



A Message From
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Dear Friend,

Thank you for your interest in the newsletter I sent out last month. I'm pleased to welcome several new subscribers, and I hope you'll find these occasional bulletins useful and interesting.

The initial response I've received greatly encourages me to continue reporting on some of the issues that Town Council has considered recently, and to keep you informed about some of other important issues coming our way soon.

This month my focus is on health services, both locally and provincially, as I look at the provision of health-care professionals in NOTL and the potential impact of the Ontario *Your Health Act* on [the future of our hospitals](#).

STRATEGIC PLANNING FOR HEALTH

I probably don't need to tell you that Niagara-on-the-Lake does not have the number of primary health-care professionals (physicians and nurse practitioners) it requires to meet the needs of its current population.

You may also know that I'm working to have reinstated a nurse practitioner position that was relocated during the pandemic. This is a vital position because its remit includes serving NOTL residents who aren't able to register with a local doctor and, as you'll see below, 45% of our residents are in this situation. Following a successful motion I made last year in Council, the Town is directed to continue its efforts to have the position reinstated. I'm staying active on this issue, and recently submitted a request to the Ontario Ministry of Health, for an update on the situation.

Currently, the eleven family practitioners in NOTL serve only 10,502 out of 19,088 residents. They are working to capacity and aren't registering any new patients. This means that 8,586 residents (45%) depend on walk-in clinics, local emergency rooms or health professionals in other municipalities, for their health needs.

At a recent Committee of the Whole (*attach presentation*), Council learned the full details of [the physician shortfall in Niagara](#) from Niagara Region's Physician Specialist, Jill Croteau.

She reported that the Region needs a total of 91 more family doctors. In 2022 no replacement was found for over half the doctors who left a practice in Niagara. Currently,

more than 40 of our doctors are over 65. Meanwhile, the population of the Region is slated to grow by 58,019 between 2021 and 2031.

Niagara-on-the-Lake is listed as needing three more doctors to meet residents' needs. I pointed out to Jill that 36% of NOTL's population is 65 years old or more. Because seniors have more complex primary care needs than other age groups, this standard calculation isn't appropriate, and we need more than three additional doctors.

Without urgent action, the regional shortfall is likely to continue. For example, currently there are 1,800 vacancies in the province, but only four hundred family medicine residents graduate in Ontario each year. Additionally, in 2027 family medicine training will require three years instead of two, and so there will be a year when no new graduates enter the workforce. These are just two of several factors impacting recruitment.

Part of Jill's job involves vigorously promoting Niagara to potential recruits in Ontario, the USA, UK and Ireland. Over the last five years, more than a quarter of our family doctors were recruited internationally and, in the previous week alone, Jill had made presentations to three medical schools in Ireland.

Despite the great efforts being made by the Region, it's been clear to me for some time that we have to make Niagara-on-the-Lake exceptionally attractive to physicians if we're to compete with other municipalities in Niagara, not to mention elsewhere. Fortunately, as one of the most attractive towns in Canada we have many unique attractions, but this may not be enough. For example, the costs of moving to NOTL from other parts of Canada or abroad may deter candidates, so in 2022 I put forward a successful motion in Council to help physicians with relocation costs to a maximum of \$20,000 each.

Now, with the strategic plan approaching, it's an ideal time to promote the importance of a strong health service in NOTL. We need to prioritize funding, recruiting and keeping the health care professionals we need right now.

We also need to lay the ground for meeting our future needs. As the town grows, we must demonstrate that NOTL values its health care professionals by providing them with the support and facilities that meet or surpass what is offered elsewhere. I'll be using every opportunity to advance these goals, and I hope you'll encourage your neighbours and friends, and other councillors, to make primary health care one of the major pillars of the next strategic plan.

YOUR OPPORTUNITY TO PROTEST PRIVATE CLINICS

"Ontario is dead last in Canada in funding our public hospitals. We have the lowest funding of any province...the fewest nurses per patient. Even if our government funded our hospitals to the average of the rest of Canada, we would clear the backlogs and wait lists for surgeries and diagnostic tests in our local public hospitals." <https://publichospitalvote.ca/>

This week you have a unique opportunity to join thousands of Ontarians protesting the extension of the private health sector in our province. Throughout the week, the Ontario Health Consortium (OHC) is asking you to vote in their province-wide referendum on the

[Your Health Act 2023](#) . You can [vote online](#) or in [three NOTL locations](#), available this week.

Mainstream media has covered the hospital funding controversy extensively since [the intention to legislate private surgeries](#) was first announced in January. Now, the Act has become law, and permits licensed private clinics and hospitals in Ontario (which the Act misleadingly calls “community health centres”) to carry out a range of surgeries within the Ontario Health Insurance Plan (OHIP).

The provincial government says the Act will solve the problem of a backlog of 200,000 procedures in hospitals. Starting in the Fall of 2023, it hopes to move 14,000 cataract surgeries to for-profit hospitals and clinics. Other procedures such as knee and hip surgeries will follow.

This just in!

"With the sole exception of cataract surgeries, the increase in for-profit surgical delivery generated by the ASI [Alberta Surgical Initiative] 'has failed to improve wait times for all other kinds of surgical procedures.'"

The Tyee. May 16, 2023

Of course, everyone wants to see the backlog dealt with as soon as possible, and many people waiting for an operation will be greatly relieved to know there's a good chance their cataract, knee and hip surgeries will take place sooner rather than later.

However, sooner rather than later also applies to Ontario's creep towards two-tier health provision founded on under-funding (see table below), and neglect of existing resources. In its most recent accounting year, [Ontario chose not to spend approximately \\$600 million](#) available in the health services budget for non-COVID related spending.

Public Hospital Funding Per Capita in 2019		Hospital Beds Per 1000 People in 2021	
Newfoundland & Labrador	\$2,447.53	Newfoundland & Labrador	4.43
Nova Scotia	\$2,154.46	New Brunswick	3.49
Prince Edward Island	\$2,113.07	Nova Scotia	3.20
New Brunswick	\$1,997.09	Prince Edward Island	3.16
Alberta	\$1,943.02	Manitoba	3.11
Manitoba	\$1,858.45	Saskatchewan	3.08
Saskatchewan	\$1,850.68	British Columbia	2.63
British Columbia	\$1,669.72	Alberta	2.52
Quebec	\$1,630.18	Ontario	2.33
Ontario	\$1,568.96	Average of other provinces	3.2
Average of other provinces	\$1,962.69		

Yet there are reports ([here](#) and [here](#)) that operating rooms throughout Ontario could readily clear the backlog if funding was released to keep them running for more hours each week. And, according to the Sue Hotte, President of the Niagara Health Coalition, “hospitals get funded for the number of operations that they do” ([The Lake Report](#) May 11, 2023), redirecting OHIP funded procedures will continue the downward trend in hospital efficiency.

The funding is apparently available for private clinics to provide procedures that are covered by OHIP, and this begs the question: Why aren't existing operating rooms receiving that funding?

The *Your Health Act* is a direct attack on the public provision of core health services, which have been a hallmark of the Canadian way of life for decades. Now it's clear that, not only will Ontario continue to be the province with least public health service funding; there will also be deliberate de-funding of hospital surgery services in favour of for-profit businesses.

If you wish to express your support for our Ontario hospitals, please vote in the Ontario Health Consortium's referendum online [now](https://publichospitalvote.ca/vote/pledge), or visit one of the voting locations this week in the schedule below.

VOTE TODAY! AND PRESERVE ONTARIO'S PUBLIC HEALTH SERVICES		
VOTE ONLINE - ANY TIME https://publichospitalvote.ca/vote/pledge (VOTE CLOSES: midnight May 28)		
VOTE IN PERSON Niagara-on-the-Lake		
TUESDAY MAY 23 9:00 a.m. - 4:00 p.m.	FRIDAY MAY 26 9:00 a.m. - 4:00 p.m.	SATURDAY MAY 27 9:00 a.m. - 4:00 p.m.
COMMUNITY CENTRE 14 Anderson Lane, Old Town	COURT HOUSE 26 Queen Street, Old Town	COURT HOUSE 26 Queen Street, Old Town
		SPARKY'S PARK Tanbark Road, St. David's (beside the Fire Hall)
VOTE IN PERSON - THROUGHOUT ONTARIO https://www.publichospitalvote.ca/find-voting-station		

I urge you to add your vote and send a strong message to government to use all available public funds to sustain the full level of surgical procedures our hospitals are designed to accommodate.

Thank you for your attention,

Sincerely,
Sandra O'Connor

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