



ROMA Conference January 21-23, 2024

NOMA Delegation Package - FULL

Monday January 22, 2024:

MTO: 9:45am-10:00am - Leaside Room, 4th floor, Sheraton **(Page 2-4)**

MMAH (Joint): 10:30-10:45am - City Hall Room, 2nd floor, Sheraton **(Page 5-6)**

NDP: 1:20-1:40pm - Simcoe Room, 2nd floor, Sheraton **(All pages)**

Liberal: 2:30-2:50pm - York Room, Main floor, Sheraton **(All pages)**

Solicitor General (joint): 3:00-3:15pm - Oxford Room, Main Fl, Sheraton **(Page 5)**

Tuesday January 23, 2024:

MOH (Joint): 3:00 – 3:15pm - City Hall Room, 2nd floor, Sheraton **(Page 5)**

MOH (NOMA Only): 4:00-4:15pm - City Hall Room, 2nd floor, Sheraton **(Page 7-10)**

The Northwestern Ontario Municipal Association (NOMA) represents the interests of 37 municipalities from Kenora and Rainy River in the west to Hornepayne and Hearst in the east. NOMA's mission is to advance the needs of municipal governments whose services contribute greatly to the community well-being in Northwestern Ontario. It will promote activities and support partnerships that contribute to our vibrant and vital region. We appreciate the opportunity to meet with you today to discuss enhancing safety on northern highways.

Northern Ontario Road Safety, Maintenance, and Rest Stops

The year 2023 has proved to be a fatal year for vehicle crashes in Ontario. Since mid-December 2023 five people have died on Northwestern Ontario highways. In 2023, there were a total of 399 fatalities on Ontario roads patrolled by OPP. This eclipsed the number of total fatalities in 2022 of 359 and is an all time high since 2004.

In 2022, the OPP reported that it responded to 9110 crashes involving large trucks, the highest rate in more than a decade. Charges were laid in 2858 of these cases, and the blame was distributed among both truck drivers (2/3) and other drivers (1/3) involved in the crashes. Crashes involving transport trucks accounted for 71 (~20%) of Ontario's fatalities on roads in 2022 and are becoming more frequent in Northern Ontario as shipment of goods increase along the main corridor connecting East and West Canada. Unsafe trucking fleets and poorly trained truck drivers is of top concern and has greatly contributed to the degrading safety of Northern highways. The most common risky behaviours cited as the cause for these crashes are impaired driving, distracted driving, seat belt-use and speeding/aggressive driving such as following too closely.

Highway safety in the north is very concerning and action must be taken to address the increasing number of lives being lost on our highways. Table 1 provides a list of many fatal collisions that occurred over the past year across Northwestern Ontario. Video 1a displays a compilation of incidents involving transport trucks in Northern Ontario that are particularly unnerving and shows the need to ensure transport truck drivers undergo vigorous graduated and audited training that ensures they can drive in all conditions and safely maneuver in emergency situations.

The Ontario Trucking Association (OTA) recently conducted a survey to obtain the perception of Northern Ontario Highway Safety. The survey results from over 650 respondents clearly showed highway safety across Northern Ontario is of concern (96%) with the top 5 concerns being unsafe passing by other vehicles (84.32%), lack of truck rest areas (83.84%), poorly trained truck drivers (80%), lack of safe passing areas for trucks (79.84%), and unsafe trucking fleets (65.12%).

NOMA appreciates that governments efforts including continuing work to divide highway 11/17, moving ahead with the 2+1 pilot project on Highway 11, increasing snow clearing standards to clear within 12 hours of a snowstorm instead of the previous 16 hours. We also appreciate OGRA running the road safety audit course this past Fall. However, despite these efforts we are continuing to experience an increase in fatal collisions on our northern roads with this past year reaching a 20 year high. More needs to be done to successfully address the safety conditions on northern roads.

NOMA recommends the province develop a clear plan to address safety concerns in the North and it should include increasing snow clearing standards to 8 hours. The government should consider alternate ways to address safety including more safety signs to slow down and leave more space, more preventative anti-icing, and/or variable speed signs.

It is important that the government considers enhancing the standards for rest stops. There are multiple stretches of highway in Northwestern Ontario without a year-round maintained rest stop available to drivers (**Table 2**). More rest stops should be available to drivers along the sections outlined in Table 2, especially given the unforgiving weather conditions we experience in the North. The table is listed in the order in which we suggest the government address the deficiencies.

NOMA asks the government to invest to increase safety on northern roads and clarify the government's plans to enhance highway safety in the north to reduce crashes in Northwestern Ontario.

NOMA encourages your ministry to review the findings from the recent OTA survey as they accurately outline the primary concerns regarding Northern highway safety and the solutions outlined would contribute to enhancing safety on Northern roads including creating more passing lanes, better training for truck drivers, and oversight of unsafe trucking fleets by increasing the availability of MTO stations to monitor vehicle safety.

NOMA asks the government to open more maintained year-round rest stops for truck drivers and other vehicles to access washroom facilities.

Table 1: Highway collisions resulting in death in Northwestern Ontario

Date	Time	Condition Notes	Location	Vehicles Involved	Injuries/Fatalities
November 16, 2022	11:57 PM	Unknown	Highway 17 near Revell Township	Two trucks collided	One deceased
November 17, 2022	3:44 PM	Road closed approx. 4 hrs.	Hwy 11/17, Balsam St. & Red River Rd.	Tractor trailer and pedestrian	43-year-old pedestrian died
November 29, 2022	5:47 PM	Unknown	Intersection of Hwy 17 & Hwy 519	Truck & transport	One deceased
December 16, 2022	6:47 PM	Hwy closed for 7.5 hours	Hwy 11/17, John St. & Oliver Rd	Three-passenger cars	Two hospitalized & one deceased
December 3, 2022	9:55 PM	Reopened late morning	Hwy 11-17 & Hwy 102	Snowplow and tractor-trailer	One deceased
January 10, 2023	5:00 PM	Eastbound lane closed for 8 hours.	Hwy 11/17, Dorion Loop Road	Two pick-up trucks	18-year-old died and one in hospital
February 15, 2023	10:00 AM	Hwy closed for 10 hours	Hwy 11/17, Dorion Wolf River Bridge	Two SUV's	One deceased and several injured
March 19, 2023	1:30 AM	Unknown	Hwy 17 near Neys Provincial Park.	Two tractor-trailer units	One deceased
May 23, 2023	9:00 PM	Unknown	Hwy 17 near Burma Road	Two SUVs and a pickup truck	One deceased and two injured

June 8, 2023	6:30 AM	Unknown	Hwy 11/17, Balsam Street	A pick-up truck and transport truck	One deceased
September 17, 2023	3:30 AM	One lane was open at 11 PM	Hwy 11/17 Township of Shabaqua	Two Transport Trucks	Two deceased
December 15, 2023	5:41 PM	Hwy closed until 5:00 AM next day	Hwy 11-17, 67km east of Thunder Bay	A tractor-trailer and a passenger vehicle	One deceased
December 16, 2023	10:30 AM	Unknown	Hwy 17 in the English River area of Upsala	Two tractor-trailers	One deceased and two injured
December 30, 2023	2:30 PM	Unknown	Hwy 11/17 near Hurkett	A passenger vehicle and a transport	One deceased
December 31, 2023	11:00 AM	Hwy closed for hours	Hwy 527	Two passenger vehicles	One deceased

Video 1a: Video compilation of truck driving incidents in Northwestern Ontario.

https://1drv.ms/v/s!AgI0dLa1Q1p_hGQlopZvj8MPqJpL?e=UocQZ3

Table 2: Highway stretches in Northwestern Ontario without year-round rest stops.

Highway Location	Distance	Rest Stop
Marathon to Thunder Bay	300km	1 rest stop but can take 6 hours in Winter
Nipigon to Hornepayne (Hwy 11/631)	350km	no rest stop
Fort Frances to Dryden (Hwy 71)	310km	no rest stop
Spruce River Rd to Armstrong	235km	no rest stop
Nipigon to 35km past Terrace Bay	140km	no rest stop
Nipigon to Spruce River Rd	100km	no rest stop
Atikokan to Fort Frances	150km	no rest stop
Highway 502 Fort Frances to Dryden	190km	no rest stop
Dryden to Ear Falls	150km	no rest stop

The Northwestern Ontario Municipal Association, Federation of Northern Ontario Municipalities, and Northern Ontario Service Deliverers Association jointly partnered with the Northern Policy Institute (NPI) to prepare a series of papers that examined homelessness, mental health, and substance use in Northern Ontario and analysed eight policy strategies recommended for government and community practitioners to address these issues within Northern Ontario. We appreciate the opportunity to meet with you jointly to discuss the paper “Moving Forward: Homelessness, Mental Health, and Substance Use in Northern Ontario Re-Revisited”. The three recommendations explored in this third paper are as follows:

- 1. Support new and existing Housing First programs:** Adoption of supportive housing frameworks benefits a variety of individuals experiencing homelessness, mental health, and substance use disorders. Housing First approaches are evidence-based supportive housing programs that prioritize the rapid placement of the most vulnerable individuals and families into housing with no preconditions. However, the Housing First approach does not necessarily address the needs of specific populations, such as Indigenous peoples, who are disproportionately represented in the homeless population in the North. Housing First approaches tailored to provide comprehensive wraparound services for different populations while prioritizing an individualized approach to care should be supported through a dedicated funding envelope. Even with the enhanced funding to support the HF model, this approach will require a coordinated effort from other government programs to cover the rapid construction of new units to address the barrier of lack of housing supply to host the programs. An existing initiative is examined to provide insight into how a system incorporating Housing First principles could be implemented in northern communities. **A list of recommendations can be found on page 12-13 of 43.**
- 2. Provide long-term funding for capital repairs on community housing units:** A shortage of community housing and a backlog of repairs have contributed to increased waitlists in Northern Ontario. These increased waitlists can be attributed to the depletion of existing stock and stock overdue for routine maintenance and repairs. Municipalities are faced with large capital deficits for these repairs, and addressing these repairs with municipal revenues is unrealistic and unsustainable. In an already strained housing market, the most time-effective and financially responsible way to address the shortage of community housing in Northern Ontario is to maintain and repair the existing stock. All three levels of government should collaborate to develop a regional strategy to address outstanding repairs and maintenance. The federal and provincial governments should work together to allocate continuous, long-term funding for DSSABs and service managers to address these repairs through capital repair strategies for units in their housing portfolios. DSSABs and service managers can incorporate this strategy into their 10-year Housing and Homelessness Plans. These organizations should improve procurement processes and utilize new technologies to modernize and speed up the repair approvals process. **A list of recommendations can be found on page 22-23 of 43.**
- 3. Establish mandated mobile crisis intervention teams (MCIT) throughout municipalities in Northern Ontario:** The traditional model of policing no longer works in the changing demographics and increased calls for service surrounding homelessness, addictions, and mental health. As an evidence-based strategy to address this challenge, MCIT's should be established throughout communities in Northern Ontario. The programs must be adapted to community needs and consider the needs of distinct populations, such as Indigenous peoples. Permanent funding should be available with extra flexibility to enhance service agencies' response. Partners should leverage best practices and utilize existing tools to develop and implement MCITs. It is recommended for municipalities to endorse MCITs and demonstrate official support. Two existing MCITs in Northern Ontario are examined to provide insight into how these programs can be implemented in communities. **A list of recommendations can be found on page 35-37 of 43.**

Allow Municipalities to Retain Surplus Proceeds from Tax Sales

Municipalities are facing mounting financial pressures, and they are in desperate need of tapping into alternative revenue streams besides their tax base and current government funding. Additional revenue streams are needed to compensate for the inflationary costs of materials and labour.

Prior to being repealed by the Modernizing Ontario's Municipal Legislation Act, 2017, Section 380(6) of the Municipal Act, 2001, the province allowed for a municipality to retain surplus proceeds from tax sales within their jurisdiction.

Municipalities have limited opportunities to obtain revenue outside of municipal taxation. This surplus money can offset costs to improve the municipality such as replacing aging infrastructure and reinvesting the money to increase affordable housing. Retaining surplus funds would be vastly beneficial to municipalities, especially small and rural municipalities with a small tax base.

The Public Tax Sale process is burdensome to a municipality that invests a considerable amount of time and money recovering these proceeds for the potential sole benefit of the Crown in Right of Ontario. There are other associated costs with the Public Tax Sale process that have impacts on municipalities that are not recovered and municipalities have no other avenue to increase their revenue.

NOMA requests the government to reinstate legislation permitting a municipality to retain surplus proceeds from tax sales and to use those additional funds to address housing and other needs in their communities.

The Northwestern Ontario Municipal Association has invited discussion with NOSM University regarding the physician resourcing needs of Northern communities. This has become a pressing issue as the possibility of ER closures has become a reality for communities across rural Ontario but could potentially have life threatening implications in the rural and remote North. The NPI paper “Rural and Remote Physicians Services Coordination in Northern Ontario: A Brief Discussion Paper on the Model from British Columbia” is the first in an anticipated short series of papers focused on health care needs including physician and broad health care workforce needs.

Health care services are a key element of vibrant communities with healthy economies. In Northern Ontario, health services are major employers, and in addition, our industries and businesses rely on health services to ensure a healthy workforce keeping our mines, mills, and service industries, effectively contributing to the local and provincial economy.

Unfortunately, there were many consequences of COVID-19, and we continue to experience adverse effects on our health care system. Northern Ontario struggles to attract and retain staff in healthcare, especially in the Northwest region.

Physician Recruitment Needs:

Vacancy rates for health care staff are high across the North. As of June 2023, Northern Ontario as a whole was actively recruiting for 384 physicians, up from 364 the previous year. Of this group, according to data gathered from communities through NOSM U, we need 150 specialists and over 200 family physicians - 110 of these in rural communities across Northern Ontario. Northwestern Ontario specifically was recruiting for 77 family physicians and 55 specialists (43 in Thunder Bay and 12 in the region).

Broadly, health care staff continue to experience high stress and burnout is widespread as staff are working overtime, experiencing increased workloads, and doing jobs they would not normally do (**Table 1**). As a result, many have chosen to change careers or retire early. That, combined with fewer young people choosing to pursue a career in health care has resulted in a deficit of health care staff.

RNPGA Communities:

Retroactive to April 1, 2023, there was a reduction in the number of Ministry of Health allocated physician spots in the Rural Northern Physician Group Agreement (RNPGA) Contract for Red Lake Margaret Cochenour Memorial Hospital (Red Lake) and Atikokan General Hospital. There was funding for 7 doctors at both hospitals. That was reduced to 6 in Red Lake and 5 in Atikokan. Furthermore, Red Lake lost additional existing physicians leaving only 4 full-time equivalents. This physician loss will negatively impact the ability to recruit doctors, draw locums and keep physicians working locally. In Atikokan, for example, this change will reduce the number of doctor visits by a third.

SRPC initiative:

The Society of Rural Physicians recently launched an initiative to fund rural physicians to access education and training opportunities to meet the needs of their communities. Anecdotally, many physicians have submitted applications to access training improve their obstetrics, ER, critical care, team-based care, and clinical teaching skills. The funding is available to end of March 2024, but should be seen as a reflection of the desire of rural clinicians to develop skills to support care delivery locally.

Agency Nursing in Northern Ontario:

Healthcare facilities resorted to recruiting agency health care staff (physicians, RN, RPN, PSW, and lab techs) at exorbitant costs to avoid hospital closures and address staffing shortages. **Table 2** outlines the percentage of agency staff each Northwestern Ontario healthcare facility utilizes today compared to November 2022. Only one of the healthcare providers in Northwestern Ontario listed in Table 2 does not currently utilize agency staff.

According to the December 2023 Auditor General review of Northern Ontario hospitals, they have increased their use of agency nurses 25 times compared to 2.5 times for hospitals in the rest of the province between 2018/19 and 2022/23. The audit discovered nursing agencies charged roughly three times the hourly rate of a full-time hospital nurse, in addition to accommodation and travel costs, which would cost approximately \$7k-\$10k per year for any position.

Table 3 provides the average costs for regular RN, RPN, PSW, and Lab Tech staff compared to agency staff for Geraldton District Hospital (GDH). These costs are consistent with the averages for Northern Ontario with some paying more or less than others. For example, some agencies are charging \$100 or more per hour for lab techs whereas GDH was able to secure their service for only \$71 per hour (still costs ~ 60% more than an average lab tech).

For 2022/23, 29 of the 34 hospitals in Northern Ontario that responded to the questionnaire indicated that they paid about \$78 million to private agencies for the use of registered nurses and registered practical nurses. As of April 1, 2022, GDH paid a total of \$2,216,651.69 to private agencies for all agency staff. The reliance on agency staff to fill human health resource gaps is fiscally unsustainable and Continued use of agency nursing is having ongoing negative impact on staff morale due to wage disparity, continuity of care, quality of care and system sustainability.

Agencies are able to provide incentives that healthcare centers are often unable to provide. Health care professionals, particularly RN's, have been drawn away from healthcare positions by being offered significantly more pay. In Red Lake, a nurse resigned from their position at the hospital to work as an agency nurse and then hired back as an agency nurse to do the same job because the hospital was desperate to stay open and could not find anyone else. This situation is usually avoided and only used as a last resort, but the situation is worsening.

Summary:

The North deserves equitable and robust healthcare services which require a stable workforce of skilled physicians and nurses. Unlike British Columbia and Saskatchewan, Ontario does not have a provincial health-care staffing strategy that addresses unique challenges of working in health care in Northern Ontario. A comprehensive strategy - that includes clinician education and training needs, incentives where appropriate, policy supports, etc. - could better meet the unique needs of clinicians and therefore, meet the healthcare needs Northern Ontario residents.

The Northern Policy Institute has undertaken a review of the Rural Coordinating Centre of BC (RCCbc) and found much to support the development of a parallel organization for Northern Ontario. A rural coordinating organization for Northern Ontario would be a substantial support to the various OHTs in Northern Ontario – almost all of which have rural communities within their geography.

Recommendations:

- 1. NOMA recommends that the Ministry of Health allocate funding to further explore the development of an organization for rural and Northern physician services support that would parallel the highly successful model of the RCCbc in British Columbia as reviewed by NPI in their discussion paper.**

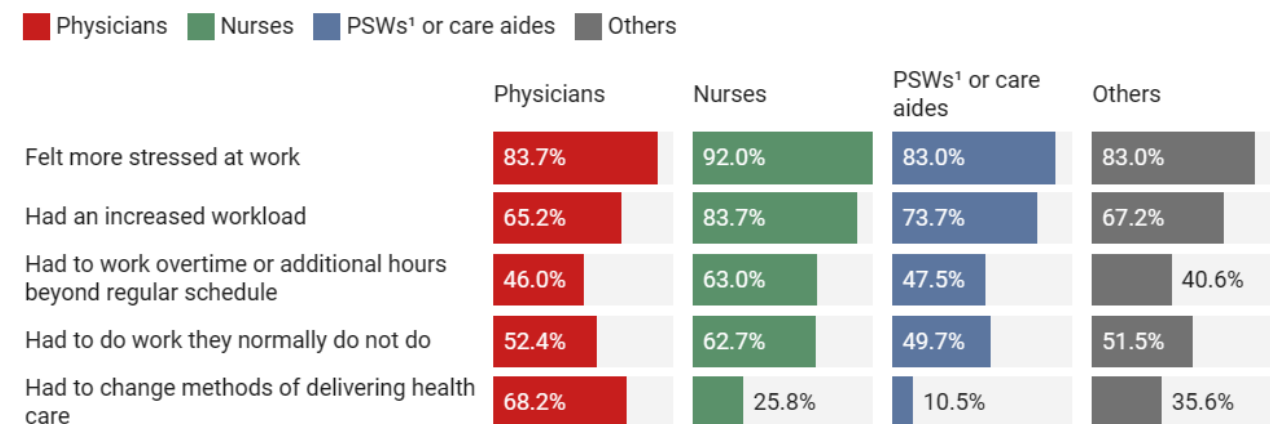
This would support development of a regional rural locum pool, education, and skills development unique to the needs of rural and Northern physicians in service to their communities, enable improved recruitment and retention supports, and community engagement for optimizing health services policy and health services delivery.

- 2. NOMA asks the Ministry of Health to work with health units, hospitals, NOSM University, and other key stakeholders across the region to develop a recruitment and retention strategy of broad interprofessional health care teams and supportive services in Northern Ontario. This strategy should include differentiated incentives and programs for the North such as a living allowance, tuition reimbursement, and ways to incentivize Northern Ontario students to study and work in the North. The implementation and marketing of this strategy, as well as its evaluation, could be supported by a “Rural Care Coordination” centre like that outlined in the NPI paper.**

- 3. NOMA asks the province to ensure adequate funding to secure healthcare staff, including nurse practitioners (NP), to avoid closures. We recommend NP funding be revised and added to the base funding vs having to wait the 3 years to obtain. We recommend that until we remove our reliance on healthcare agency staff that the government support regional locum models and fund 2 permanent physician and nurse locums that are permanently located in the Northwest region to move around the region, as needed.**

Appendix:

Table 1: Impacts experienced by health care workers during the Covid-19



(Source: Statistics Canada)

Table 2: Regional Health Centre data estimates of percentage of agency staff utilized in total for all positions November 2022 & January 2024 in Northwestern Ontario

	Location	% for Nov 2022	% for Jan 2024
1	Thunder Bay Regional Health Sciences Centre	0%	0%
2	St. Joseph's Care Group	15%	21%
3	Nipigon District Memorial Hospital	9.6%	13.6%
4	North of Superior Health Care Group	8 total (10.6%)	6 total (7.5%)
5	Sante Manitouwadge Health	6 total (25%)	3 total (25%)
6	Geraldton District Hospital	20%	3 (8.3%)
7	Atikokan General Hospital	2.5%	8.1%
8	LaVerendrye General Hospital	17.86%	15.38%
9	Emo Health Centre	8.88%	3.13%
10	Rainy River Health Centre	5.75%	5.88%
11	Rainycrest Long Term Care	38.75%	18.27%
12	Riverside Healthcare (All)	-	13.87%
13	Lake of the Woods District Hospital	11 total (7%)	RN (16.6%) RPN (2%)
14	Dryden Regional Health Centre	5%	-
15	Red Lake Margaret Cochenour Memorial Hospital	4%	24%
16	Sioux Lookout Meno Ya Win Health Centre	36%	-

Table 3: Geraldton District Hospital average costs for regular RN, RPN, PSW, and Lab Tech staff compared to agency staff costs & Agency costs since April 1, 2022.

	Average RN	Max RN	Agency RN	
Hourly Rate	\$43.52	\$54.37	\$155.00	<i>% Difference from Max</i>
Total Cost/Hour	\$50.28	\$65.19	\$157.93	142.26%
Cost/Shift	\$565.68	\$733.38	\$1,776.71	<i>% Difference from Avg</i>
Cost/Year	\$98,051.87	\$127,119.78	\$307,963.50	214.08%
	Average RPN	Max RPN	Agency RPN	
Hourly Rate	\$35.12	\$35.97	\$100.00	<i>% Difference from Max</i>
Total Cost/Hour	\$42.44	\$45.11	\$101.89	125.89%
Cost/Shift	\$477.44	\$507.45	\$1,146.26	<i>% Difference from Avg</i>
Cost/Year	\$82,756.07	\$87,957.44	\$198,685.50	140.09%
	Average PSW	Max PSW	Agency PSW	
Hourly Rate	\$27.21	\$28.23	\$77.00	<i>% Difference from Max</i>
Total Cost/Hour	\$32.88	\$35.40	\$78.46	121.64%
Cost/Shift	\$369.91	\$398.25	\$882.68	<i>% Difference from Avg</i>
Cost/Year	\$64,117.10	\$69,030.82	\$152,997.00	138.62%
	Average Lab Tech	Max Lab Tech	Agency Lab Tech	
Hourly Rate	\$38.64	\$44.33	\$70.46	<i>% Difference from Max</i>
Total Cost/Hour	\$45.05	\$53.64	\$71.79	33.84%
Cost/Shift	\$337.91	\$402.29	\$538.43	<i>% Difference from Avg</i>
Cost/Year	\$87,855.77	\$104,596.64	\$139,990.50	59.34%
Total Agency Costs Since April 1st, 2022		RN: \$540,623.25		RPN: \$1,012,343.19
(Costs do not include travel or accommodation)		PSW: \$604,261.83		Lab tech: \$59,423.42