

Post Secondary Education Primary Health Care

Current State Report

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EXECUTIVE SUMMARY

The unique health and wellbeing needs of students at post-secondary institutions, and the significant investments and efforts of the institutions they attend, are often under-recognized.

Students represent a population with increasingly complex health needs that are rising in volume, but out-of-date funding models and siloes are limiting post-secondary institutions in their effort to improve care. Critically, transitional aged youth (typically defined as those between the ages of 16 and 25), who make up the majority of post-secondary students in the province¹, are also a population with unique developmental and health needs that are typically underserved within the wider health system.

Through campus health centres, health promotion, and mental health services, post-secondary institutions are taking on a major burden of care that would otherwise be displaced to already overwhelmed health system providers. Despite the value delivered to the broader system, post-secondary institutions continue to face funding barriers when compared to other providers of similar care and are consistently left out and left behind in broader system transformation efforts to improve care quality in the province.

If post-secondary institutions are properly equipped and positioned to provide timely access to high-quality care and support the health (and health system) literacy of their students, all stakeholders benefit. Students have better health outcomes and are more likely to succeed in their studies and thrive in careers afterward. Other health care providers across the province are less worried about disrupted care or the possibility of service capacity being overwhelmed by student needs.

However, the current structure has seen post secondary institutions largely bearing this burden alone, diverting a greater proportion of their annual operating budgets to student wellness, despite growing financial instability across the sector.

The post secondary sector has the potential to be a great partner to the health sector. Systemic reforms, collaborative partnerships, and strategic investments are needed in order to ensure post secondary institutions can simply continue to provide current services; let alone expand

¹ Statistics Canada, Postsecondary enrolments, by credential type, age group, registration status, program type and gender (2023) < <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=3710001501>>

and improve them in the ways that will be needed to serve the students of tomorrow, and work in partnership with broader health system providers. But making these changes now will provide an exponential return on investment down the line, creating greater value for students, the broader health system, and improving overall population health outcomes.

INTRODUCTION

In collaboration with other key stakeholders in the post secondary sector, the Ontario University and College Health Association (OUCHA) engaged Santis Health to support with the development of a Post Secondary Education Primary Health Care Strategy for Ontario, which will seek to strengthen effective student-centered, integrated, team-based primary health care services, with post secondary campuses connected to their local communities, in order to alleviate demand on health services in their respective surrounding communities.

This report details the current state of student health and wellbeing needs in Ontario, funding models, post secondary institution health service delivery, and collaborations between primary care providers and post secondary institutions. The proposed recommendations address current barriers to timely and appropriate care, with the aim of informing an ideal future state of primary care service provision on post secondary campuses.

Throughout this document, a foundational principle guiding our analysis and recommendations is equity. Central to our assessment is the commitment to ensuring equitable access to health services for all members of post secondary institutions' communities. Grounded in the perspective of the social determinants of health, our approach emphasizes the interconnected factors influencing wellbeing and fosters a holistic understanding of health service delivery. It also aims to recognize the significant variance in demographics, geography, size, and current service capacity and structures that exists across Ontario's post secondary institutions.

Informing our Current State Assessment and Recommendations

Engagements

To inform the current state assessment and recommendations, Santis engaged a diversity of institutions across Ontario – encompassing both colleges and universities, smaller and larger institutions, rural and urban campuses, and campuses located in all geographical areas of the province. Santis conducted semi-structured interviews and focus groups with the following stakeholders about the current state of campus health service delivery strategy, opportunities for post secondary institution collaboration or leadership in the health care sector, and what an ideal future state could look like:

Post Secondary Stakeholders	<ul style="list-style-type: none"> ● Ministry of Colleges and Universities ● Administrative Leaders, Health and Wellbeing Services (Universities) ● Administrative Leaders, Health and Wellbeing Services (Colleges) ● Ontario University and College Health Association (OUCHA) ● Heads of Student Affairs (HOSA) ● Ontario Committee on Student Affairs (OCSA) ● Colleges Ontario ● Council of Ontario Universities
Student Stakeholders	<ul style="list-style-type: none"> ● International students ● Domestic students ● Ontario Undergraduate Student Alliance ● College Student Alliance
Health care professionals	<ul style="list-style-type: none"> ● Frontline staff
Health System	<ul style="list-style-type: none"> ● Primary care experts ● Ontario Medical Association ● Canadian Association of Community Health Centres
Local Health System ‘Deep-Dives’	<ul style="list-style-type: none"> ● Tri City ● Thunder Bay

**Institutions - administrative and frontline staff; community and acute organizations and providers; public health; primary care providers.*

- Ottawa
- Kingston

Document and information request

Santis requested documentation around the delivery of primary care services from universities and colleges across Ontario. In total, 14 institutions sent in materials – ranging from health service pamphlets to employee job descriptions.

Data request

Santis sent institutions fillable data forms requesting administrative, demographic, and health service usage information. For their respective campus health clinics, mental health services, and health promotion services, institutions were asked to submit data on funding, services offered, staffing models, and current partnerships with other organizations.

Twenty-one responses were received, to varying degrees of completion:

Universities

Toronto Metropolitan University
Wilfred Laurier University
University of Guelph
Queens University
University of Toronto (*each campus provided separate returns*)
University of Waterloo
Western University
McMaster University
Carleton University
Brock University
University of Ottawa

Colleges

Canadore College
Mohawk College
Sheridan College
Saint Lawrence College
Algonquin College
Cambrian College
Humber College
Loyalist College
Seneca College

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Lakehead University

STUDENT HEALTH AND WELLBEING NEEDS

Institutions across the province are reporting a high rise in the volumes of students requiring care.

Across the province, institutions are seeing an overall increase in the volume of students with health and wellbeing concerns that require some form of primary care. Mental health and illness are typically the most common concern seen by campus health clinics, with Diagnostic Code #300 (Neuroses and Personality Disorders: Anxiety neurosis, hysteria, neurasthenia, obsessive compulsive neurosis, reactive depression) most common amongst the institutions who provided data.² Prior to the pandemic, the number of students at colleges and universities with identified mental health disorders had more than doubled³ between 2012 and 2017. The COVID-19 pandemic has had further substantial and long-term impacts on the mental wellbeing of transitional aged youths in particular.

Common Diagnostic Codes at Campus Health Centres:

Neuroses and Personality Disorders: Anxiety neurosis, hysteria, neurasthenia, obsessive compulsive neurosis, reactive depression (#300)

Immunization: Immunization-all types (#896)

Venereal Diseases: Other venereal diseases, e.g., herpes genitalis (#99)

Neuroses and Personality Disorders: Hyperkinetic syndrome of childhood* (#314)

Neuroses and Personality Disorders: Depressive or other nonpsychotic disorders, not elsewhere classified (#311)

Family Planning: Family planning, contraceptive advice, advice on sterilization or abortion (#895)

The most comprehensive survey concerning the health of Canada's post secondary students is the American College Health Association's *National College Health Assessment: Canadian Reference Group* (Spring 2022), which engaged 16 Canadian postsecondary institutions and received 11,322 completed surveys from students.⁴ Responses highlighted that most students

² Santis Health, Data request submission form (2023)

³ Ontario's Universities, *In It Together 2020: Foundations for Promoting Mental Wellness in Campus Communities* (2020) <<https://cou.ca/wp-content/uploads/2017/11/In-It-Together-PSE-Mental-Health-Action-Plan.pdf>>

⁴ American College Health Association, *National College Health Assessment: Canadian Reference Group* (2022) <https://www.acha.org/documents/ncha/NCHA-III_SPRING_2022_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf>

(78.8%) had felt nervous, to some extent, during the previous 30 days ('some of the time', 'most of the time', and 'all of the time') prior to completing the survey and 32% percent had been diagnosed by a health care or mental health professional for anxiety, while 24.6% had been diagnosed for depression.

Students are actively seeking care for most on-going health and wellbeing concerns. Nearly half of those surveyed had received psychological or mental health services and, with some exceptions (including allergies and asthma), students with a diagnosed condition had an appointment and/or discussion with a health care or mental health professional within the last year. This was especially high for mental health conditions, with the exception of eating disorders. Most students had accessed both medicine and therapy to manage their mental health condition(s) within the last year.

Increased health and wellbeing concerns requiring access to primary care in the first instance (as well as referrals to more specialist supports) is being felt on-the-ground by institutions across the province. Many post secondary stakeholders described how demand is "far outweighing" the capacity of institutions to deliver care. In relation to mental health, post secondary stakeholders engaged spoke of the "perfect storm" of decreased stigma, the lingering impact of the COVID-19 pandemic, and the increased complexity of student needs.

Student demand for mental health care on campuses cannot be expected to decrease in the near future, with a rising number of children and adolescents (<18) – future post secondary cohorts – reporting poor mental wellbeing. Forty-seven percent of students in grades 7-12, for example, indicate moderate-to-serious psychological distress, 38% self-reported fair/poor mental health, and 20% had reported harming themselves in the last year, as per the most recent version of the *Ontario Student Drug Use and Health Survey* (2021).⁵

Immunizations: Major demand and opportunity at post secondary institutions

Post-secondary institutions are already major providers of immunizations, with the opportunity to do even more with increased resources. Post secondary institutions are well-positioned in a number of key roles:

⁵ CAMH, *The Well-Being of Ontario Students Findings from the 2021 Ontario Student Drug Use and Health Survey* (2021)
<<https://www.camh.ca/-/media/files/pdf---osduhs/2021-osduhs-report-pdf.pdf>>

- 1) **Supporting immunization catch-ups:** Many post secondary institutions make vaccine education and delivery a key priority, especially given increased risk of transmission of certain diseases between students living on-campus. HPV, hepatitis, meningitis, and other vaccines are regularly promoted and provided to students to keep them safe and healthy. Post secondary institutions also regularly support students looking to catch up on vaccine schedules and provide booster shots such as the Tdap and Td vaccines. With students coming from all around the world, providing education and support in catching up on vaccines is an incredibly valuable public health contribution provided by post secondary institutions.
- 2) **Advancing public health immunization efforts:** Beyond the “regularly scheduled” vaccinations, post secondary institutions can be invaluable partners to public health units in improving rates of uptake for seasonal/population-wide vaccinations such as those for the flu or COVID-19, both by promoting vaccinations and making them convenient for students and supporting broader community rollout. As an example, during the COVID-19 pandemic, both Queen’s University and St. Lawrence College were invaluable partners to Kingston, Frontenac and Lennox and Addington (KFL&A) Public Health in their vaccine rollouts, putting them at the top of the province in terms of coverage. Post secondary institutions are also important advocacy partners regarding the coverage of vaccinations in outbreak scenarios, by providing data and amplifying need across both public and private market channels.
- 3) **Educating tomorrow’s health care providers:**
 - a) **Delivering required vaccines in training:** Students training as nurses, doctors, personal support workers, and all other frontline care providers are required to have certain immunizations to work, starting as early as their in-school placements and practicums. This represents a significant amount of work to ensure all students get the immunizations they need to become critically needed providers. International students have additional considerations to navigate prior to getting medical sign-off for Communicable Disease Surveillance that involves primary care.
 - b) **Leveraging students to provide vaccines:** With appropriate supervision, students such as those in medical and pharmacy programs can provide much-needed capacity to deliver immunizations. This mutually beneficial opportunity creates

value both for the broader health system and the experiential learning of students themselves.

In addition to rising volumes, student health and wellbeing needs are increasing in their complexity and acuity.

Institutions reflected that the time needed to “support one student” is growing, which they are struggling to respond to with current resources, funding, and structures. A possible contribution to this growth is that some providers reported they are seeing students entering postsecondary education today with a deficit of foundational life skills, such as financial management, problem solving, and communication, in comparison with previous generations.

In the context of mental health and illness, post secondary institutions are reporting increased severity of presentations for mental illness, mirroring the trend observed within Ontario’s broader health system.⁶ The *American College Health Association’s National College Health Assessment: Canadian Reference Group*, reported 33.4% of students experienced ‘serious psychological distress’, as per the Kessler Psychological Distress Scale.⁷

During the engagements, institutional stakeholders noted that more complex mental health conditions (e.g. trauma-related conditions, personality disorders, severe mood disorders) require more intensive psychotherapy than what health centres can currently offer. Similar to increased demand, this trend cannot be expected to decline at post secondary institutions in the near future, with children and adolescents experiencing increased severity of mental ill-health. The hospitalization rate for mental health and addictions care in Ontario, for example, increased by 115% for 10-13 year-olds and 136% for 14-17 year-olds between 2009 and 2017.⁸

The addictions crisis facing the province is also severely impacting the young adult (18-24) population. Within the 37% increase in deaths due to accidental alcohol and drug toxicities

⁶ Ontario Health, *Mental Health and Addictions System Performance in Ontario: 2021 Scorecard* (2021)
<<https://www.ontariohealth.ca/sites/ontariohealth/files/2021-02/Summary.pdf>>

⁷ The Kessler Psychological Distress Scale is a self-report 10-question measure of distress. It assesses anxiety and depressive symptoms over the past four weeks.

⁸ Ontario Health, *Mental Health and Addictions System Performance in Ontario: 2021 Scorecard* (2021)
<<https://www.ontariohealth.ca/sites/ontariohealth/files/2021-02/Summary.pdf>>

between 2020 and 2021 in Canada, a disproportionate number was found among younger populations. The number of opioid toxicity deaths among adolescents and young adults, for example, increased by 47% between March 2019-March 2020 (115 deaths) and March 2020-March 2021 (169 deaths).⁹ Institutions are responding to the crisis through direct care, links to specialist services in the community, through health promotion and prevention programming¹⁰, and through partnerships around naloxone training.ⁱ

During the stakeholder engagements, institutions described seeing increased demand for other health and wellbeing services and supports that require specialist services beyond the scope of many institutions, such as ADHD assessments,¹¹ gender-affirming care, and pre-natal care. For many institutions, particularly those with smaller campuses located in more rural locations, their health services were not designed or structured to respond to more acute and complex health needs. As such, many institutions are partnering with more specialist providers in the community.

Post secondary stakeholders also described the impact of Ontario's primary care crisis on the health needs of the students coming through their doors. The number of people in Canada who do not have a family doctor or primary care clinician has increased, with more than 360,000 children (<18) across Ontario without a family doctor (the equivalent of 1 in every 10 Ontario children).¹² As such, institutions are reporting an increasing number of students arriving at their campuses unattached to a family doctor or primary care clinician and presenting with unaddressed and more complex health needs.

Ontario's post secondary institutions are caring for an increasingly diverse student population.

⁹ Ontario Drug Policy Research Network, Public Health Ontario, *Opioid Toxicity and Access to Treatment among Adolescents and Young Adults in Ontario* (2023) <https://www.publichealthontario.ca/-/media/Documents/O/2023/opioid-toxicity-access-treatment-adolescents-ontario-report.pdf?rev=b19281e674034a63881aa5b005e3046e&sc_lang=en>

¹⁰ Excalibur, *The opioid crisis in Canada university students* (2021) <<https://www.excal.on.ca/news/2021/11/04/the-opioid-crisis-in-canadian-university-students/>>

¹¹ MacLean's, *Why an ADHD diagnosis is often out of reach for Canadian university students* (2021) <<https://macleans.ca/society/health/why-an-adhd-diagnosis-is-often-out-of-reach-for-canadian-university-students/>>

¹² Ontario Family Physicians, *Background: INSPIRE-PHC Research Findings for Ontario* (2023) <<https://ontariofamilyphysicians.ca/wp-content/uploads/2023/09/backgrounder-research-findings-april-2023.pdf>>

The growing diversity of the student population is also influencing the type of needs that colleges and universities are responding to, particularly the growing international student population. More than 38% of Canada’s international student population are studying in Ontario. In Fall 2020, an estimated 30% of all students enrolled in Ontario’s colleges were international students.¹³ The rise in international students has been rapid at colleges, with 2017-18 being the first year that international student tuition revenue exceeded domestic student revenue at Ontario’s colleges.¹⁴ International student enrolment is rising at a similar speed at universities: from 2016-17 to 2020-21, the international student enrollment rate rose by at a rate of 49%, while domestic students increased by only 6%.

At some colleges, the percentage is as high as nearly 80% of the overall student population. Colleges with a high number of international students articulated that these demographics are directly impacting demand for care, reporting high demand on-the-ground for issues such as prenatal care, care for infections and parasitic diseases, care for diseases of the skin and subcutaneous tissues, and care for diseases of blood and blood-forming organs. At one institution with international students representing nearly 80% of their whole student population, the most common diagnoses between 2022 and 2023 were infections and parasitic diseases; mental health conditions; diseases of the skin and subcutaneous tissue; and endocrine, nutritional, and metabolic diseases – a list that significantly differs to the common diagnostic codes across all campuses and universities (see ‘Common Diagnostic Codes at Campus Health Centres’).

Another critical demographic is the Indigenous student population. Indigenous Peoples face significant health inequities when compared to the non-Indigenous population as a result of social, economic, and political disadvantages rooted in colonialism that persist today.¹⁵ As post secondary institutions commit to action toward reconciliation, providing Indigenous students access to culturally appropriate care is an integral step in this journey. Best practice models of care focus on Indigenous-led and community-centred holistic approaches to wellbeing that are rooted in traditional knowledge and healing practices. Improving access to this care requires trust-building and collaboration with Indigenous communities, education and training of care

¹³ Office of the Auditor General of Ontario, *Value-for-money Audit: Public Colleges Oversight* (2021)
<https://www.auditor.on.ca/en/content/annualreports/arreports/en21/AR_PublicColleges_en21.pdf>

¹⁴ Office of the Auditor General of Ontario, *Value for Money Audit: Financial Management in Ontario Universities* (2022)
<https://www.auditor.on.ca/en/content/annualreports/arreports/en22/AR_FinancialMgmtUniversities_en22.pdf>

¹⁵ <https://www.liebertpub.com/doi/full/10.1089/heq.2019.0041>

providers, and more – all of which require dedicated resources and sustained commitments. Some institutions have made significant progress in these areas by making it a clear priority. However, the integrated and cross-cutting commitment needed to maintain and continue improving these services will require continued investments.

Collège Boréal and La Cité, along with Université de l'Ontario français and Université de Hearst, play a vital role in addressing gaps in the limited availability of French-language healthcare services in Ontario. By providing students with access to care on campus, these institutions ensure that students receive services in their language of choice, supporting their well-being while also alleviating pressure on the broader community—though often at a financial cost to the institutions themselves.

Student health and wellbeing is increasingly impacted by the social determinants of health.

Record inflation rates are negatively impacting students across the province, both financially¹⁶ and through the known¹⁷ health and wellbeing impacts of increased costs of living. Across our engagements, post

“The social determinants of health are significant in a way they wouldn’t have been 15 years ago.”

secondary stakeholders described the steep rise in food and housing insecurity within the student population that they are seeing on-the-ground – with international students more severely impacted – and the increase in institutions providing supports like food banks and grocery cards.¹⁸ Growing socio-economic challenges are negatively impacting the physical and mental health of the students themselves. Inflated costs of groceries and increased rent are forcing some students to go without food and develop anxieties over rising costs, resulting in poorer mental wellbeing.

¹⁶ CTV News, *Surviving just by the skin of my teeth': Students face high inflation for first time* (2022)

<<https://www.ctvnews.ca/business/surviving-just-by-the-skin-of-my-teeth-students-face-high-inflation-for-first-time-1.5994609>>; The Globe and Mail, *More post secondary students rely on parents, stay home to finish school, RBC poll shows* (2023)
<<https://www.theglobeandmail.com/investing/personal-finance/young-money/article-inflation-driving-more-canadian-postsecondary-students-to-stay-home-as/>>

¹⁷ The Globe and Mail, *Inflation, high interest rates affecting Canadians' mental health, report finds* (2023)

<<https://www.theglobeandmail.com/canada/article-financial-struggles-canadians-mental-health/>>

¹⁸ CBC News, *With grocery costs so high, student food banks expect busy year* (2023)

<<https://www.cbc.ca/news/canada/london/with-grocery-costs-so-high-student-food-banks-expect-busy-year-1.6954994>>

Services designed and delivered by post secondary institutions are often better tailored to the unique needs of students compared to services designed and delivered in the local community.

As noted, transitional aged youth are a unique developmental life stage group that make up the majority of student populations in Ontario's universities and colleges. For most students falling within this age group, attending university or college represents their first time moving away from home and navigating the health system on their own. For some, they may be seeking health care for needs that they previously did not feel comfortable engaging their 'home' family doctor on due to confidentiality concerns (e.g., mental health, sexual health, and gender affirming care). For others with on-going health concerns, the transition to post secondary education can also represent a difficult transition between paediatric and adult services.

At our engagements, we heard from both post secondary and health system stakeholders that local health systems typically do not have a lot of designated supports and services in the community for this developmental cohort. For mental health and addictions care in particular, community organizations are commonly transparent about not having a student lens for the programs and services that they offer. As a result, institutions are feeling the burden of being the "receiver" of all these needs, despite not having the resources to address them.

We heard from institutions, health system experts, and students alike that when services and programs are designed to serve student needs, there is generally greater satisfaction with the care received and more

"We know what works for student life and it would be great if we [post secondary institutions] could share that."

positive health outcomes. However, to deliver and maximize on this opportunity, institutions need adequate resources for their student-centric programs and services and a seat at the table in discussions related to health care program development and coordination within the larger system.

Student Health and Wellbeing Needs: Summary of Key Takeaways

- Student health and wellbeing needs – which are unique in nature, particularly for students who fall under ‘transitional aged youths’ – are rising in acuity and volume for institutions. Mental health is the most common presentation and represents a key priority, as well as challenge, for institutions.
- Institutions are also delivering care to an increasingly diverse student population, requiring them to widen the scope of their services.
- Demand for care – as well as the nature of care required – is creating significant challenges for institutions across the province, given current capacities and capabilities. This demand cannot be expected to decrease in the near future – especially for mental health and wellbeing supports, given data around the current crisis in child and adolescent mental health and wellbeing.
- With the rising need for specialist care, institutions can leverage partnerships with providers and organizations in the community to care for students.
- Institutions are often better-equipped and more suited to provide care to students, given that there is a ‘gap’ within the health system for tailored supports to those aged 16-25. However, institutions need adequate resources to maximize on this opportunity.

ACCESS TO TIMELY, CONVENIENT, AND APPROPRIATE CARE

Many students are facing difficulties in navigating and accessing care in a timely manner.

Like users across Ontario's health system, many students face barriers to timely and accessible care. However, the student population can be more acutely and uniquely impacted by key system-wide challenges around navigation, wait-times, and accessible services.

As noted, the transitional aged population representing the majority of students across the province are commonly navigating the health system independently for the first time. For domestic and in-province students, this may look like trying to access care outside of their family physician without parental guidance. For international students, this often means navigating an entirely foreign health system with no previous interactions with it. Both health system and post secondary stakeholders described some of the challenges that emerge around supporting students to navigate local health systems. Students are frequently using services that are 'inappropriate' for their presenting concerns, such as the ER, due to a lack of understanding of the services available to and suitable for them.

Integrated navigation supports can be successful but are rare without stable funding.

Further, post secondary institutions described how navigation supports vary across campuses and are typically dependent on funding, despite the positive impact that

"[You] cannot understate the value of navigation."

they can have. The need for navigation supports can also depend on the size and location of the campus – for example, navigating a limited number of services and providers within a smaller campus and a more integrated local health system can be easier than navigating services in a larger, city-based campus.

Through the engagements, we heard examples of navigation initiatives and programs that have been highly successful in supporting students. In Toronto, University of Toronto students who access the ER of a partnering local hospital with high acuity are able to get referred, with their consent, to a navigator. Navigators have a 24-hour mandate to respond to referrals and, when the student is discharged, navigators can provide both health-related and academic supports.

Other institutions offer various system navigation supports (for vulnerable or students with complex care needs, in particular), delivered by multi-disciplinary teams and allied health professionals. Further, students engaged suggested that a clear and accessible ‘first point of contact’ on campuses would be useful for both navigation and effective triaging.

Students require shorter wait times for specialty care due to post secondary system requirements.

In addition to local health systems being hard to navigate, timely care can also be delayed through long wait-times for both on-campus and community services. While wait-times are a system-wide challenge, their impact on students creates more unique challenges. Post secondary system stakeholders, as well as students themselves, noted that long wait-times for services are not ideal, or realistic, for a population with a “short window of opportunity” to be provided care during term-time.

“If they have complicated or challenging health situations, community resources might not be realistic, because the student is gone after April.”

There is also the problem of movement between the student’s home community and campus that impacts where students should be referred and when they can actually be seen depending on the length of wait-time. For example, students will be placed on a wait-list for services, only to be removed when they move back to their home community for the summer. In addition, students may receive an appointment at home while at school, or vice versa, and are unable to travel mid-term/after graduation to attend the appointment, as virtual participation may not be appropriate for the service.

Wait-times for external services in the community – which are often required for specialty care – were noted as being typically way longer than the “short window of opportunity” that students have.

Long wait-times can negatively impact both health and academic outcomes, as students can sometimes spend the majority of an academic term or year “languishing” on wait-lists for care. Where a referral to specialist provider in the community has been made, stakeholders described limited supports for students on these wait-lists – creating a “limbo” state while they await care. For students with disabilities or other health concerns needing academic

accommodations that require proof of diagnosis, we heard from the Ontario Undergraduate Student Alliance (OUSA) that wait-lists can further impact academic performance and outcomes. As outlined in 'Student Health and Wellbeing Needs', the concerns of students – particularly around mental health – are becoming more acute and complex, necessitating more specialist care and services in the community that campuses are unequipped to provide. With community wait-times noted as being significantly higher, in many instances, than campus supports, this will further exacerbate wait-list challenges for students requiring care.

As a result, many students do not feel that their expectations for care are being met.

Across engagements, we heard from post secondary system stakeholders, health system stakeholders, and students alike that there is frequently a “disconnect” between student expectations for the care they receive and the current realities around provider capacities and scope of practice. Students have high expectations of the level of care that they should receive and often expect their post secondary institution to hold ‘duty of care’ for their health and wellbeing (as discussed in 'Potential to Bridge the Gap between the Post Secondary Sector and Community Providers'). With the added consideration of paying insurance costs and related fees, international students in particular have elevated expectations of the standards of care that they should receive. Some of the students engaged reflected that they “would not seek care” altogether if they had a non-emergency health issue due to prior poor experiences.

Stakeholders engaged raised some of the key ‘pain-points’ around where expectations are not being met:

- **Wait-times:** As outlined above, wait-times – both on campus and in the community – are high for students. It should be noted, however, that students recognized, and appreciated, that wait-times for on-campus services are typically significantly shorter than in the community; however, current wait-times are still not ideal – particularly for those with urgent health needs that pose a risk to academic performance.
- **Limited relationship-based and person-centred primary care:** As outlined in greater depth in 'Provincial Primary Care Model Barriers', the current fee-for-service model creates various challenges for institutions. Critically, it is also impacting the care that students receive. Single-issue, 10–15-minute appointments can be challenging for students (especially given that co-morbidities and increased complexities are on the rise). Students do not appreciate having to go ‘back’ to their campus health clinic in order to discuss a separate – or, in some cases, related – issue. Students are also eager to

receive more holistic care given the range of challenges they are facing, which can be difficult under single-issue, time-limited appointments.

- **Hours of service:** Some students expressed the need for greater flexibility around the availability of appointments (evening and weekend options), where virtual care is unavailable or inappropriate for the health concerns. However, post secondary institutions reiterated that under current capacity and resourcing levels, expanding hours of service can be extremely challenging. It should also be noted that some students appreciated instances where their institution is able to offer greater flexibility around appointment times, compared to the more rigid and limited offerings in their communities.

The post secondary sector is seeking collaboration with the broader health system on parameters for the level of care that students can expect to receive from their institutions.

Across the post secondary sector, collective agreement on the parameters for primary care is limited – creating a further lack of clarity for students around the level of care that they can expect to receive. The Mental Health Commission of Canada has developed the *National Standard of Canada for Mental-Health and Well-Being for Post secondary Students*,¹⁹ which are voluntary and flexible to the post secondary institution’s situation, resources, and community context.

The Government of Ontario’s *Strengthening Accountability and Student Supports Act, 2024* requires colleges and universities to have “mental health policies in place that should include **“clear and transparent information about programs and supports available to students.”**²⁰ However, as noted by the Ministry of Colleges and Universities, post secondary institutions would possibly incur “increased administrative costs as a result of this legislative amendment”.²¹

Finally, in our engagements with students and representative organizations, we heard a perception that, in many cases, campus health services are not actively engaging students on their perspectives, experiences, and needs. Students underscored that the delivery of services

¹⁹ Mental Health Commission of Canada, *National Standard for Mental Health and Well-being for Post Secondary Students* (n.d.) <<https://mentalhealthcommission.ca/what-we-do/children-and-youth/studentstandard/>>

²⁰ Government of Ontario, *2024 Ontario Budget: Building a Better Ontario* (2024) <<https://budget.ontario.ca/2024/contents.html>>

²¹ Ontario's Regulatory Registry, *Strengthening Accountability and Student Supports Act, 2024* <<https://www.ontariocanada.com/registry/view.do?postingId=46715&language=en>>

has to involve fulsome engagement with the student bodies, similar to how many health care organizations and providers have mechanisms to engage patients/client and/or families through advisory councils and committees.

There are gaps around providing culturally safe and appropriate care for students, which community partnerships may be well-suited to fill.

“Culturally safe health care shows respect for culture and identity. It incorporates a person’s needs and rights, and is free of discrimination. Equitable care is about meeting every individual’s health needs, no matter their age, gender, ethnicity, sexuality, ability or other factors. Both concepts recognize that racism, discrimination and bias create power imbalances that prevent certain people and groups from getting the care they want and deserve.” Healthcare Excellence Canada.

Stakeholders underscored that culturally safe and appropriate care is central to the positive health and wellbeing of some student sub-populations, particularly international students, Indigenous students, and other equity-deserving groups. However, students may struggle to access care that is responsive to, and appropriate for, their needs.²² In particular, we heard that the “relationship-based care” which is critical for culturally safe and appropriate care can be challenging to deliver within the current fee-for-service model (as explored in greater detail in 'Provincial Primary Care Model Barriers'). Students, as well as health system experts engaged, also noted the current “mismatch” – across the health system – between those *delivering* and those *receiving* care, and the need to ensure greater diversity within the health and clinical workforce serving students.

Where post secondary institutions are unable to provide specialized and tailored care for specific populations within the student body, health system stakeholders encouraged institutions to actively seek partnerships with external providers who specialize in delivering

²²Ontario Undergraduate Student Alliance, *Addressing Racism & Religious Discrimination* (2021) <https://assets.nationbuilder.com/ousa/pages/2076/attachments/original/1619726684/Addressing_Racism_Religious_Discrimination_2021_document.pdf?1619726684>; Ontario Undergraduate Student Alliance, *Policy Paper: Two-Spirit and LGBTQIA+ Inclusion* (2023) <https://assets.nationbuilder.com/ousa/pages/2244/attachments/original/1689181037/2slgbtqia_paper_document.pdf?1689181037>; Ontario Undergraduate Student Alliance, *Policy Paper: Indigenous Students* (2021)

<https://assets.nationbuilder.com/ousa/pages/83/attachments/original/1643119578/Indigenous_Students_2021_document.pdf?1643119578

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care for specific populations. While we heard, through both the data request and stakeholders, that post secondary institutions are frequently partnering with external providers to deliver campus health services, counselling supports, and health promotion programs, there was limited information on how, or if, post secondary institutions are currently partnering with providers in the community who specialize and have expertise in providing care to specific demographic groups.

Further, understanding who is, and who is not, accessing the range of programs and services delivered by institutions will be a critical first step in evaluating programs and services from a health-equity lens. However, at present, the collection of socio-demographic data related to service usage by institutions is extremely limited, and -- without sufficient resources -- could pose additional administrative and financial burdens on institutions.

Health insurance can create extensive and costly barriers to care for many international students.

Health insurance can be another major barrier for post secondary students seeking essential primary care, with international students attending colleges often being severely limited in the care they can access through insurance.

“Health insurance is a huge gap and looks different between colleges and universities.”

‘In-Province’ or local students are covered by the Ontario Health Insurance Plan (OHIP), while Out-of-Province students are covered by their province or territory’s health insurance plan during the duration of their time in Ontario. OHIP coverage for international students, as well as post-doctoral fellows, was removed in 1994 and, since then, the majority of public universities in Ontario provide health insurance through the University Health Insurance Plan (UHIP). UHIP is regulated by the Council of Ontario Universities and is mandatory for students and their dependent family members.²³ Overall, UHIP provides “comparable” coverage to OHIP for international university students. When asked about their satisfaction with health insurance policies under UHIP, the Ontario Undergraduate Student Alliance’s 2020 Ontario Undergraduate Student Survey found that 44% of students were “satisfied or very satisfied”, 14% were neither “satisfied nor dissatisfied”, 8% were “dissatisfied or very dissatisfied”, and

²³ UHIP, *Get started* (n.d.) <<https://uhip.ca/get-started/>>

33% responded that they had never used their UHIP insurance.²⁴ However, some concerns have been raised around its cost and limitations – including upfront, out-of-pocket expenses – and we heard from international students that they do not always feel like UHIP is value for money given some of the system-wide health care pressures in the province.²⁵

There is no college equivalent to UHIP. For international college students, insurance is significantly more varied and challenging. Colleges use various for-profit insurance providers – like *Guard.me*, *Morcare*, *WeSpeakStudents* and *Securian's College International Health Insurance Plan* (CIHIP) – which vary in terms of coverage and plans available for students to purchase. While some insurance plans are limited to “unforeseen events” (i.e., a more emergency or travel-type insurance), others offer more comprehensive care that falls under ‘routine’ primary health care. This creates varying coverage for pre-existing conditions across insurance plans, with some colleges encouraging international students to secure or make arrangements for obtaining repeat prescriptions prior to arriving in Canada. At a number of engagements with stakeholders, it was noted that insurance policies around pre-existing conditions can mean that prenatal care – which institutions report as an increasing concern for campus health clinics – is not covered by insurance plans.

Additionally, when students *are* covered under their insurance plans, insurance may not always be accepted for direct billing by providers in the community – creating high out-of-pocket costs that are unrealistic for students, especially in the midst of a cost-of-living crisis. This is particularly true for mental health conditions where coverage is frequently less than that for other health conditions, creating situations where students do not receive adequate or appropriate care when a mental health crisis occurs, leaving community supports with uncovered expenses and/or the student with high health care bills.

Where local health systems are unable to provide care, institutions are increasingly shouldering the responsibility of supporting students after graduation.

²⁴ Ontario Undergraduate Student Alliance, *Quality - Results from the 2020 Ontario Undergraduate Student Survey* (2022)

<https://www.ousa.ca/reports_ouss_2020_quality>

²⁵ Cfsfcée, *Students call for “Healthcare without Borders” for international students* (2022) <<https://www.cfs-fcee.ca/blog/students-call-for-healthcare-without-borders-for-international-students>>; The Dialog, *Health for All But International Students?* (2023)

<<https://dialognews.ca/2023/04/10/health-for-all-but-international-students/>>

Post secondary institutions across the province described the current challenges around ensuring continuity of care for students who are due to graduate and require on-going health care (such as those with disabilities and/or other complex needs). Students who are approaching graduation and are due to become ineligible for the services and supports they were receiving on-campus experience multiple barriers when having to “re-access” primary care in the community, such as extremely high wait-times to receive care previously delivered on-campus and difficulties around finding a family doctor.

As a result, for students with higher needs requiring on-going and continued care, colleges and universities are often being forced to “fill in” these gaps by supporting students after graduation. Institutions have varying policies regarding providing care and services to students after they graduate, depending on resources and capacity. While some are able to offer ‘transition’ supports and services for a period of time post-graduation (up to six months in some cases), others are unable to continue care after graduation except where it is recommended by a clinician in complex cases.

Access to Timely, Convenient, and Appropriate Care: Summary of Key Takeaways

- There is room for improvement in ensuring students are able to navigate and access the right care for them, at the right time, and in the right place.
- Although a system-wide challenge, wait-times can be particularly problematic for students. We heard that institutions typically have shorter wait-times than in the community but, with care needs rising, students are frequently having to access external supports with longer wait-times and experience challenges relating to the transitory nature of this population that moves between their home community and campus.
- At times, a “disconnect” exists between student expectations for the care they receive and the current realities for institutions delivering the care.
- The application of collective parameters for the level of care that students can expect to receive is limited across the post secondary sector, which further exacerbates the disconnect with student expectations and creates variation in levels of care.
- Students are calling on institutions to more closely engage them around the health and wellbeing services delivered on campus.

- Culturally safe and appropriate care for students can be limited at institutions, who are urged to look ‘externally’ to providers and organizations who specialize in delivering care for specific populations.
- Health insurance for international college students can be a major barrier to care.
- Institutions are increasingly shouldering the responsibility of supporting students after graduation, where the local health system is unable to.
- Approaches, as well as recommendations, to ‘tackling’ the critical challenges facing the delivery of primary care at institutions has to be adaptable to local contexts.

THE POST SECONDARY SECTOR'S SERVICE DELIVERY AND VALUE

Post secondary institutions add essential care capacity and value to the system.

The care provided by post secondary institutions, and the way it is organized, can vary significantly across institutions. However, there are three main services provided at the majority of institutions:

- 1) **Campus Health Clinics:** Provide students with access to standard primary care services to diagnose and manage health issues, provide referrals and prescriptions, and deliver preventative care and immunizations, among other functions.
- 2) **Mental Health Services and Supports:** Provide mental health services and supports to students and aim to connect students with other resources or services available to them.
- 3) **Health Promotion Services:** Provide education and information to students on key health topics and promote and help connect students to health and wellness services.

As outlined above, the number of students seeking support has been rising, and their needs are increasingly complex and diverse, and continuously evolving. Through these functions, post secondary institutions have been making a concerted effort to keep up with these needs to support students to succeed in their academic pursuits and beyond.

Post secondary institutions report they are increasingly working to implement virtual care solutions to improve access.²⁶ A majority offer virtual care options for mental health services, and many leverage virtual channels for health promotion. While students continue to report the need for in person care, there is also increasing utilization of virtual care options for campus health clinics.

Post-secondary institutions – through the institution itself as well as their student associations – have also placed increasing emphasis on additional services that focus on addressing social determinants of health, such as food instability, housing, financial/economic stability, and more. This is an integral component of the overall supports provided to students, particularly in

²⁶ Santis Health, Data request submission form (2023)

supporting the most vulnerable students through their academic journeys. This is particularly challenging given the siloed nature of post secondary services in the context of the broader system (discussed in ‘Potential to Bridge the Gap between the Post Secondary Sector and Community Providers’), limitations of the existing care models (detailed in ‘Provincial Primary Care Model Barriers’), and the unstable and insufficient resources available (explored in ‘Insufficient and Inequitable Resources’).

Post secondary institutions are diverting significant volumes from local health systems already facing significant capacity constraints.

The Ontario Medical Association (OMA) recently stated that Ontario’s primary health care system is “beyond crisis levels”, and as many as 1 in 4 Ontarians will soon be without a family doctor by 2026 – doubling from the number today.²⁷ Efforts to recruit new doctors are doing little to mitigate the impact of significant retention issues, with many physicians leaving their practices citing outdated billing models that do not sufficiently compensate them for exponential increases in the volume of paperwork required (which simultaneously reduces their clinical hours).

“The medical system is under strain – if the student health supports and services didn’t exist, it would be a catastrophe.”

“If we didn’t exist, the needs of our students would ‘sink the health care system’.”

Wait-times at walk-in clinics in Ontario more than doubled in 2023 and are projected to get longer as the province’s shortage of family doctors worsens.²⁸ There has also been an explosion in the demand for mental health services. At this time, the system is struggling to keep up, with people experiencing wait-times ranging from weeks to months for counseling services and up to a year or more for psychiatric services.²⁹ Recognizing these realities, it is clear that without

²⁷ Ontario College of Family Physicians, *More than Four Million Ontarians Will be Without a Family Doctor by 2026* (2023) <<https://ontariofamilyphysicians.ca/news/more-than-four-million-ontarians-will-be-without-a-family-doctor-by-2026/>>

²⁸ Toronto Star, *Ontario wait times at walk-in clinics more than doubled in 2023. It’s going to get much worse before it gets better, expert says* (2024)

<https://www.thestar.com/news/canada/ontario-wait-times-at-walk-in-clinics-more-than-doubled-in-2023-its-going-to/article_893b040e-d0d1-11ee-b7e2-4bcdecde8c33.html>

²⁹ The Star, *Ontario wait times at walk-in clinics more than doubled in 2023. It’s going to get much worse before it gets better, expert says* (2024) <https://www.thestar.com/news/canada/ontario-wait-times-at-walk-in-clinics-more-than-doubled-in-2023-its-going-to/article_893b040e-d0d1-11ee-b7e2-4bcdecde8c33.html>; CTV News, *Accessible mental health services continue to be out of reach for*

the care provided on campuses across the province, local providers would be overwhelmed with the additional demand from students on their services.

The broader Health Human Resources (HHR) crisis in Ontario requires primary care service delivery to rapidly adapt. Provider shortages, evolving required skillsets, and a tumultuous public sector negotiation landscape will require any realistic future model of primary care to account for the abilities and needs of all health care providers, such as allied health professionals, and ensure that any changes do not exacerbate the current HHR crisis facing the province. In the 2024 budget, the Government of Ontario doubled down on its strategy to expand interprofessional primary care teams – highlighting its on-going, and growing, commitment to further expanding non-physician primary care. Investments announced in the 2023 budget substantially increased during the 2023-24 fiscal year and the 2024 budget has invested a further \$546 million in primary health care over three years to connect 600,000 more Ontarians to team-based primary care³⁰ (in addition to the \$110 million invested in February 2024³¹). Further, \$13.5 million will be invested in funding for new and expanded interprofessional primary care teams in a number of communities in Ontario, including Peterborough, Kingston, Niagara Region, and Sault Ste. Marie and Region.

“An innovative solution that works in the community.”

Lakehead University’s Orillia Campus is located in the City of Orillia with a student population of 1,400. Since its creation in 2006, the Orillia Campus has faced gaps and challenges in delivering “accessible, available” primary care to its student population. Like with other areas across the province, Orillia is experiencing the **impact of Ontario’s primary care crisis**. Twelve thousand patients in the community (around one-third of the population) are at risk of being without a primary-care physician through physician

Canadian: advocates (2023) <<https://www.ctvnews.ca/health/accessible-mental-health-services-continue-to-be-out-of-reach-for-canadians-advocates-1.6243637>>

³⁰ Government of Ontario, 2024 Ontario Budget: Building a Better Ontario (2024) <<https://budget.ontario.ca/2024/contents.html>>

³¹ Government of Ontario, Connecting Over 300,000 People to Primary Care Teams (2024) <<https://news.ontario.ca/en/release/1004143/ontario-connecting-over-300000-people-to-primary-care-teams>>

retirements³² and shortages. In 2023, at least 2,000 unattached patients remained on wait-lists in Orillia.³³

Building on collaboration, joint infrastructure, and funding received during the COVID-19 pandemic that resulted in the creation of the Couchiching Ontario Health Team's COVID-19 Clinical Assessment Centre – which later evolved into a “Care Clinic” – Lakehead University, the Couchiching OHT, and the Orillia Soldiers' Memorial Hospital entered into a strategic partnership in 2023 to improve access to primary health care for Lakehead students.³⁴

A Nurse Practitioner is now located on the University's campus for one day each week to see students for episodic care or to see those without a primary care provider. Services include physical/medical exams, sexual health, mental health concerns, gender affirming primary care for trans and non-binary students, and immunizations. Through the formalized service agreement, students can also receive care at the Couchiching OHT Care Clinic located at the Orillia Soldiers' Memorial Hospital.

To date, the partnership has had a positive impact on both the students and the local health system. Lakehead University and the Couchiching OHT estimate that the cost of delivering 30 appointments (on average) per month by the Nurse Practitioner is equal to the cost of one international student visiting the emergency room. Further, the Nurse Practitioner is providing essential care to students who might have otherwise not sought care in the first place.

³² OrilliaMatters, *Momentum builds for new nurse practitioner-led clinic in Orillia* (2023) <<https://www.orilliamatters.com/local-news/momentum-builds-for-new-nurse-practitioner-led-clinic-in-orillia-6478254>>

³³ Simcoe.com, *Doctor shortage 'a crisis': Orillia-area physician recruitment and retention committee* (2022) <https://www.simcoe.com/news/doctor-shortage-a-crisis-orillia-area-physician-recruitment-and-retention-committee/article_3da4ba2e-6125-557c-9c09-3d622b31de6b.html>

³⁴ Lakehead University, *Students to benefit from strategic partnership between Lakehead, Couchiching OHT and OSMH* (2023) <<https://www.lakeheadu.ca/about/news-and-events/news/archive/2023/node/107345>>

Post Secondary Institutions have a unique opportunity to foster life-long health literacy.

Post secondary institutions are in a unique position in their delivery of care to the student population. Students are often quite early in the journey of learning how to navigate the health system and were described as a “captive audience” by one stakeholder. Many are taking responsibility for their own care for the first time, after having support from their parents for most of their lives. Post secondary institutions are unique hubs of opportunity to improve health – and health system – literacy. Equipping students with the knowledge and skills to be empowered in their care journeys, and understand how to navigate the health system, not just during their academic career but after they graduate, is an incredibly valuable opportunity for preventative action. It also means that the care experiences of students – positive or negative – likely has a major impact on their perceptions of the health care system in Ontario in the future.

The Post Secondary Sector’s Service Delivery and Value: Summary of Key Takeaways

- The post secondary sector provides high value to the health system, despite being consistently under-resourced.
- Care offered at post secondary institutions is diverting significant volumes from local health systems that are already facing significant capacity constraints.
- Colleges and universities have been working to deliver care more efficiently, and to provide more holistic care for students, but resources are a limiting factor.
- Universities and colleges have the potential to foster life-long health literacy amongst students – creating potential savings for the health system and improving health outcomes in the longer-term.

INSUFFICIENT AND INEQUITABLE RESOURCES

The sector's financial sustainability is at risk, and health and wellness services are especially vulnerable.

A number of provincial decisions on post secondary institution funding over the past number of years have had a major impact on the financial wellbeing of Ontario's schools. Direct provincial funding to support domestic enrolment at colleges and universities was effectively frozen in 2017 as part of that year's Strategic Mandate Agreement (SMA) process, fixing the number of domestic students that could be admitted and the funding per student.³⁵ In 2019, the province also reduced tuition rates paid by students by 10%, and put in place a tuition freeze that is still in effect. Further, in 2020, performance-based funding agreements were implemented that tied college and university operating funding to performance measures such as skills/job outcomes and economic and community impact rather than enrolment.³⁶ This model of funding for post secondary institutions do not consider or recognize the investments and efforts being made to support student wellness.

Two Value-for-Money Audits^{37 38} conducted by the Office of the Auditor General of Ontario from recent years have found that:

- Funding for public colleges' full-time domestic students is lower in Ontario than in any other Canadian province;
- Decisions regarding domestic students tuition and enrollment appears to have contributed to colleges and universities becoming increasingly more financially dependent on international student enrolment and tuition revenue; and

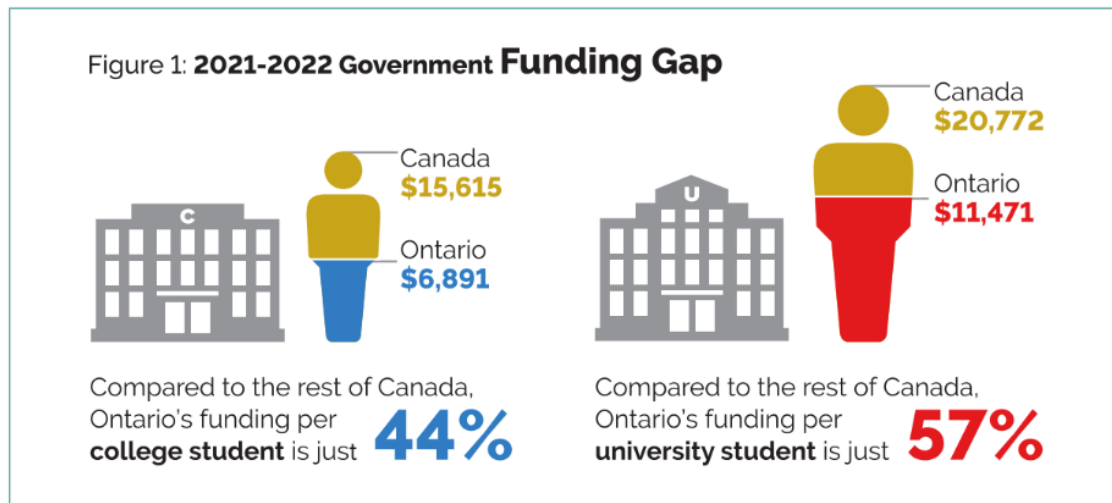
³⁵ Allan Harrison, *Ensuring Financial Sustainability for Ontario's Postsecondary Sector* (2023) <<https://files.ontario.ca/mcu-ensuring-financial-sustainability-for-ontarios-postsecondary-sector-en-2023-11-14.pdf>>

³⁶ Government of Ontario, *College and University Strategic Mandate Agreements, 2020-2025* (2020) <<https://www.ontario.ca/page/college-and-university-strategic-mandate-agreements-2020-2025>>

³⁷ Office of the Auditor General of Ontario, *Value for Money Audit: Financial Management in Ontario Universities* (2022) <https://www.auditor.on.ca/en/content/annualreports/arreports/en22/AR_FinancialMgmtUniversities_en22.pdf>

³⁸ Office of the Auditor General of Ontario, *Value-for-money Audit: Public Colleges Oversight* (2021) <https://www.auditor.on.ca/en/content/annualreports/arreports/en21/AR_PublicColleges_en21.pdf>

- Performance-based metrics in Strategic Mandate Agreements do not incentivize continuous improvement.



From the 2023 Blue Ribbon Panel on Postsecondary Education Financial Sustainability Report: *Ensuring Financial Sustainability for Ontario's Postsecondary Sector*

Significant concerns have also been raised regarding the implications of the recent federal announcement of an immediate cap on international study visas.³⁹

Prompted by the Auditor General reports mentioned above, the Ontario Government established a blue-ribbon panel of experts in March 2023 with the mandate to “provide advice and recommendations for keeping the postsecondary education sector financially stable and focused on providing the best student experience possible.” The blue-ribbon panel report made a striking statement that “the post secondary sector’s financial sustainability is currently at serious risk” and set out a series of recommendations to government to improve the funding framework, financial accountability, and cost efficiency and effectiveness across Canadian institutions.

The report also commented on student wellbeing, highlighting that submissions from students and post secondary institutions alike made it clear that student support services (including financial support, health and wellbeing supports, easier access to information about labour markets, and housing and support for learning) are “as important to student success as

³⁹ The Globe and Mail, *Ottawa announces two-year cap on international student visas* (2024)
<<https://www.theglobeandmail.com/politics/article-international-student-visa-cap-miller-immigration/>>

teaching and assessment”, and that “closer cooperation across the system for these kinds of supports should be encouraged by the province”.

Post secondary representatives and students engaged through this process echoed the essential nature of student health and wellness supports. However, the current funding model for post secondary institutions does not consider or recognize the investments and efforts being made to support student wellness. Recognizing this, as institutions are faced with challenging decisions regarding where to make cuts, concerns have been raised that health and wellness services could be first up for consideration.

OUSA and COU issued a joint statement in January 2024 following the Blue-Ribbon Panel Report calling on the Ontario government to implement the panel report, further highlighting that institutional impact goes beyond education in isolation, and that “as the needs of today’s students continue to grow in complexity, ensuring access to financial assistance, mental health services and vital student supports is critical.”⁴⁰

On February 26, 2024, the province made its first related announcement since the Blue-Ribbon Panel Report was published, introducing “a suite of measures to stabilize the province’s colleges and universities”⁴¹ including nearly \$1.3 billion in new funding over three years (the majority of which as a \$903 million “Postsecondary Education Sustainability Fund” and a number of other provincially-led actions). This did include some targeted mental health support funding (expanded on below) as well as the introduction of the *Strengthening Accountability and Student Supports Act, 2024* with implications for post secondary institutions regarding information-sharing about ancillary fees and other student costs, and policy requirements for mental health and wellness supports and services. In the 2024 budget, the Government of Ontario stated that it would provide \$15 million over three years to implement an Efficiency and Accountability Fund, which will support third-party reviews (which will target structural issues and operational policies) to identify actions that institutions can take to “drive long-term cost savings and positive outcomes for students and communities”.⁴²

⁴⁰ Ontario’s Universities, *Joint statement from OUSA and COU: It’s time for the Ontario government to step up and invest in universities and students* (2024) <https://www.ousa.ca/joint_with_cou_ongv_invest_in_universities_and_students>

⁴¹ Government of Ontario, *Ontario Investing Nearly \$1.3 Billion to Stabilize Colleges and Universities* (2024) <<https://news.ontario.ca/en/release/1004227/ontario-investing-nearly-13-billion-to-stabilize-colleges-and-universities>>

⁴² Government of Ontario, *2024 Ontario Budget: Building a Better Ontario* (2024) <<https://budget.ontario.ca/2024/contents.html>>

There is currently insufficient, inconsistent, and inequitable funding for health and wellbeing services on post secondary campuses.

Currently, post secondary institution health and wellness service funding is a major source of some of the critical limitations and challenges being experienced by institutions, and highlights the inequities of their situation in comparison to those providing similar services in the community.

Funding Sources – Institutional Data Request

	Ministry of Colleges and Universities – One-time Grant Funding	Ministry of Health	Student Ancillary Fees	Institution Operating Budget
Campus Health Clinics	Some institutions (mental health grants – see below)	No institutions reported receiving funding outside of OHIP billing fees	All institutions; varying percentages of clinic operating budget (18-100%)	Most institutions; varying percentages (<1% - 50%)
Mental Health Services	Most institutions	None reported	Most institutions; varying percentages of centre operating budget (2 – 90%)	All institutions; varying percentages (6 – 100%)
Health Promotion	Most institutions	None reported	Most institutions; varying percentages of promotion operating budget (6.6 – 100%)	Most institutions; varying percentages (23 – 100%)

It is helpful to look at each of these funding mechanisms individually to unpack the unique issues.

Ministry of Colleges and Universities Health:

The MCU provides funding to most institutions to some degree for health and wellness services, the main focus of which is mental health, as seen in the announcement overviews. These project/grant-based contributions are usually short-term (1-2 years) and were described in engagements as “temporary fix after temporary fix”. Funding was also described as “not sufficient” to provide the level of mental health care that students require.

In discussing this funding with health program stakeholders at colleges and universities, they highlighted a number of difficulties with this model. Time-limited “project-based” funding requires a significant investment of resources to apply for and execute on work without a guarantee of sustainability over time. This can result in disruptions in care and disincentivize – in the longer-term – more significant improvement efforts, given the lack of a guarantee of resources year over year.

The Ontario government invested \$2.39 million in May 2021 to support eight innovative projects at select colleges, universities and Indigenous Institutes to help improve mental health supports and services for post secondary students.⁴³

In 2023/24, \$32.6 million was invested to support mental health supports through a range of project-based initiatives including the Mental Health Services Grant, the Mental Health Workers Grant, and the Indigenous Institutes Mental Health Grant.⁴⁴

The February 2024 MCU announcement included an additional \$23 million investment to “enhance mental health supports”, including \$8 million for the “Postsecondary Mental Health Action Plan”.⁴⁵

Ministry of Health:

⁴³ Government of Ontario, *Ontario Supports Innovative Mental Health Projects at Postsecondary Institutions* (2021)

<<https://news.ontario.ca/en/release/1000215/ontario-supports-innovative-mental-health-projects-at-postsecondary-institutions>>

⁴⁴ Government of Ontario, *Ontario Investing Nearly \$1.3 Billion to Stabilize Colleges and Universities* (2024)

<<https://news.ontario.ca/en/release/1004227/ontario-investing-nearly-13-billion-to-stabilize-colleges-and-universities>>

⁴⁵ Government of Ontario, *Ontario Investing Nearly \$1.3 Billion to Stabilize Colleges and Universities* (2024)

<<https://news.ontario.ca/en/release/1004227/ontario-investing-nearly-13-billion-to-stabilize-colleges-and-universities>>

In many cases, post secondary clinics are operating similar to those in community – just treating a more specific contingent of the population. However, they experience numerous inequities in what will be covered and what is not.

“If we could allow our nurses to charge OHIP for the services they are providing under physicians, that would be tremendous.”

The only source of funding from the Ministry of Health is direct OHIP fee-for-service billing at health clinics. In discussions with post secondary care providers, a number of issues and inequities in what is and is not covered were highlighted.

- 1) **Allied Health Professionals:** Recent provincial transformation priorities have included an effort to better leverage interprofessional care teams, with broadened scopes of practice for non-physician providers including nurse practitioners, physicians assistants, and pharmacists. Unfortunately, post secondary institution funding models do not allow for billing for services provided by allied health professionals. When institutions choose to employ staff that can bolster capacity such as nurse practitioners, their salaries come out of clinic operating budgets that are funded by postsecondary institution operating budgets, student fees and other sources.

“[These are] little things that eat away at your budget, that in any other health system circumstance would be paid for.”

In addition, nurses employed by the institution are unable to bill services such as immunizations unless the student sees the physician first, leading to possible delays for care. Campus health clinics also have supply related costs for immunizations, dressing changes, and wound care, that are not covered by the Ministry of Health, unlike community health centers or hospitals.

This type of funding model can worsen the ability of post secondary institutions to deliver collaborative, integrated care – despite institutions describing the extensive benefits of allied health professionals and the Government of Ontario’s ongoing financial commitments to expand interprofessional primary health care.

- 2) **Lab Tests:** The coverage of lab tests in Ontario is determined by both the health care provider and the patient (their insurance provider, specifically). In Ontario, OHIP covers “medically necessary laboratory services at a hospital, community, or public health laboratories”.⁴⁶ However, post secondary providers reported that they were at times not able to be reimbursed for basic laboratory testing as part of the required care for patients that would have been covered in a community primary care group or walk-in clinic.
- 3) **Digital Health:** The provincial government has been making a significant push for digital health in the province, particularly since the COVID-19 pandemic accelerated its progress. The province has instituted a cross-sector Digital and Data Strategy (2021)⁴⁷, and the Ministry of Health has set digital and virtual care as a significant priority in its *Plan for Connected and Convenient Care*.⁴⁸ Associated investments and funding opportunities, however, have largely rolled out through Ontario Health Teams. Colleges and universities want to “up their virtual game” but are left without supplemental resource support from either the Ministries of Health or Colleges and Universities, meaning these investments require a trade-off in their overall operating budgets. Further, current remuneration practices fail to adequately incentivize providers to offer services virtually.

Ancillary Student Fees:

With tuition fees frozen in Ontario for another three years,⁴⁹ colleges and universities are in many cases having to look to other avenues to patch together the additional resources required in order to deliver the services their students want and need. This includes through ancillary

⁴⁶ Toronto Star, *Not all lab tests are covered by OHIP. Here's what you need to know* (2022)

<https://www.thestar.com/news/gta/not-all-lab-tests-are-covered-by-ohip-here-s-what-you-need-to-know/article_9b059b76-508e-5974-a5c2-329ace9f19d5.html>

⁴⁷ Government of Ontario, *Building a Digital Ontario* (2021) <<https://www.ontario.ca/page/building-digital-ontario>>

⁴⁸ Government of Ontario, *Your Health: A Plan for Connected and Convenient Care* (2023)
<<https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>>

⁴⁹ Government of Ontario, *Ontario Investing Nearly \$1.3 Billion to Stabilize Colleges and Universities* (2024)
<<https://news.ontario.ca/en/release/1004227/ontario-investing-nearly-13-billion-to-stabilize-colleges-and-universities>>

fees, which are supplemental mandatory student fees beyond tuition that cover additional costs that vary significantly by institution, both in amount and what they are used for.

It is important to put in perspective here that this is a situation not seen anywhere else in the delivery of health services in our public health system in the province. Students are having to pay directly to fund the base operating costs of the services available to them. This was another issue highlighted by OUSA in 2012, who called at that time for government action to reduce the use of ancillary fees to pay for primary care through campus health clinics, and encouraged

work towards “a more equitable, transparent cost-sharing model between the universities, the government and students”.⁵⁰

As economic instability and the affordability crisis continues, it is even more important to find ways to take the burden off students for services that have clearly been integral to their academic success and to providing critical capacity beyond what local health systems could manage.

“In 2021-22, Ontario’s universities spent more than **\$1.4 billion on student services**, according to the Council of Ontario Finance Officers (COFO), which includes counselling, career guidance and placement, student health, athletics and more. Overall, spending on student services **has increased by nearly 22% over the past five years** with **universities spending an average of 13% of their operating fund on student services.**”

⁵⁰ Ontario Undergraduate Student Alliance, *Student Health: Bringing Healthy Change to Ontario’s Universities* (2012)
<<https://campusmentalhealth.ca/wp-content/uploads/2018/03/Student-Health-2012.pdf>>

Institution Operating Budget:

– Council of Ontario Universities (COU) and Ontario Undergraduate Student Alliance Association (OUSA), 2024⁵¹

Spending on student services has increased significantly to keep up with demand in recent years, and due to the limitations in other funding sources, institutional operating budgets are an essential source for these increases. However, the ongoing and increasing financial strain of post secondary institutions in Ontario means continued increases are unrealistic, and maintaining this current situation is likely unsustainable. As highlighted above, there are numerous examples of how colleges and universities are paying out of their institutional operating budget in order to cover costs for services that would be reimbursed if done in community.

Insufficient and Inequitable Resources: Key Takeaways

- The financial sustainability of Ontario's colleges and universities is at risk; despite this, they have continued to make increasing investments in student health and wellness to meet demand.
- Government has the opportunity to make funding for student health services more consistent, reliable, and equitable to achieve a level of care to those providing similar services within the wider health system. The financial burden for increasing capacity largely falls to post secondary institutions directly, coming out of their overall operating budgets; or to students, supporting base operating budgets for clinics through their student fees.
- If the post secondary sector is going to provide holistic care and respond to the needs of students, it has to have adequate funding that meets increasing responsibilities.

⁵¹ Ontario's Universities, *Joint statement from OUSA and COU: It's time for the Ontario government to step up and invest in universities and students* (2024)

<<https://ontariosuniversities.ca/news/joint-statement-from-ousa-and-cou-invest-in-universities-and-students/>>

PROVINCIAL PRIMARY CARE MODEL BARRIERS

Ontario's primary care models have evolved to better enable integrated, holistic care – but post secondary institutions and their students have been left behind.

Ontario's primary care landscape is highly complex, with the province having a large number of primary care models after initiating major primary care reforms in the 2000s. Central to these reform efforts was incentivising family physicians to move away from the pure fee-for-service payment model, which was seen as fragmented, episodic, and inefficient, to models premised on patient enrolment to provide more comprehensive care.

These patient enrolment models have implications for both patients and physicians alike. At present, approximately 11 million patients in Ontario are enrolled in one of the mentioned patient enrolment models, and the province continues to invest in improving primary care, both by increasing the number of primary care physicians in the province and by investing in more primary care group models. These efforts are aligned with broader work to support more integrated care, leverage allied health professionals through team-based models of care, and provide more holistic care rather than treating individual issues. However, the unique circumstance of students and their access to primary care has been overlooked in these efforts, and they continue to be left behind.

Students rostered with an in-province family doctor are vulnerable to flaws in the ongoing patient enrolment model.

Unfortunately, the student population is highly vulnerable to one of the major flaws of the ongoing enrolment model. When a rostered patient accesses services that are covered under their agreement with their physician, say at a walk-in clinic, the province claws back their family doctor's "Access Bonus" (intended to encourage family doctors to provide more after-hours care) to recoup their costs in order to pay the clinic the billed fee-for-service. Physicians may then choose to "de-roster" that patient – they don't lose their family doctor but do lose access to any additional services from the group practice promised through the capitation model.⁵² Another unintended impact of this access bonus can be inappropriate use of emergency

⁵² CTV News, *Why your walk-in clinic visits could mean trouble for your family doctor, and you* (2016) <<https://www.ctvnews.ca/health/why-your-walk-in-clinic-visits-could-mean-trouble-for-your-family-doctor-and-you-1.2775362>>

departments – reports show that some physicians advise their rostered patients to visit EDs rather than walk-in clinics for non-emergent needs if they aren't able to see them, as emergency care falls outside the scope of the incentive structure.⁵³ The Ontario Undergraduate Student Alliance (OUSA) recommended in 2012 that the government should exempt post secondary students from the “outside use” deduction of the Access Bonus to reflect post secondary student mobility, but the issue persists today.⁵⁴

There has been a severe lack of public education (by physicians and the province alike) on this model and what it means for patients, despite encouragement to do so for over a decade.⁵⁵ Students, who are often navigating the health system on their own for the first time, are particularly likely to be unaware of this model and the unintended consequences of accessing care at their academic institution.

The fee-for-service model poses limitations for post secondary health clinics.

The data request indicated that the majority of campus health centres in Ontario still operate with a fee-for-service model. This creates a number of significant challenges:

- 1) **Recruitment and retention difficulties:** Given the unique circumstance of campus health centres in caring for a student-only population, there is arguably even greater value in retaining physicians and other health professionals that have experience working with and supporting this unique population's needs. However, many health professionals working in these clinics with a fee-for-service model face instability/unpredictability and lower on-average compensation, in addition to the increased complexity of care for the student population.

⁵³ Finlay A. McAlister, Jeffrey A. Bakal, Lee Green, Brad Bahler and Richard Lewanczuk, *Canadian Medical Association Journal*, 'The effect of provider affiliation with a primary care network on emergency department visits and hospital admissions' (2018; 190) <<https://www.cmaj.ca/content/190/10/E276>>; Tamara Rader and Lindsay Ritchie, *CADTH Health Technology Review*, 'Emergency

Department Overcrowding in Canada: Multistakeholder Dialogue', Vol. 3, Issue 10 (2023) <<https://www.ncbi.nlm.nih.gov/books/NBK598221/>>; Dee Margin, Kamila Premji, et. al, *Science Briefs of the Ontario COVID-19 Science Advisory Table*, Vol. 3, Issue 68 (2022), 'Brief on Primary Care Part 2: Factors Affecting Primary Care Capacity in Ontario for Pandemic Response and Recovery' <https://covid19-sciencetable.ca/wp-content/uploads/2022/10/Brief-on-Primary-Care-Part-2-Factors-Affecting-Primary-Care-Capacity-in-Ontario-for-Pandemic-Response-and-Recovery_published_20221003.pdf>

⁵⁴ Ontario Undergraduate Student Alliance, *Student Health: Bringing Healthy Change to Ontario's Universities* (2012) <<https://campusmentalhealth.ca/wp-content/uploads/2018/03/Student-Health-2012.pdf>>

⁵⁵ C.D. Howe Institute, *Accountability and Access to Medical Care: Lessons from the Use of Capitation Payments in Ontario* (2013) <https://www.cdhowe.org/sites/default/files/attachments/research_papers/mixed/e-brief_168_0.pdf>

- 2) **Poorer quality of care:** As mentioned in ‘Provincial Primary Care Model Barriers’, this model also encourages shorter appointments and creates limitations in the ability of physicians to provide comprehensive, relationship-based care, impacting care quality. This can deter many candidates from taking on roles at post secondary institution health clinics and result in high turnover as physicians move on to roles offering higher compensation and structures that enable them to provide higher quality, more integrated care to their patients.

Past Review and Recommendations regarding Post Secondary Institution Primary Care Model:

A review of the current model was completed as part of the 2008 Physician Services Agreement⁵⁶ between the Ontario Medical Association and the Ministry of Health. The review found that the fee-for-service model was sufficient due to, in particular, the transient characteristics of student population and the physicians who served it. It should be noted that, through our engagements, post secondary institutions reflected that demand for service is now year-round and there is typically no ‘break’ during the summer months. OUSA also called attention to this issue in 2012 and recommended that the government support alternate physician compensation models at post secondary institutions including by modelling campus health clinics after primary care group models that exist in the community.⁵⁷

The current primary care model poses unique challenges to Northern Ontario and equity-deserving groups.

Northern Ontario is a critical example where access to health care is especially challenging, and the primary care crisis is more acute.⁵⁸ Further, 78% of First Nation communities in Ontario are located in Northern Ontario and Thunder Bay is the Census Metropolitan Area with the highest

⁵⁶ Memorandum of Agreement between the Ontario Medical Association and Her Majesty the Queen in Right of Ontario as represented by the Minister of Health and Long-Term Care (2012)
<https://www.longwoods.com/articles/images/OntarioMedicalAssociationGovON_agreementRenegotiable2012.pdf>

⁵⁷ Ontario Undergraduate Student Alliance, *Student Health: Bringing Healthy Change to Ontario’s Universities* (2012)
<<https://campusmentalhealth.ca/wp-content/uploads/2018/03/Student-Health-2012.pdf>>

⁵⁸ Ontario Medical Association, *Prescription for Ontario* (2021) <<https://www.oma.org/siteassets/oma/media/public/prescription-for-ontario-doctors-5-point-plan-for-better-health-care.pdf>>

proportion of Indigenous people in Canada.⁵⁹ This makes the challenges facing institutions in the region more pronounced.

In a focus group bringing together local institutions and health system providers and organizations within Thunder Bay, we heard:

- A significant proportion of ‘domestic’ students are local (from within Northern Ontario); however, many are coming from non-urban communities where the primary care crisis is particularly pronounced. **Institutions are seeing a large number of youth with no previous access to primary care.**
- **Chronic recruitment and retention challenges** are exacerbated Northern Ontario, with half of physicians in northern Ontario expected to retire in the next five years⁶⁰. This is contributing to an increasing number of students entering post secondary education in the region with no primary care provider.
- **Weak transportation infrastructure** can create challenges to accessing care, even in Thunder Bay where it can be “hard to make it from one end to the other in a timely way” to access care.

Overall, it is clear that the current primary care model is having a negative impact on post secondary students both directly and indirectly, and implementing solutions that recognize the unique student population needs is long overdue.

“What they [students] need to be successful, healthy and well – can be different in the north [than the rest of the province].”

⁵⁹ Government of Ontario, *Indigenous peoples in Ontario* (2018) <<https://www.ontario.ca/document/spirit-reconciliation-ministry-indigenous-relations-and-reconciliation-first-10-years/indigenous-peoples-ontario>>

⁶⁰ Ontario Medical Association, *Doctors urge government to resolve physician shortage in Northern Ontario* (2023) <<https://www.oma.org/newsroom/news/2023/november/doctors-urge-government-to-resolve-physician-shortage-in-northern-ontario/>>

Provincial Primary Care Model Barriers: Summary of Key Takeaways

- Non-local students from within Ontario can face unintended repercussions if they choose to access non-urgent care while at school due to current physician funding models.
- The fee-for-service model is worsening the recruitment and retention crisis that colleges and universities are facing alongside the rest of the health system – including low incentives for physicians and difficulties being the ‘employer of choice’ for allied health professionals due to billing limitations.
- Relationship-based care isn’t nurtured by the fee-for-service model, with both students and those delivering care finding it problematic.
- Students in Northern Ontario are uniquely affected by the current primary care model and face further health inequities unless a new model is implemented.

POTENTIAL TO BRIDGE THE GAP BETWEEN THE POST SECONDARY SECTOR AND COMMUNITY PROVIDERS

There's a strong foundation for improving collaboration both through existing successful partnerships and learnings from the COVID-19 pandemic.

At focus group discussions with local health system and post secondary stakeholders in the Tri City area, Ottawa, Thunder Bay, and Kingston, we heard examples of how institutions and their local health systems are already actively collaborating to improve outcomes for students and to reduce current demands on the surrounding local health systems. Despite the challenges around collaboration outlined in more detail below, post secondary institutions and their local health system partners are in a strong position to “build on a history of working together during the pandemic”.

The Integrated Mobile Police and Crisis Team (IMPACT) pilot project at the University of Guelph is an example of a successful collaboration between a post secondary institution and local health system organizations. The Canadian Mental Health Association Waterloo Wellington (CMHA-WW) and the University of Guelph Campus Safety Office partnered to create a team of mental health professionals and campus safety officers that provide mental health crisis response services to students at Guelph. IMPACT workers receive student calls and assess whether medical or police intervention is necessary for students' immediate needs. The ability for students to contact IMPACT instead of police is particularly important to racialized students who may not see police as a safe option when in distress. IMPACT workers are available on campus at times when Student Wellness services are closed.

Notably, as part of our data and information requests, institutions were asked how they are currently collaborating with community partners or external providers to deliver care. Where an answer was provided, we found:

- For **Campus Health Clinics**, the majority of institutions are already delivering services or programs in partnership with an external provider or community organization. Examples included local Health Units and partnerships to deliver sexual health screening/tests.

- For **Campus Mental Health Services**, the majority of institutions reported delivering their services or programs in partnership with an external provider or community organization. Local CMHA branches were the most common examples provided.
- The majority of institutions delivered **Health Promotion** services or programs with an external provider or community organization.

These collaborations and partnerships were highlighted as incredibly valuable for boosting capacity and improving care available to students. There is a major opportunity for cross-institution information sharing on what works to see where what is working on some areas could be built out or adopted elsewhere.

However, despite successful existing collaborations, the health and post secondary sectors are too frequently working in “siloes” to deliver care, with limited collaboration and connection taking place.

Ontario’s health system has been in a period of significant transformation in recent years. The Ministry of Health has emphasized the need to shift from a system that is reliant hospitals and doctors to delivering integrated care in the community, while improving care navigation and transitions between providers. Ontario Health Teams (OHTs) are a key mechanism through which the province aims to address fragmentation, by bringing together regional providers from across the continuum including hospitals, primary care, mental health and addictions services, long-term care, and community and social services to advance local health system integration and collaborate on solutions to better meet unique population needs.

There are currently 58 **Ontario Health Teams** across the province working to **advance interconnected care, population health management, navigation and care coordination** services to **improve population health and wellness and care experience** with solutions **uniquely suited to their local population.**

The Ontario Government is also furthering integration and collaboration efforts by advancing primary care networks that will enable multidisciplinary care teams to provide care and serve as more coordinated mechanisms to build bridges between primary care and other services in the system. However, post secondary institutions have been starkly excluded from these integration and collaboration efforts. Institutions have made an effort to bridge gaps and build connections to community providers on a case-by-case basis (explored further below) which

has been greatly valuable, but the current disconnect between care providers in the same community results in inefficient use of resources and duplication of efforts; negative impacts on transitions in care and poor navigation for students; and missed opportunities to collaborate on shared issues in ways that benefit all parties.

There is lack of clarity and alignment on “Duty of Care” for post secondary students, leaving them vulnerable to redundancies and inappropriate care.

An essential foundation to improving relationships and connections between post secondary and community care providers is a shared understanding of “duty of care” for students. There was a cross-cutting theme across all stakeholder groups engaged - from community / health system providers, to post secondary care providers, to students, and beyond - that there is significant confusion regarding responsibilities and accountability for the care and wellbeing of students, especially when a student transitions from one care provider to another. This creates numerous issues that negatively impact students, such as poor continuity of care. Students are currently bouncing between providers with limited information sharing and conflicting perspectives on what services they can or should be receiving. Poor awareness of services available to students can sometimes lead to students ending up in the wrong place at the wrong time.

This is particularly challenging in cases of students with more severe and chronic health needs. Students with severe and chronic needs require more specialized care and may need to access a greater range of services. Poor information sharing and collaboration across providers is also a significant detriment to their continuity of care. These students can face incredibly challenging situations as they try and find the care they need, and often post secondary institutions and students themselves will take on that additional scope of care coordination and more comprehensive case management, with inadequate knowledge, resources and funding.

Potential to Bridge the Gap between the Post Secondary Sector and Community Providers: Summary of Key Takeaways

- There are multiple examples of effective collaborations between institutions and their local health system.
- Local health systems/public health and institutions worked closely during the pandemic around quarantine and testing – creating a strong foundation for future connections.
- Partnerships and collaborations between colleges and universities and other health care providers can be mutually beneficial, each bringing their unique capacity and capabilities together to work more efficiently and effectively.
- Collaboration between local health systems and the post secondary sector is critical, and there is opportunity to establish more partnerships, building on the foundations created during the COVID-19 pandemic.
- The health and post secondary sectors are frequently working in “siloes”, with limited collaboration and connection taking place, and post secondary care providers are often left out of broader integration efforts across the system and in local communities.
- Poor connections and collaboration impacts students, institutions, and local health systems alike, creating issues around referrals, navigation, transitions, and continuity of care, and leading to – at times – access to inappropriate levels of care.
- There is currently limited alignment on “duty of care” for students, putting case management and navigation pressures on under-resourced post secondary institutions and students themselves.

A PATH FORWARD: COLLECTIVE ACTION TO SUPPORT POST SECONDARY STUDENTS' HEALTH AND WELLNESS IN ONTARIO

Ontario's post secondary institutions have navigated significant challenges and barriers to create and sustain health and wellness programs and services that their students require. The broader health system is already over-burdened, and the efforts of post secondary institutions are keeping additional pressure off of community providers. However, due to a number of factors -- including the growing complexity of care needs for the student population, a national HHR shortage, and the sector-wide financial sustainability crisis – this current approach is reaching a tipping point.

Post-secondary institutions are essential providers of care, information, and support for over 900,000 students enrolled in the province. The below recommendations together present a way in which the barriers faced by post secondary institutions can be addressed, enabling them to continue providing care and to create more value for the health system and their students.

1) Modernize the post secondary institution funding model

The foundational step in addressing current challenges is ensuring post secondary institutions are sufficiently and appropriately resourced. The Ministry of Colleges and Universities and the Ministry of Health must work toward authentic partnership, and collaborate on a new model for post secondary health and wellness funding that prioritizes:

- Supporting equitable coverage of costs throughout the health care system;
- Providing sustainable investments for student health and wellness services;
- Supporting collaboration and system integration, as well as capacity building in key areas;
- Recognizing the critical contributions of post secondary services in reducing the burden on the greater health system; and
- Enabling institutions to leverage new models of care and innovations to boost capacity (including virtual care and team-based models).

2) Build partnerships and improve integration between post secondary institutions and local health systems and their providers

Examples of collaborations between post secondary institutions and their local health systems have consistently proven beneficial to both parties. Stakeholders should work to build off and learn from what already exists in the province by:

- Integrating post secondary institutions into health system tables as a mechanism for collaboration and information sharing regarding existing services and capacity, gaps, and challenges;
- Building and strengthening connections with key community providers to collaborate on transitions in care; and
- Partnering to close gaps in service provision and meet growing and diversifying student needs.

3) Continue to improve and grow post secondary health and wellness services that are tailored to the unique needs of today and tomorrow's student population

When appropriately resourced and connected, post secondary institutions have the opportunity to do even more than they do now in serving Ontario's student population. The below recommendations articulate how post secondary institutions can lean in to their unique position to ensure they are creating the most value by:

- Conducting institution-level reviews and trend analyses to better understand what students are looking for from their care, and to inform advocacy and service planning/improvement;
- Engaging students and student associations to gain insights on key issues, gaps, and needs to shape the design and delivery of health services and improve awareness of available services (including when and how to access them);
- Implementing streamlined pathways or solutions that boost capacity and efficiency of care in areas of high demand for the student population such as mental health, sexual health, and immunizations; and
- Striving for a more holistic and equitable approach to care that integrates social determinants of health and provide access to culturally-appropriate care (including for Indigenous students).

4) Further leverage the strengths and assets of the post-secondary sector – primary health care service delivery, research, training – to address Ontario health system challenges i.e., health human resource crisis, inequitable access to care, etc.

The post-secondary sector possesses a unique combination of primary health care service delivery, research and training assets that could be leveraged to partner with key stakeholders as they address local and system level primary health care/health system related challenges. The below recommendations articulate how post-secondary institutions can partner with key stakeholders to leverage their key primary health care related strengths and assets as the province tackles health system level challenges by:

- Continuing to provide training sites for primary care focused health professional students, enabling on time graduation and timely contribution to the Ontario primary health care workforce
- Providing potential sites for primary health care related demonstration projects as the province continues to test and iterate high quality/cost effective primary health care delivery models;
- Partnering with government, patients, primary health care providers others to better understand, through research and quality improvement, the optimal primary health care model for post-secondary students