mental health and addiction services to be</li> </ul>	<p><u><a href="#">Liberal Platform</a></u></p> <ul style="list-style-type: none"> <li>• Measure and publicly track the performance of our mental health system, including wait times and emergency visits."</li> </ul>	<p><u><a href="#">NDP Platform</a></u></p> <ul style="list-style-type: none"> <li>• Create Mental Health Ontario, a new coordinating organization that will take the lead on identifying and publicly reporting on mental health</li> </ul>	<p><u><a href="#">2022 Budget</a></u></p> <ul style="list-style-type: none"> <li>• \$1M for Runnymede Healthcare Centre's First Responders Post-Traumatic Stress Injury Rehabilitation Treatment and Assessment Centre (Mar. 3, 2022)</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Specific mental health supports for front-line health-care providers</b></li> <li>• <b>Ensure that appropriate resources are in place to provide virtual mental health services where clinically appropriate</b></li> <li>• <b>Increased funding for community-based mental health and addiction teams where psychiatrists, addiction medicine specialists, family doctors, nurses, psychologists, psychotherapists and social workers work together</b></li> <li>• <b>More mental health and substance awareness initiatives in schools and in communities</b></li> <li>• <b>Make access to care easier by defining pathways to care, navigation and enable smoother transitions with the system</b></li> <li>• <b>Build service capacity for young patients moving into the adult system</b></li> <li>• <b>Reduce the stigma around mental health and addiction through public education</b></li> <li>• <b>More resources to fight the opioid crisis, particularly in northern Ontario where the crisis is having a significant impact and resources are limited</b></li> </ul>	<p>used across the province (March 3, 2022)</p> <ul style="list-style-type: none"> <li>• Expand/promote Telehealth Ontario’s ability to respond to mental health and addiction issues. Ensure ability to quickly transfer to the crisis line when needed (March 3, 2022)</li> <li>• Wait time reduction strategy for mental-health services that sets targets, tracks wait times and makes information available to the public (March 3, 2022)</li> <li>• Invest in a system-wide data strategy for the mental health and addictions sector to effectively measure and report on outcomes (March 3, 2022)</li> <li>• Recognize suicide as a public health priority and invest in evidence-based suicide prevention strategy. Targeted for different populations, including Indigenous and transgender population (March 3, 2022)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure mental-health professionals are available in a hospital emergency room crisis/respond to low-risk emergency calls – diverting addictions patients away from the justice system.</li> <li>• Hire 1,000 more mental-health professionals for students/staff. Additional special education worker for every school to support students and staff year-round</li> <li>• Housing plan: build 15,000 new supportive homes over the next ten years, providing safe environments/access to counselling for those struggling with mental health and addictions.</li> <li>• Guarantee access to mental health services for all health professionals</li> <li>• Reverse the Ford Conservatives’ cuts to mental health and addiction services, investing an additional \$3 billion over four years</li> <li>• Train 3,000 new mental health and addictions</li> </ul>	<p>needs, developing a comprehensive wait list for services, bringing in province-wide mental health standards, creating a basket of services, and making sure that mental health and addiction programs are delivered comprehensively across Ontario.</p> <ul style="list-style-type: none"> <li>• We will provide an immediate eight per cent funding boost for frontline mental health and addiction agencies and provide ongoing sustainable funding</li> <li>• We will immediately invest \$10 million more into mobile crisis services and \$7 million more for safe bed programs to support mobile crisis teams. We will work towards establishing 24-hour civilian community mobile teams across the province to operate in partnership with Mobile Crisis Response Teams and respond to low-risk crisis situations</li> </ul>	<ul style="list-style-type: none"> <li>• \$12.4M (two years, 2021–22). Access to existing and expanded mental health and addictions supports for health-workers. Partnership with CMHA, OPA and five hospitals (Nov. 4, 2021).</li> <li>• \$3.2M (three years). Establish a Mental Health Support Unit to provide confidential counselling services, mental health tools and training programs for frontline court staff.</li> <li>• \$204M for additional mental health and addictions, filling critical gaps and enhancing services. Adding to the 2020 Roadmap to Wellness investment of \$3.8B over 10 years.</li> <li>• \$150,000 to Women’s Brain Health Initiative for Brainable. Free education program about brain health for students in Grades 5 to 8 (April 1, 2022).</li> <li>• \$50,000 to School Mental Health Ontario to collaborate with Eating Disorders Ontario. Develop resources on eating disorders. Kindergarten to Grade 12 (April 1, 2022).</li> </ul>
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<ul style="list-style-type: none"> <li>• <b>Increase the number of supervised consumption sites</b></li> </ul>	<ul style="list-style-type: none"> <li>• Fully integrate mental health and addictions services into expanded Family Health Teams/walk-in clinics. Include mental health and substance use in check-ups (March 3, 2022)</li> <li>• Increase mental health and addiction spending to 10% of our health budget (March 3, 2022)</li> <li>• Provide an immediate base budget increase of 8% to the community mental health sector (March 3, 2022)</li> <li>• Expand access to mental health and addiction care under OHIP (March 3, 2022)</li> <li>• Invest in and evaluate digital mental health tools to prioritize funding for the most effective methods (March 3, 2022).</li> <li>• Scale up investments in virtual clinics and other technologies to allow counselors to communicate with youth in a format they are comfortable with. (March 3, 2022)</li> </ul>	<p>professionals, social workers, psychologists and psychotherapists. Reflect diversity/culturally-competent – particularly for Indigenous, racially diverse and Francophone</p> <ul style="list-style-type: none"> <li>• Provide free ‘mental health first aid’ and guided online supports</li> <li>• \$300 million for addictions sector - prevent, intervene and treat opioid addiction/overdoses; Supply pharmacies/community spaces/first responders with naloxone kits, fentanyl testing strips and harm reduction supplies</li> <li>• Reactivate the Opioid Emergency Task Force to better research the opioid crisis’ impact on different communities, as well as new harm reduction and pain management approaches.</li> <li>• Lift the cap on new Consumption and Treatment Services sites. Approving applications from unserved communities like</li> </ul>	<ul style="list-style-type: none"> <li>• Invest in addiction rehabilitation, detox centres, and harm reduction strategies. Remove the cap Doug Ford placed on supervised consumption sites, expedite approvals for supervised consumption sites in the north.</li> </ul> <p><u><b>Announcements, Private Members Bills and Motions</b></u></p> <ul style="list-style-type: none"> <li>• Reintroduced Right to Timely Mental Health and Addiction Care for Children and Youth Act which would cap wait times at 30 days for children and youth up to age 26; (Dec. 9, 2021)</li> <li>• Called for the government to take urgent action to address the opioid crisis in the North, especially since in 2019 an NDP motion calling on the government to declare the opioid overdose crisis in Northern Ontario a public health emergency was voted against unanimously by Conservative MPPs (Nov. 18, 2021 and Jan. 31, 2022)</li> </ul>	<p><u><b>Other Announcements, Government Bills and Motions</b></u></p> <ul style="list-style-type: none"> <li>• \$80M to hire more than 1,000 mental health workers to support student mental health for the 2021–22 school year (Nov. 4, 2021)</li> <li>• An additional \$8.7M to increase mental health supports at Ontario postsecondary institutions (Nov. 4, 2021)</li> <li>• \$45.2M (three years) into early intervention and specialized mental health services by trauma-informed clinicians. Online provincewide inventory of regional mental health programs for public safety personnel.</li> <li>• \$2.9M. Enhance and expand Substance Abuse Program for African and Caribbean Canadian Youth. Centre for Addiction and Mental Health (seven satellite locations (Nov. 26 2021)).</li> <li>• \$32.7M towards targeted addictions services and supports, including treatment for opioid addictions (Nov. 4, 2021)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Establish mental health-focused crisis response teams in all communities across Ontario to be deployed when people are experiencing drug poisoning (March 3, 2022)</li> <li>• Expand specialist community mental health services and acute care capacity for people with eating disorders (March 3, 2022)</li> <li>• More Youth Wellness Hubs and community centres. Offer access to local mental health services, social spaces and supports for families (March 3, 2022)</li> <li>• Creation and expansion of 24/7 health-focused mobile crisis response teams, crisis centres, rapid access addiction medicine clinics and short-term residential beds (March 3, 2022)</li> <li>• Make the appropriate investments to ensure students can seamlessly connect to community mental health professionals that are located at or near primary</li> </ul>	<p>rural/northern Ontario. Offering culturally-competent programs for diverse and Indigenous communities</p>		<ul style="list-style-type: none"> <li>• \$90M (three years). New Addictions Recovery Fund. Expand addictions services and increase the number of treatment beds across the province (Feb. 11, 2022).</li> <li>• Working for Workers Act, 2022 would require workplaces that are at risk of a worker opioid overdose to have naloxone kits (March 1, 2022)</li> <li>• Additional Consumption and Treatment Services site in Peterborough (Feb. 28, 2022)</li> </ul>
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	<p>and secondary schools (March 3 2022)</p> <ul style="list-style-type: none"> <li>• Mental health, wellness and resiliency training is included across the education system. Comprehensive curriculum covering mental wellness, coping skills, stress management (March 3, 2022)</li> <li>• Programming is available in communities for all forms of addictive behaviour. Gambling to alcohol and other substance use issues (March 3, 2022)</li> <li>• Establish a 3-digit, 24/7 province-wide mental health crisis response line, and create mental health-focused crisis response teams to respond to drug poisonings (March 3, 2022)</li> <li>• Establish clear pathways to navigate our mental health care system and system navigators to connect people to appropriate treatment and services (March 3, 2022)</li> <li>• Expand/increase funding to Centre for Innovation in Campus Mental Health.</li> </ul>			
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	<p>Campus-based care including, peer-to-peer programming, frontline counseling, harm reduction tools and training (March 3, 2022)</p> <ul style="list-style-type: none"> <li>• Invest in expanding services for transitional age youth who face service gaps as they age out of the youth system of care (March 3, 2022)</li> <li>• Significant role for priority populations (Indigenous, black and racialized people, 2SLGBTQIA+ communities and low-income), advising the Mental Health and Addictions Centre of Excellence (March 3, 2022)</li> <li>• Introduce public education campaigns on the importance of harm reduction models of service, focusing on removing the stigma associated with substance use challenges (March 3, 2022)</li> <li>• Collect/release public-health data on the overdose- epidemic, including detailed data on non-fatal overdoses and</li> </ul>			
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	<p>overdose deaths (as is currently being done for COVID-19) (March 3, 2022)</p> <ul style="list-style-type: none"> <li>• Declare the opioid crisis a public health emergency to free up funds and provide focused, coordinated government leadership to combat the crisis (May 3, 2022)</li> <li>• Expand the availability of harm reduction programs, including safe supply (March 3, 2022)</li> <li>• Expand the distribution of naloxone kits (March 3, 2022)</li> <li>• Increase the number of provincially funded treatment beds to reduce or eliminate the need for expensive private care (March 3, 2022)</li> <li>• Increase the supports available for people leaving treatment facilities, particularly in the form of post-treatment community care and peer support (March 3, 2022)</li> <li>• Reboot Ontario Emergency Opioid Task Force. Consult people with lived experience, community</li> </ul>			
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	<p>services, clinicians and experts to develop a strategy addressing the crisis (March 3, 2022)</p> <ul style="list-style-type: none"> <li>• Increase the number of consumption and treatment sites (March 3, 2022)</li> </ul> <p><u>Other announcements, Private Members Bills and Motions</u></p> <ul style="list-style-type: none"> <li>• Immediately invest \$150M per year to reduce youth mental health wait times to no more than 30 days (Jan. 26, 2022)</li> </ul>			
<b>PRESCRIPTION FOR ONTARIO PILLAR</b>	<b>Green Party</b>	<b>Liberal Party</b>	<b>NDP</b>	<b>PC Party</b>
<b>Improve and expand home care and other community care</b>				
<ul style="list-style-type: none"> <li>• <b>Develop province-wide standards for timely, adequate and high-quality home-care services</b></li> <li>• <b>Increase funding for home care and recruiting and retaining enough skilled staff to provide this care</b></li> <li>• <b>Embed home care and care co-ordinators in primary care so patients have a single</b></li> </ul>	<p><u>Green Party Platform:</u></p> <ul style="list-style-type: none"> <li>• Create a standard basket of core homecare services that providers must make consistently available across the province.</li> <li>• Increase funding to home care services by 20% so that people can safely stay in their homes longer (\$163 million in 2022/23</li> </ul>	<p><u>Liberal Plan for Elder Care</u></p> <ul style="list-style-type: none"> <li>• Increased the annual budget for home and community care by over \$2 billion through 10% annual increases per year resulting in 400,000 more seniors able to get home care by 2026. (April 26, 2022)</li> <li>• Fund 15,000 new assisted living homes: small,</li> </ul>	<p><u>NDP Platform</u></p> <ul style="list-style-type: none"> <li>• Align home and community care services to communities’ needs: Create culturally appropriate resources and training for home and community care programs and develop a provincial jobs-matching program to attract and match PSWs</li> </ul>	<p><u>2022 Budget</u></p> <ul style="list-style-type: none"> <li>• The government plans to invest up to an additional \$1 billion over the next three years to expand home care, improve quality of care, keeping the people of Ontario in the homes that they love, longer. The additional funding is intended to support home care providers, address rising</li> </ul>

<p><b>access point through their family doctor</b></p> <ul style="list-style-type: none"> <li>• <b>Ensure people without a family doctor can still access home care seamlessly</b></li> <li>• <b>Enable electronic sharing of information between doctors, care co-ordinators and home-care providers</b></li> <li>• <b>Expand a direct funding model so patients can customize their home care according to need</b></li> <li>• <b>Reduce needless administrative paperwork so more time can be spent on actual patient care</b></li> <li>• <b>Provide tax relief for families who employ a full-time caregiver for a family member</b></li> <li>• <b>Strengthen the role of Medical Directors, with doctors working with government and stakeholders to develop a clear role description and expectations</b></li> <li>• <b>Appoint a Chief Medical Officer for Long-Term Care for each Ontario Health region to co-ordinate efforts among sectors, liaise with public health and improve physician coverage over multiple long-term care sites during outbreaks</b></li> <li>• <b>Recruit and retain more staff to care for long-term care residents, ensuring the proper staffing ratio of physicians, nurses,</b></li> </ul>	<p>rising to \$650 million in 2025/26)</p> <ul style="list-style-type: none"> <li>• Mandate that personal support workers are paid a minimum of \$25 an hour and for their travel time between visits. (\$150 million in 2022/23 rising to \$600 million in 2025/26)</li> <li>• Provide team coordinators as a single access point within family health teams to ensure care is consistent with patient needs.</li> <li>• Increase high-quality homecare options for those experiencing frailty, dementia, and disability.</li> <li>• Collect meaningful quality indicators to hold homecare organisations accountable and to promote quality improvements.</li> <li>• Pilot a support program as part of a basic income phase-in for those doing unpaid caregiving in families and communities.</li> <li>• Create a system of formal oversight for long-term care Medical Directors working with the Ontario College of Physicians and</li> </ul>	<p>accessible and community-based residential services – “hub and spoke” care for comprehensive continuum of care. (April 26, 2022)</p> <ul style="list-style-type: none"> <li>• Expand Seniors’ Home Safety Tax Credit: Help seniors pay for home repairs and assistive tools like wheelchairs, hearing aids, ramps and lifts (April 26, 2022)</li> <li>• Enhance Ontario Caregiver Tax Credit: refundable, tax-free and paid out throughout the year and enhance access to support programs and tools. (April 26, 2022)</li> <li>• Ensure seniors in long-term care homes receive at least four hours of direct care every day (April 26, 2022)</li> <li>• Fully fund the clinical costs for hospices (April 26, 2022)</li> <li>• Create a dementia care network by investing in existing memory clinics and expanding the number of clinics. (April 26, 2022)</li> </ul>	<p>and other home and community care workers to communities where they have shared cultural and linguistic knowledge.</p> <ul style="list-style-type: none"> <li>• Home Care Basket of Services Enhancement (\$568 million per year)</li> <li>• PSW wage boost of \$5-an-hour (\$299 million in 2022/23 rising to \$662 million in 2024/25)</li> <li>• Caregiver Benefit Program: The Ontario NDP recognizes the invaluable role that family caregivers play, and all the ways they help with their time and money. That’s why we will create a provincial Caregiver Benefit Program that provides direct support to family caregivers who do not qualify for the existing federal tax credit programs or respite care. This means-tested program would provide \$400 a month to informal caregivers.</li> <li>• Motion that long-term care home family councils be involved in care decisions (March 31, 2022)</li> </ul>	<p>costs and support recruitment and training as well as expand services.</p> <ul style="list-style-type: none"> <li>• \$2.8B over the next three years to make the current temporary program to increase the wages of Personal Support Workers permanent.</li> <li>• Additional \$5M per year (three years). Total: \$120M (next three years). Funding will support 6,500 additional dementia patients and care givers each year, to live independently.</li> <li>• The government is investing more than \$60 million over two years, starting in 2022–23, to continue expanding the Community Paramedicine for Long-Term Care program to the 22 remaining communities and regions across Ontario.</li> <li>• Ontario is investing nearly \$100 million in additional funding over the next three years to expand community care programs such as adult day programs, meal services, transportation, assisted living services and caregiver supports.</li> </ul>
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<p><b>personal support workers, therapists and others is always maintained</b></p> <ul style="list-style-type: none"> <li>• <b>Build internal capacity for medical care within long-term care homes, while also improving links between long-term care and hospitals</b></li> <li>• <b>Continue and expand the use of virtual care in long-term care homes, and increasing virtual care linkages between long-term care homes and hospitals</b></li> <li>• <b>Cut red tape preventing doctors from moving quickly into long-term care homes during emergencies</b></li> <li>• <b>Ensure family caregivers are actively engaged and appreciated</b></li> <li>• <b>Aggressively shift societal attitudes so that caring for our frail, older adults are considered one of the most important jobs in the world</b></li> <li>• <b>Ensure support and capacity exists to allow individuals to receive palliative care where they need it, including at home</b></li> <li>• <b>Support a robust provincial hospice strategy by increasing the number of beds based on geographic area of need, and providing consistent operational funding to hospices so they can focus on care and</b></li> </ul>	<p>Surgeons and the Ontario Medical Association.</p> <ul style="list-style-type: none"> <li>• Increase base funding for long-term care by 10%</li> <li>• Mandate a minimum of four hours of nursing and personal care per resident per day, including a minimum of 48 minutes of care provided by a registered nurse and 60 minutes provided by a registered practical nurse. (\$820 million in 2022/23)</li> <li>• Increase long-term care resident access to allied health professionals, such as dietitians, physiotherapists, occupational therapists, and social workers, to a minimum of one hour per day.</li> <li>• Mandate continued professional development for staff on geriatric care, practices for caring for residents with dementia, and palliative and end-of-life care.</li> <li>• Fast-track updated staffing plans and ensure consistency of care by requiring full-time personal</li> </ul>	<p><b><u>Other announcements, Private Members Bills and Motions</u></b></p> <ul style="list-style-type: none"> <li>• Raise PSW base pay to at least \$25/hour and increase wages for health care workers (April, 26, 2022) (\$123 million in 2022/23 to \$133 million in 2025/26)</li> <li>• Close the gaps and increase wages for health workers across home and community care, long-term care and hospitals; (April 26, 2022)</li> </ul>	<ul style="list-style-type: none"> <li>• Expand Ontario’s network of hospices and work with community care providers to establish the compassionate and accessible palliative care system Ontario urgently needs.</li> <li>• Ensure that terminally ill children and their families are provided with accessible and supportive end of life care by passing NDP MPP Sandy Shaw’s bill to develop and implement a paediatric hospice palliative care strategy for Ontario.</li> <li>• Establish a Seniors’ Advocate</li> </ul> <p><b><u>Announcements, Private Members Bills and Motions</u></b></p> <ul style="list-style-type: none"> <li>• Horwath motion in the Legislature called on the government to make much-needed investments public, not-for-profit home care via a strategy that increases access to affordable, high-quality, culturally relevant home and community care services throughout the province (March 7, 2022)</li> </ul>	<p><b><u>Other announcements, Government Bills and Motions</u></b></p> <ul style="list-style-type: none"> <li>• Additional \$548.5M (three years). Expand home and community care. 28,000 post-acute surgical patients and 21,000 patients with complex health conditions every year (Nov. 4, 2021).</li> <li>• Up to \$100M to add an additional 2,000 nurses to the long-term care sector by 2024-25 (Oct 27, 2021)</li> <li>• \$57.6M, beginning in 2022–23, to hire 225 nurse practitioners in the long-term care sector (Nov. 4, 2021)</li> <li>• \$73M (three years). Preceptor Resource and Education Program for Long-Term Care, to train and provide clinical placements for over 16,000 PSWs and nursing students (Feb. 10, 2022)</li> <li>• Eligible Ontarians with type 1 diabetes can receive Assistive Devices Program funding for a continuous glucose monitor and the related supplies (March 14, 2022)</li> <li>• Up to \$23M to hospice residences across the province (Oct 29, 2021)</li> </ul>
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<p><b>not fundraising</b></p> <ul style="list-style-type: none"> <li>• <b>Appropriate funding for palliative and end of life beds in hospitals</b></li> <li>• <b>Ensure there are separate plans to address pediatric and adult palliative care patients to reflect the necessary distinctions in services and needs for these patient demographics</b></li> <li>• <b>Increase the number of skilled palliative care providers, including physicians, nurses and allied providers by increasing opportunities for training</b></li> <li>• <b>Make palliative care accessible 24/7, including virtually, in all regions and diverse populations including Indigenous, homeless and others</b></li> <li>• <b>Increase investment in chronic disease management to enable a larger workforce, technologies to manage these diseases and home services</b></li> </ul>	<p>support workers and nursing positions.</p> <ul style="list-style-type: none"> <li>• Increase annual in-home palliative care funding</li> <li>• Expand funding to build additional hospice residences (and fund all critical costs related to palliative care, including support for grief and bereavement services.)</li> </ul> <p><u><a href="#">Announcements, Private Members Bills and Motions</a></u></p> <ul style="list-style-type: none"> <li>• Increase access to and the availability of mental health care workers in long term care residences (March 3, 2022)</li> <li>• Expand mental health-care options, including peer support from people with lived experience, for people with chronic pain and debilitating health conditions (March 3, 2022)</li> </ul>		<ul style="list-style-type: none"> <li>• Establish provincial standards for home and community care services by creating a basket of core services Ontarians are entitled to receive, such as help with meal preparation, or nursing care to help with medication management. Hold service providers accountable to ensure they meet the provincially regulated criteria for basic services.</li> <li>• Horwath motion in the Legislature called on the government to establish provincial standards for the delivery of home care across Ontario (March 7, 2022)</li> </ul>	
<b>PRESCRIPTION FOR ONTARIO PILLAR</b>	<b>Green Party</b>	<b>Liberal Party</b>	<b>NDP</b>	<b>PC Party</b>
<b>Strengthen public health and pandemic preparedness</b>				
<ul style="list-style-type: none"> <li>• <b>Enhance local public health to ensure it can be a strong local presence for health</b></li> </ul>	<u><a href="#">Green Party Platform</a></u>	<u><a href="#">Liberal Platform</a></u>	<u><a href="#">NDP Platform</a></u>	<u><a href="#">2022 Budget</a></u>

<p><b>promotion and protection</b></p> <ul style="list-style-type: none"> <li>• <b>Provide a clear, adequate and predictable funding formula for local public health units that returns to 75 per cent paid by the province and 25 per cent paid by municipalities</b></li> <li>• <b>Ensure Ontario's public health system has highly qualified public health doctors with the appropriate credentials and resources</b></li> <li>• <b>Increase the investment in public health information systems so we can better collect, analyze, share and use information in more thorough and timely ways to improve decision-making, and asking the federal government to increase its investment in public health to provide the infrastructure to support standardized data collection and analysis across jurisdictions</b></li> <li>• <b>Carry out an independent and unbiased review of Ontario's response to the pandemic including the public health system – including its strengths and weaknesses during pandemic and non-pandemic times including roles and responsibilities – before considering any changes</b></li> <li>• <b>Enhance the ability of Public Health Ontario to carry out its mission / mandate</b></li> </ul>	<ul style="list-style-type: none"> <li>• Conduct an independent public inquiry into the Government of Ontario's response to the COVID-19 pandemic that will offer recommendations on preventative measures to reduce harm in the case of future health crises.</li> <li>• Enhance the ability of Public Health Ontario to carry out its mandate by ensuring robust public health science and laboratory support.</li> <li>• Provide adequate and predictable funding to ensure future pandemic preparedness. (\$31 million in 2022/23 rising to \$63 million in 2025/26)</li> <li>• Stockpile three months' supply of personal protective equipment for all healthcare facilities in the province.</li> </ul>	<ul style="list-style-type: none"> <li>• Reverse planned cuts to public health units</li> <li>• Independent public inquiry to review what happened during COVID-19, building on the reviews done to date – establishing an all-party committee to lead the response</li> <li>• Permanently increase laboratory testing capacity</li> <li>• Build pandemic resilience hub and plan for future crises – Reviewed/updated regularly; Ontario pandemic plan will receive regular mandatory/public reviews/updates, led by the hub.</li> <li>• Improve access to PCR testing and permanently increase laboratory capacity.</li> <li>• Make sure Ontario has a robust stockpile of free in-home rapid tests and high-quality masks.</li> </ul>	<ul style="list-style-type: none"> <li>• Cancel Doug Ford's plans for forced mergers of public health units and restore the province's traditional share of funding.</li> <li>• Work with the public health units and the health care sector to review the lessons from the pandemic and ensure public health units have the tools they need for the next pandemic.</li> </ul> <p><u><b>Other announcements, Private Members Bills and Motions</b></u></p> <ul style="list-style-type: none"> <li>• 100 per cent provincial funding of public health costs (Jan. 24, 2022)</li> <li>• Called for the government to commit to an independent public inquiry into the province's response to COVID-19 (Dec. 2, 2021)</li> </ul>	<ul style="list-style-type: none"> <li>• Additional \$3.5M (2022–23) to improve emergency readiness. Funding will enhance government's coordinated approach to emergency management, adding capacity to plan, prepare, respond and recovery.</li> <li>• \$77M of Ontario Together Fund's allocation (\$230M) building domestic capacity to manufacture PPE and other solutions for COVID-19 Build resilience in the health-care sector.</li> </ul> <p><u><b>Other announcements, Government Bills and Motions</b></u></p> <ul style="list-style-type: none"> <li>• Pandemic and Emergency Preparedness Act, 2022 requires government monitor hazards/risks. Inform the public. Required provincial emergency plan including mandatory review and update every five years. (April 14, 2022)</li> </ul>
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<p><b>which includes robust public health science and laboratory support, including providing increased funding for hiring of additional public health trained physicians</b></p> <ul style="list-style-type: none"> <li>• <b>Require by legislation a provincial pandemic plan, including a mandatory review and update every five years to reflect changes in local public health practice, medical science and technology</b></li> <li>• <b>Implement a standardized pandemic plan across public health units that is sufficiently flexible to account for differences and inequities across this diverse province</b></li> <li>• <b>Sufficiently resource Public Health Ontario to be the central scientific and laboratory resource during a pandemic or public health emergency, including ensuring it has the complement of public health specialist physicians needed to meet its mandate during a public health emergency</b></li> <li>• <b>Strategic investments for pandemic planning for public health units so their resources aren't drained from the other important work they do every day during a crisis</b></li> <li>• <b>Ensure adequate funding to recognize additional workloads during pandemics</b></li> </ul>				
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PRESCRIPTION FOR ONTARIO PILLAR	Green Party	Liberal Party	NDP	PC Party
Give every patient a team of health-care providers and link them digitally				
<ul style="list-style-type: none"> <li>• Increase funding and support for effective team-based and integrated care in all primary care models</li> <li>• Let family doctors choose the type of practice model that works best for their patients and their community</li> <li>• Open up the Family Health Organization capitation model of care to all doctors who wish to practice that way</li> <li>• Increase the number of care co-ordinators to help patients access care more quickly and easily, and having these co-ordinators work directly in primary care settings</li> <li>• Enable team-based and integrated care settings not only around primary care, but around diseases or specialties</li> <li>• Optimize the currently legislated Ontario Health Teams, including ensuring physician leadership in the process, as a way to integrate health-care services for</li> </ul>	<p><b><u>Green Party Platform:</u></b></p> <ul style="list-style-type: none"> <li>• Expand access to family health teams in communities across the province (\$75 million per year by 2023-24)</li> <li>• Increase options for primary care, such as community health centres and nurse-practitioner-led clinics, to ensure access to non-urgent 24/7 care. (\$60 million per year)</li> <li>• Increase opportunities for physicians to join team-based models of care. Include a diverse array of healthcare providers in the teams to ensure a holistic, connected, comprehensive approach to health.</li> <li>• Improve integration and connectivity across healthcare service providers through the use of digital data sharing and patient health coordinators</li> </ul>	<p><b><u>Liberal Platform</u></b></p> <ul style="list-style-type: none"> <li>• Ensure access to a family doctor or nurse practitioner within 24 hours</li> <li>• This plan will increase the number of family doctors and nurse practitioners. Fund more team-based primary care clinics, including Family Health Teams and Nurse Practitioner-Led Clinics.</li> <li>• Create 15 new community health centres across the province, which help tackle social, economic and environmental challenges impacting people’s health in underserved communities.</li> <li>• Make the option for video, phone, email and text visits with primary health care – always giving the option for in-person care. providers</li> </ul>	<p><b><u>NDP Platform</u></b></p> <ul style="list-style-type: none"> <li>• Expanding Community Health Centres: We will immediately begin work on a long overdue expansion of Ontario’s Community Health Centres, adding 20 new or satellite centres in communities where they are needed most. We will work with existing Centre leadership and health experts to identify communities with the highest needs. The priorities will include new centres to meet the unique needs of Indigenous, Francophone and underserved Northern communities. (\$160 million per year)</li> <li>• Increase funding to Community Health Centres, Aboriginal Health Access Centres, and Community Family Health Teams to</li> </ul>	<p><b><u>Budget 2022</u></b></p> <ul style="list-style-type: none"> <li>• \$15M (over three years). New Life Sciences Innovation Program. Develop and scale up commercial potential of therapeutics, medical and digital technologies.</li> <li>• \$216M for the Ontario Institute for Cancer Research, \$7.5M for Ontario Genomics, \$6M for Clinical Trials Ontario (Jan. 14, 2022)</li> </ul> <p><b><u>Other Announcements, Government Bills and Motions</u></b></p> <ul style="list-style-type: none"> <li>• Provisions for more family doctors to join Family Health Organizations (March 28, 2022)</li> <li>• Provisions for more family doctors to join Family Health Organizations (March 28, 2022)</li> <li>• A permanent framework for virtual care by telephone and video, when appropriate (March 28, 2022)</li> </ul>

<p><b>the benefit of patients across the province</b></p> <ul style="list-style-type: none"> <li>• <b>Implement permanent OHIP fee codes for virtual care services provided by phone, video, text and email, ensuring that patients can access virtual care for any insured health-care service that can be appropriately delivered through electronic means</b></li> <li>• <b>Linking doctors’ electronic medical records systems, hospital information systems, and lab and pharmacist systems so they can all talk to each other</b></li> <li>• <b>Streamlining the approval, development, and implementation of new digital health technologies, including remote patient monitoring</b></li> <li>• <b>Better connect Ontario’s existing innovation, incubator and accelerator investments with physicians and public health-care leaders</b></li> <li>• <b>Make health and life sciences one of the priority areas for economic development and research and development government funding programs</b></li> <li>• <b>Leverage public and private sector financing, research, development, and health-care expertise to spur the development and use of Ontario made</b></li> </ul>		<p>permanent and universal in appropriate cases.</p> <ul style="list-style-type: none"> <li>• Create a centralized electronic surgical waitlist.</li> <li>• Embrace approaches/technologies enhancing patient experiences, improve efficiency and reduce burdens on health care providers – including ending the use of fax machines.</li> <li>• Expand public coverage for continuous glucose monitoring systems for Ontarians with diabetes</li> <li>• Make strategic investments through a Grow Ontario fund in high-potential Ontario companies with proven track records of innovation and commercialization.</li> <li>• Advance biomanufacturing and life sciences in Ontario to improve pandemic-readiness while supporting the province’s economic growth. This will include targeted investments in research, talent and a domestic supply chain to deliver vaccines,</li> </ul>	<p>sustain services (\$254 million in 2022/23 rising to \$277 million in 2024/25)</p> <ul style="list-style-type: none"> <li>• More funding for nurse practitioner-led clinics, which play an important role in the delivery of primary care.</li> </ul>	<ul style="list-style-type: none"> <li>• \$1.9M through the Ontario Together Fund to Bora Pharmaceutical Services. Invest in equipment to help grow local pharmaceutical manufacturing capacity (April 7, 2022)</li> <li>• \$2.5M through the Ontario Together Fund to Toronto Research Chemicals. To develop production for chemicals used in the development of PCR test kits (April 5, 2022)</li> <li>• \$1.5M through Ontario Together Fund to Flosonics Medical to help scale up the manufacturing and distribution of the FloPatch wireless blood monitoring system (April 1, 2022)</li> <li>• Coverage for the FreeStyle Libre 2 flash glucose monitoring system under the province’s publicly funded drug program (Nov. 26, 2021)</li> </ul>
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<p><b>health-care innovations</b></p> <ul style="list-style-type: none"> <li>• Investigate greater use of remote patient management technologies, which can be especially helpful in managing chronic disease</li> <li>• Prioritize funding for data-sharing tools already in place such as the Clinical Viewer and HRM</li> <li>• The government partner with internet providers so that Ontarians who cannot afford internet services (for example, those living in public or supportive housing, relying on Ontario Works or Ontario Disability Support Program, and seniors receiving the Guaranteed Income Supplement) can get internet services at a greatly reduced rate, to ensure all patients benefit from virtual care</li> <li>• The government partner with internet providers so that Ontarians who cannot afford internet services (for example, those living in public or supportive housing, relying on Ontario Works or Ontario Disability Support Program, and seniors receiving the Guaranteed Income Supplement) can get internet services at a greatly reduced rate, to ensure all</li> </ul>		<p>therapeutic drugs and personal protective equipment across the province.</p>		
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patients benefit from virtual care				
<b>PRESCRIPTION FOR ONTARIO PILLAR</b>	<b>Green Party</b>	<b>Liberal Party</b>	<b>NDP</b>	<b>PC Party</b>
<b>Prescription for Northern Ontario</b>				
<ul style="list-style-type: none"> <li>• That patients have equitable of access to care in their own communities</li> <li>• Review and update incentives and supports for physicians and allied health-care workers to practise in northern Ontario, and other communities that are chronically underserved</li> <li>• Focus on education, training, innovation and opportunities for collaborative care to address physician (health-provider) shortages in remote communities</li> <li>• Create resourced opportunities for specialist and subspecialist trainees to undertake electives and core rotations in the North</li> <li>• Give medical students and residents the skills and opportunities they need to be confident in choosing rural and remote practices</li> </ul>	<p><b><u>Green Party Platform</u></b></p> <ul style="list-style-type: none"> <li>• Rebalance the healthcare funding formula to ensure better access in rural and remote areas.</li> <li>• Make permanent the 50 community wellness nursing positions supporting First Nations communities.</li> <li>• Invest in increasing the number of Indigenous-led health clinics.</li> <li>• Use incentives to bring physicians and allied health professionals to Northern and rural communities.</li> <li>• Create opportunities for specialist and subspecialist trainees to undertake electives and core rotations in the North.</li> <li>• Improve the availability of supports and services in other languages, including</li> </ul>	<p><b><u>Liberal Platform</u></b></p> <ul style="list-style-type: none"> <li>• Ensuring access to a family doctor/nurse practitioner within 24 hours. Expand number of Community Health Centres and Nurse Practitioner-Led Clinics for primary care.</li> <li>• Cover tuition costs for medical and nursing students who commits to long-term in a rural/remote community. Return a midwifery program to the north.</li> <li>• Increase the admission cap at the Northern Ontario School of Medicine, providing more tuition subsidies for students committed to staying in the north long-term.</li> <li>• Cover tuition costs for medical and nursing</li> </ul>	<p><b><u>NDP Platform</u></b></p> <ul style="list-style-type: none"> <li>• Take immediate action to begin hiring 300 doctors in Northern Ontario including 100 specialists and 40 mental health practitioners. We will develop an incentive package to recruit doctors, and their families, to live and work in Northern Ontario, expand the number of seats and training opportunities at the Northern Ontario School of Medicine and introduce a scholarship program for students from rural and remote communities in Northern Ontario who want to practice medicine. (\$106 million in 2022/23 rising to \$116 million in 2024/25)</li> </ul>	<p><b><u>2022 Budget</u></b></p> <ul style="list-style-type: none"> <li>• \$7M+ for free training and paid job placements in health care and long-term care. Over 500 people in Northern Ontario (March 31, 2022)</li> <li>• \$10.6M to train 500 workers for well-paying and in-demand jobs at hospitals, long-term care homes, and with home care providers in Northern Ontario (Jan. 6, 2022)</li> <li>• \$142M for “Learn and Stay” grant. Start with \$81M towards full tuition reimbursement to 3,000 nurse graduates over the next four years. (April 14, 2022)</li> <li>• Additional 30 undergraduate seats and 41 post-graduate positions at Northern Ontario School of Medicine (March 15, 2022)</li> <li>• Established the Northern Ontario School of Medicine</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Focus on innovative culturally sensitive education and training opportunities addressing physician and other health-provider shortages in rural and remote communities</b></li> <li>• <b>Focus on the profound and disproportionate impact of the opioid crisis and mental health issues in northern Ontario</b></li> <li>• <b>More social workers, mental health and addiction care providers and resources for children’s mental health</b></li> <li>• <b>Enhance internet connectivity in remote areas to support virtual care, keeping in mind that virtual care will not solve health human resources problems in northern Ontario and should not replace in-person care</b></li> <li>• <b>A recognition of the specific need for local access to culturally safe and linguistically appropriate health care for northern Ontario’s francophone population and Indigenous Peoples</b></li> <li>• <b>A collaborative partnership with Indigenous Services Canada and Health Canada to address issues of safe drinking water, and adequacy of health-care facilities and resources in Indigenous communities</b></li> </ul>	<p>French and Indigenous languages, and encourage service providers and programs to reflect the experiences and perspectives of the populations they serve.</p> <p><u><b>Announcements, Private Members Bills and Motions</b></u></p> <ul style="list-style-type: none"> <li>• Increase the number of Indigenous professionals working in health care at all levels particularly in Indigenous communities (March 3, 2022)</li> <li>• Work with the federal government to identify and close the gap in health outcomes between Indigenous and non-Indigenous communities (March 3, 2022)</li> <li>• Provide cultural responsiveness training that is trauma informed and rooted in anti-racism understanding for all health care professionals across our system (March 3, 2022)</li> </ul>	<p>students working in a rural or remote community</p> <ul style="list-style-type: none"> <li>• Lift cap on new Consumption and Treatment Services sites, which includes safe injection programs, expediting applications in rural and northern Ontario.</li> <li>• Hire 1,000 more mental health professionals for children and make mental health first-aid training more available to school staff. (For all of Ontario)</li> <li>• Expand affordable, high-speed broadband internet to every household/business by 2025 – including remote communities and First Nations reserves.</li> <li>• With federal partners, increase French-speaking health-care international students studying in Ontario. Consult Francophone community on strategy. Add preferred language to health cards.</li> <li>• Mental-health plan, investing in Indigenous-led culturally competent and trauma-informed mental</li> </ul>	<ul style="list-style-type: none"> <li>• Urge the College of Physicians and Surgeons of Ontario to expedite the process for international medical graduates to obtain their licensure to work in Northern Ontario, understanding that more internationally trained health professionals will help alleviate the pressure on existing doctors and their practices. Work with the federal regulatory body to facilitate mentorship and supervisory roles for senior doctors.</li> <li>• Create a specific strategy to recruit and retain nurses in Northern Ontario, including opportunities for mentorship to ensure that nurses who work or have worked in Northern communities can provide support and training to nurses newly arriving in Northern Ontario.</li> <li>• Support nurse practitioner partnerships with doctors and specialists to expand access to services and comprehensive care.</li> </ul>	<p>University as an independent university with degree-granting authority, effective April 1, 2022 (March 4, 2022)</p> <ul style="list-style-type: none"> <li>• \$1.7M to support Workplace Safety North in developing and delivering mental health training and resources for mining and forestry workers in Northern Ontario (Feb. 14, 2022)</li> <li>• \$13M in new annual funding to address urgent gaps across the continuum of care in northern Ontario (Nov. 4, 2021)</li> <li>• \$2.3M through the new Addiction Recovery Fund to immediately enhance access to addictions treatment beds in Timmins (March 17, 2022)</li> <li>• \$2.5M through the new Addictions Recovery Fund to immediately enhance access to addictions treatment supports in Sudbury (March 4, 2022)</li> <li>• \$4.2M from Addictions Recovery Fund for Sioux Lookout Friendship Accord Economic Development Corporation. Expand access to 37 new addictions treatment beds (March 15, 2022)</li> </ul>
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<ul style="list-style-type: none"> <li>• <b>Using a harm reduction, anti oppressive lens, address the education gaps in Indigenous communities and non-Indigenous communities, as health is directly affected by education</b></li> </ul>	<ul style="list-style-type: none"> <li>• Needs assessment/ investment for acute and community based mental health and addiction services, including specialized beds for children and adults with complex needs. (March 3, 2022)</li> <li>• Invest in mental health care for children and youth by hiring more frontline workers to reduce wait times to 30 days or less (March 3, 2022)</li> <li>• Increase the number of Indigenous-led health centres (March 3, 2022)</li> <li>• Support Indigenous-led clinics and healing programs for mental health (March 3, 2022)</li> </ul>	<p>health supports for Indigenous peoples, including for residential school survivors and their families.</p> <ul style="list-style-type: none"> <li>• Support the development of more Indigenous long-term care homes</li> <li>• End all boil-water advisories. Fund water infrastructure, operations and maintenance. Protect/restore rivers, wetlands and watersheds. Streamline process on adding land to reserve.</li> <li>• Review school funding formula to meet the needs of rural/northern students/parents/educators.</li> </ul>	<ul style="list-style-type: none"> <li>• Fund travel accommodations for medical residents to take elective rotations in rural and Northern communities, so that residents no longer have to pay out of pocket to work in Northern communities.</li> <li>• Create more residency rotation positions to help retain doctors in the north.</li> <li>• Fund locums to allow travelling doctors to bring a resident with them when they go to a Northern Ontario community to practice, offering the doctor travelling support and giving residents exposure to practice in the North.</li> <li>• Grow Francophone health care: Prioritize health care as an essential sector in Francophone communities, ensuring the Ministry of Health makes French language access a key part of its planning.</li> <li>• Expand the number of community health centres and long-term care homes by and for Francophones</li> </ul>	<ul style="list-style-type: none"> <li>• \$1.2M+ for Addition Recovery Fund to Espanola Regional Hospital and Health Centre and Sagamok Anishnawbek First Nation. Expand to 10 new addictions treatment beds (March 22, 2022)</li> <li>• Over \$3.8M through the Addiction Recovery Fund to immediately enhance access to addictions treatment supports in Thunder Bay (March 14, 2022)</li> <li>• \$4B over six years to provide all regions of Ontario with access to affordable, reliable high-speed internet by the end of 2025 (Nov. 4, 2021)</li> <li>• \$800,000 from Indigenous Primary Health-Care Council for integrated, culture-based trauma care to patients experiencing trauma from the Residential School system. (March 24, 2022)</li> <li>• \$36M+ in Indigenous, community-led mental health and addictions. \$4M for Residential School investigation participant supports. IRS-related MHA and trauma programming for living off-reserve (Oct. 29)</li> </ul>
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			<p>and aim to serve all designated areas offering mental health and addiction support services in French.</p> <ul style="list-style-type: none"> <li>• Expand Indigenous health: Work with Indigenous primary health care organizations to expand services to more communities, ensure health care delivery is culturally sensitive and that Indigenous health professionals are recruited and properly compensated.</li> <li>• Ensuring our elders and seniors have access to care that is personal and familiar, with staff and practices that reflect their distinct cultures and languages. Create culturally appropriate resources and training for home and community care programs.</li> </ul> <p><b><u>Announcements, Private Members Bills and Motions</u></b></p> <ul style="list-style-type: none"> <li>• Motion in the Legislature calling for \$1.3 billion in new funding to be immediately allocated to clearing the surgical</li> </ul>	<ul style="list-style-type: none"> <li>• \$1M to Ontario Aboriginal Housing Services /Waabinong Head Start Family Resource Centre. Facility educating Indigenous preschoolers and families on Anishinaabek culture and language (March 4, 2022)</li> <li>• Three-year \$7.9M agreement to support ongoing collaboration between the Anishinabek Education System and the provincially funded education system (Dec. 17, 2021)</li> <li>• Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. 4 hours of direct care per day by March 31, 2025. Establish compliance/enforcement tools (double fines).</li> </ul>
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			<p>backlog, with an eye to supporting rural communities in the process (Feb. 28, 2022)</p> <ul style="list-style-type: none"> <li>• Called for government to immediately provide staff and resources to northern hospitals to keep their emergency departments open (March 28, 2022)</li> <li>• Call for urgent investments in mental health and addictions care in Thunder Bay: 6,828 mental health and addictions visits to the emergency room at the Thunder Bay Regional Health Sciences Centre in 2020, and Thunder Bay only has one 25-bed treatment centre turning away about 3,000 people a year (Nov. 9, 2021)</li> <li>• Call for the province to declare a state of emergency to address the issue of rising opioid deaths, particularly on First Nations reserves (Nov. 18, 2021)</li> </ul>	
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