



## **Fill the Gaps Closer to Home Improving Access to Health Services for Rural Ontario**

**Proposals from  
Rural Ontario Municipal Association**

January 21, 2024

**STRICTLY CONFIDENTIAL UNTIL RELEASED BY ROMA**

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## 1. Executive Summary

In early 2023, the Rural Ontario Municipal Association (ROMA) began a detailed examination of the challenges associated with improving access to health services in Rural Ontario. The preceding four years, coinciding with COVID-19 pandemic, devastated an already challenging situation for residents of Rural Ontario, and amplified trends of the past several decades --- a situation that existed well before the current provincial government took office. From ROMA's perspective, it appears that no one at the provincial level has been paying attention to geographic disparities in *accessibility* of health services for quite some time.

Despite the health services catastrophe now facing Rural Ontario, all is not lost. The current provincial government has an unprecedented opportunity to turn back from the brink and set a new course that will be more effective at implementing the integrated healthcare system that Ontario seeks and deserves. More importantly, pursuing the recommendations in this report will ensure that residents of Rural Ontario have *equitable* access to the health services as envisaged by the Canada Health Act. This is not the case today.

In this report, ROMA explains why a different approach to health service design, delivery and funding must be taken in Rural Ontario, and offers 22 recommendations for immediate action. Developed through extensive consultations with both rural municipalities and experts from across the health service spectrum, the recommendations convey the palpable sense of desperation shared by many residents, and local leaders in healthcare, community services and municipal government. It is time to answer the call.

The full report is available at <https://www.roma.on.ca/advocacy>.

### 1.1 Rural Ontario is Different

The effects of geography and lower population densities in Rural Ontario make health services delivery difficult, but not impossible, especially if decision-makers are prepared to think --- and act --- creatively. Yet ROMA is not convinced that the Province is even aware of the extent of the health services catastrophe unfolding in Rural Ontario.

**Executive Summary... continued**

The deteriorating state of access to health services to residents of Rural Ontario is driven by four factors:

1. **Access to primary care is declining far more rapidly in Rural Ontario than in urban areas.** The number of residents of Rural Ontario without access to a family physician or a family health team is increasing four times as fast as in urban areas.

Geographic Classification (using Rurality Index of Ontario to classify as rural)	Uncertainly Attached; Not Receiving Primary Care (September 2022)	Percentage Change in Residents Not Receiving Primary Care; March to September 2022 (Six Months)
Urban	1,152,086	1.53
Small town	257,392	6.15
Rural	118,866	6.06
Missing/unable to classify	43,193	2.05
<b>TOTAL</b>	<b>1,571,539</b>	

Note: As defined by ROMA, “Rural Ontario” includes municipalities in both the “small town” and “rural” categories used in this analysis, based on data compiled by [Inspire-PHA](#).

2. **Hospitals in Rural Ontario were disproportionately affected by the temporary Emergency Department closures in 2022 and 2023.** Rural residents without primary care are more vulnerable to other health risks. When the nearest Emergency Department is closed, they have nowhere close to home to get help.
3. **Communities in Rural Ontario do not have the capacity in their network of community services that could absorb demand from hospital Emergency Departments.** Valuable supports that were put in place during the pandemic have now receded. The health crisis has not.
4. **Travel Burden --- both time and money --- is much higher in Rural Ontario.** Even before the onslaught of temporary Emergency Department closures, residents in large portions of Rural Ontario lived more than 30 minutes from the nearest Emergency Department. This simple indicator signals increased travel costs, time commitments, and potentially worse health outcomes for Rural Ontario residents.

**1.2 Accessible Health Services Means Delivery Closer to Home**

If residents of Rural Ontario are to achieve equitable access to health services, there must be *direct and immediate access* to a full range of services closer to home. This means having primary care in residents’ own communities or close by. It means clinics, Emergency Departments and Emergency Services all able to provide service in a timely way. It means specialty health consultations, mental health counselling, and addiction supports without having to travel far from home or extraordinary wait list times.

## Executive Summary... continued

Across Rural Ontario, the availability of these services is deteriorating by the day. Provincial support for services to support communities during the pandemic has now fallen away, leaving Rural Ontario ill-prepared for both everyday health needs as well as the next crisis. In addition, this is not the time to reorganize Public Health --- a program that is vital to Rural Ontarians --- unless it is to expand local capacity. Instead, **the Province must refocus on building out the robust set of services needed to meet needs *locally* across Rural Ontario.**

### 1.3 It's Time to Upload the \$481 Million in Annual Health Costs Now Borne by Rural Ontario Property Taxpayers

Delivering health services is a provincial responsibility, yet Rural Ontario municipalities foot a significant share of the bill: nearly \$481 million in 2022. This is unsustainable and egregious. Health services must be funded from provincial and federal income tax revenues, not residential property taxes --- the only revenue source for Rural Ontario municipalities. ROMA is giving the Province a failing grade when evaluating its performance in living up to the principles of the Canada Health Act. **The Province must act to remove health costs from property taxes.**

### 1.4 The Only Way Out of Labour Shortages: Utilizing Health Professionals in New Roles

From doctors and nurses to nurse practitioners, paramedics and personal support workers, the current labour force shortages were predictable --- if only on the basis of demographics. Despite provincial initiatives to increase enrolments in specific healthcare professions and to attract internationally-trained professionals to Ontario, the current and projected shortages will not be resolved in any meaningful way in less than a decade --- at least not by using conventional approaches. There is another way out of this morass: utilizing existing and near-term additions to the provincial pool of health professionals in new roles.

In discussions with knowledgeable stakeholders across Rural Ontario, ROMA has identified more than a dozen ways to improve access to health services by capitalizing on the considerable skills and expertise of healthcare professionals in new ways.

Using the Province's traditional top-down approaches, implementation of new ideas will fail. The Province must defy convention and use the policy, regulatory and fiscal tools at its disposal in new ways. Only then will Rural Ontarians see an integrated healthcare system that delivers real access to health services.

The required transformation should start today.

***“The definition of insanity is doing the same thing over and over and expecting different results”***

attributed to Albert Einstein



Rural Ontario  
Municipal Association

## Executive Summary... continued

### 1.5 Rural Municipalities Must Have a Seat at Their Ontario Health Team Table

Rural municipalities fund a significant share of Ontario's health system, and often spearhead local efforts to find innovative ways to close systemic gaps. They must be part of its governing structures. The Province must *require* Ontario Health Teams to provide a seat at their table for rural municipal government.

Through this paper, ROMA has demonstrated that vital health services are not equitably available and accessible to residents of Rural Ontario. A serious evidence-based policy response from the Province to the current catastrophe is long overdue. The recommendations that follow are intended to galvanize provincial decision-makers into action to create the integrated health care system that Rural Ontarians deserve. There is no time to waste.

### Acknowledgements

On behalf of ROMA, I extend our heartfelt thanks to the hundreds of people and organizations who contributed to this study. Each person who turned their mind to this important issue is helping to lay the foundations of a much stronger health system for Rural Ontario. We heard your anger, fear and frustrations and captured this in our recommendations.

ROMA also extends our thanks to the Association of Municipalities of Ontario (AMO) for its keen interest and contributions. The support of AMO staff, particularly Ms. Petra Wolfbeiss, Director of Membership Centre, was key to this policy work.

And finally, ROMA wants to recognize our consultant, Ms. Kathryn Wood, President and CEO of Pivotal Momentum Inc by expressing our sincere thanks for her collaboration and support. Kathryn's expertise, teamwork and dedication to ROMA's *Fill the Gaps Closer to Home* research were instrumental to providing the research and data to support the recommendations to improve access to health services in Rural Ontario.

A handwritten signature in black ink that reads "Robin Jones". The signature is written in a cursive, slightly slanted style.

Mayor Robin Jones, Village of Westport  
Chair, ROMA

## 1.6 Recommendations:

ROMA offers 22 recommendations for the attention of the Province of Ontario, as well as other stakeholders eager to put the shoulder to the wheel to ensure that residents of Rural Ontario do indeed have equitable access to healthcare and related services. These recommendations are organized by theme with the evidence to support each theme being presented in later sections in this report. The eight themes are:

- Ensure that rural municipalities have a seat at their Ontario Health Teams table
- Fix Primary Care
- Reconfigure the Deployment of Health Human Resources
- Shift Demand from Emergency Departments to More Appropriate Forms of Care
- Complete the Full Range of Community Care
- Implement Inter-professional Team Approaches
- Support Community-Focused Innovation in Rural Ontario, and
- Preserve Public Health Emergency Response and Prevention Programs.

In section 5, each recommendation is presented along with a distillation of the background to its formulation.

### ***Theme One: Fully Engage Rural Municipalities in Ontario Health Teams***

#### ***Recommendation 5.1***

*That the Province require Ontario Health Teams (OHTs) to ensure that rural municipalities have a seat at the table, even as the OHT organizations evolve and grow.*

### ***Theme Two: Fix Primary Care***

#### ***Recommendation 5.2A***

*That the Province maximize opportunities to increase medical school enrollment at Ontario universities and concomitantly, seize the opportunity to implement additional strategies that maximize primary care physicians' capacity for direct service to patients.*

#### ***Recommendation 5.2B***

*That the Province work with Ontario Health Teams and other stakeholders to understand the forces that drive family physicians into or out of this specialization, and Further that the Province develop specific strategies to reduce barriers to the practice of family medicine, and Further, that the Province improve the [provincially-funded program](#) to attract family physicians to all areas of Rural Ontario.*

## Executive Summary...continued

### **Recommendation 5.2C**

*That as part of its efforts to reduce barriers to being a family doctor in Ontario, the Province call upon its Digital and Data Strategy secretariat to identify and develop solutions to reduce the amount of administrative work for which Family Physicians are currently responsible.*

## **Theme Three: Reconfigure the Deployment of Health Human Resources**

### **Recommendation 5.3A:**

*That the Province increase funding for walk-in clinics and urgent care services to enable those services to expand hours of operation, and  
Further, continue to explore and introduce scope of practice measures for nurse practitioners and nurses that would enable these professionals to expand their roles in primary care, and outside of physicians' offices and walk-in clinics.*

### **Recommendation 5.3B**

*That Ontario Health Teams be required to bring paramedic services into local discussions about how to serve homeless populations as well as those with mental health and addictions challenges.*

### **Recommendation 5.3C**

*That Ontario Health atHome explicitly include Community Paramedicine programs as one of the options available to care coordinators, and that they be considered along with the other 14 existing organizations, and  
Further that the choice of options be based on both medical and health expertise (in relation to patients' needs) and proximity/capacity to respond in a timely fashion, fulfilling the promise of "seamless transitions", and  
Further that utilization of Community Paramedicine programs be fully-funded by the Province, with no requirement for municipal contributions.*

### **Recommendation 5.3D:**

*That the Province consider expanding the scope of practice of Paramedics and Community Paramedics so they can take on new healthcare roles with specific populations, and support primary care, and  
Further, that the Province develop the medical directives and assessment skills associated with these new roles, and  
Further that utilization and expansion of Community Paramedicine programs be fully-funded by the Province, with no requirement for municipal contributions.*



## Executive Summary...continued

### **Recommendation 5.3E**

*That the Province consider legislative changes that would allow Emergency Medical Attendants (EMAs) and volunteer drivers to work with paramedics in ambulances, including driving and assisting paramedics under their direction.*

### **Recommendation 5.3F**

*That the Province expand the types of patient transports for which patient transfer services could be utilized, beyond their current roles (e.g. inter-facility movement of patients such as long-term care to a hospital or imaging lab appointment). Their roles could be expanded to include any transports that do not require an ambulance. Paramedic Services, including Community Paramedics, would be well-positioned to determine the most appropriate form of transport.*

### **Recommendation 5.3G**

*That the Province develop and implement medical protocols and procedures, particularly for water-based transports, including ferry services, to allow first responders other than paramedics, with appropriate training, to transport patients to the mainland for transfer to an ambulance.*

### **Recommendation 5.3H**

*That the Province consider the [announced plan](#) for increasing the number of nurse practitioners in Ontario as “phase one” and that as universities are able to do so, the numbers of graduating nurse practitioners be further increased, with a continued emphasis on service to Rural Ontario, and  
Further that the Province consider the opportunity for nurse practitioner specialization in managing in-scope health services such as chronic diseases, and services offered at clinics --- whether walk-in or appointment-based, and  
Further, that the Province further encourage the development of nurse practitioner-led clinics especially in Rural Ontario, where recruitment of family physicians is especially challenging.*

### ***Theme Four: Shift Demand from Emergency Departments to More Appropriate Forms of Care***

#### ***Recommendation 5.4***

*That the Province develop a multi-pronged strategy for addressing staffing shortages in Emergency Departments in Rural Ontario, first by seeking to train, attract and retain health human resources (primarily physicians and nurses) to ensure reasonable access to Emergency Departments, and*

*Further, to fill gaps and expand capacity in other healthcare and related services to be able to receive and provide community care to those who would otherwise visit Emergency Departments, and*

*Further, to develop and implement measures to reduce Emergency Department closures, prioritizing investments based on access to services considerations such as impact on health outcomes and travel burden, and*

*Further, introduce education programs for primary care, long term care and home care about the most appropriate alternatives to Emergency Departments.*

### ***Theme Five: Complete the Full Range of Community Care***

#### ***Recommendation 5.5A***

*That the Province require Ontario Health Teams to complete --- or fill the gaps --- in the range of services available closer to home for residents of Rural Ontario, and*

*Further, provide multi-year/ongoing funding to rural municipalities for community services that provide health and social services such as mental health and addictions services, housing services, income support, and local mental health crisis intervention, and*

*Further, ensure that paramedic services are engaged in OHTs' work as service delivery partners, especially in strategies that reduce demand on Emergency Departments, complete the range of community care services available to residents, and address specific populations such as the homeless.*

#### ***Recommendation 5.5B***

*That the Province provide funding support for implementation of community-based Mental Health Crisis Intervention Teams (as part of Community Safety and Well-being Plans), and*

*Further, that this funding support be directed to and through municipalities that have been mandated to implement CSWB plans, and*

*Further, that this funding be available to municipalities whether they have a municipal police force or use the Ontario Provincial Police.*

## Executive Summary...continued

### **Recommendation 5.5C**

*That the Province and Ontario Health Teams incorporate the concept of “complete communities”, as articulated by the Ministry of Municipal Affairs and Housing, in any community-focused planning or program development and implementation related to Ontario’s health care system.*

## **Theme Six: Implement Inter-professional Team Approaches**

### **Recommendation 5.6A**

*That the Province engage the Ontario Health Teams, and through them, the community-based organizations that are needed to enhance prospects for success for provincial initiatives in Rural Ontario and,*

*Further, that services such as Ontario Health atHome and the Ontario Structured Psychotherapy Program work with the Ontario Health Teams and other local stakeholders to develop a network of service access points that recognize the distinctive challenges and opportunities for service delivery in Rural Ontario.*

### **Recommendation 5.6B**

*That the Province work with local housing service providers, Ontario Health Teams and other local stakeholders to develop ways to integrate social determinants of health into homelessness programs.*

### **Recommendation 5.6C**

*That ROMA engage in a review of the City of Toronto integrated approach to homelessness, now funded by the Province, and*

*Further that Ontario Health develop a targeted funding program to which municipalities in Rural Ontario could apply to secure the resources that will support implementation in their communities, and*

*Further that Ontario Health work with the Ministry of Municipal Affairs and Housing and the Ministry of Community and Social Services to support wrap-around programs for transitional housing that recognize determinants of health not directly related to access to health care.*

### ***Theme Seven: Support Community-Focused Innovation in Rural Ontario***

#### ***Recommendation 5.7***

*That the Province establish a community-focused funding stream that could flow through the Ontario Health Teams, with the express purpose of devising more innovative, cost-effective ways to address the needs of under-serviced communities in Rural Ontario, and Further, that funding priority be given to rural areas for which current services are not meeting provincial standards and/or guidelines similar to those proposed in the [Rural and Northern Health Care Report](#) (2010) (Ontario), and Further, this could include rural areas that are part of an urban municipality, and Further, that funding priority be given to pilot projects that propose to test models of care that increase or improve access to services in Rural Ontario.*

### ***Theme Eight: Preserve Public Health Emergency Response and Prevention Programs***

#### ***Recommendation 5.8A***

*That the Province review with ROMA the business case that predicts \$200 million a year in savings from the consolidation of 35 public health units into 10, and Further, that the Province describe how rural municipalities that currently pay 25 per cent of the costs for public health units operating in their municipalities will have input into public health program development and delivery in their areas, and Further, that the Province confirm that regardless of future governance models for public health, the services traditionally within the mandate of Public Health will be delivered 'closer to home' in Rural Ontario.*

#### ***Recommendation 5.8B***

*That the Province continue its funding support for prevention programs currently delivered by public health units, so that Rural Ontario residents can capitalize on opportunities to protect and strengthen their health for decades to come, as well as contributing to better control of health care costs in the years ahead, and Further, that the Province continue its funding support for emergency services and public health emergency planning and response, so that Rural Ontario residents can take appropriate measures to protect their health, and build resilient communities.*