



Converge3 Priority Setting Exercise

Report on the Identification of High Priority Policy
Research Questions



About this Report

This report was prepared by Converge3 with contributions from Rasha Kubba and Tai Huynh (OpenLab, University Health Network), Clifton van der Linden, Cara Poblador, James Aufricht, and Uyen Hoang (Vox Pop Labs), and Celine Cressman, Adalsteinn Brown, Ahmed Bayoumi and Mark Dobrow (Converge3). We appreciate the participation of many Ontario citizens and other health system stakeholders in this priority setting exercise. Converge3 receives funding from the Province of Ontario. The views expressed in this report are those of the authors and do not necessarily reflect those of the Province of Ontario.

Suggested Citation

Converge3. *Converge3 Priority Setting Exercise: Report on the Identification of High Relevance Policy Research Questions*. Converge3: Toronto, Canada. 2018. URL: <https://converge3.ca/publication/kt-priority-setting-exercise>.

About Converge3

Converge3 is a policy research centre based in the Institute of Health Policy, Management and Evaluation at the University of Toronto, that focuses on integrating health, economic and equity evidence to inform policy. The Centre is funded by the Province of Ontario and includes multiple partner organizations, including Li Ka Shing Knowledge Institute at St. Michael's Hospital, McMaster University, Ottawa Hospital Research Institute, ICES, Health Quality Ontario, Public Health Ontario, and the Ministry of Health and Long-Term Care.

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Executive Summary

Background

In order to identify a set of policy-relevant and analytically feasible research questions for Converge3, a priority setting exercise was conducted including review of Ontario policy documents and engagement of policymakers and the public. This report outlines that process and the results.

Approach

A two-phase approach was used. To set the context for this priority setting exercise, existing policy and citizens' panel documents were reviewed and analyzed. That analysis led to the construction of an initial set of 74 potential research questions, which was distributed to policy-makers representing a range of interests and responsibilities for validation and feedback on policy relevance. This exercise resulted in 14 questions being ranked as the most important from policy-makers' perspectives.

The second phase of the priority setting exercise involved the conduct of a public opinion poll to assess the broader public relevance of the 14 questions prioritized by policy-makers. Vox Pop Labs administered the survey to a proprietary research panel and collected nearly 1,700 validated responses from 24 to 31 March 2017. The survey included a prioritization exercise, a mandatory open-ended question and a series of demographic questions. Survey results included the public's prioritization of policy questions and a new set of questions constructed from themes identified within the open-ended responses.

Results

The final stage of the priority setting exercise was to consolidate the questions prioritized by policy-makers with the results of the public survey. The ultimate result of the priority setting exercise is a set of ten policy-relevant and analytically feasible research questions for Converge3 to pursue:

1. What is the ideal mix of home care, long-term care and other forms of supportive housing, and how does Ontario achieve it?
2. How might Ontario foster resiliency for mental health and wellness especially among at-risk populations?
3. How might Ontario work with private sector sources of capital to increase the stock of housing?
4. How might Ontario increase access to care in rural and remote areas (e.g., primary care, home and community care, hospital health services, specialists, seniors' care)?
5. How might Ontario build new health care facilities considering the changing demographics and models of care?
6. How might Ontario increase accessibility and affordability to healthy foods in First Nations communities, particularly in remote and fly-in communities?
7. How might Ontario better plan for future long-term care needs of Ontarians?
8. How might Ontario best ensure the uptake of low-income health benefits?
9. How might Ontario create built environments that promote physical activity for people of all ages and abilities?
10. How might Ontario more effectively redirect non-urgent patients away from emergency departments to more appropriate and timely health care options?

Background

Converge3 is a policy research centre based in the Institute of Health Policy, Management and Evaluation at the University of Toronto, that focuses on *integrating health, economic and equity evidence to inform policy*. The Centre is funded by the Ontario Ministry of Health and Long-Term Care and includes multiple partner organizations, including Li Ka Shing Knowledge Institute at St. Michael's Hospital, McMaster University, Ottawa Hospital Research Institute, ICES, Health Quality Ontario, and Public Health Ontario. Converge3 aims to:

- Provide evidence to health system stakeholders when considering different health-related policy options, principally by comparing the value of different policy options by examining their cost-benefit, cost-effectiveness, or budget impact, and the impact of different policy options on equity through health equity impact analysis, distributional modelling, and other techniques
- Identify policy areas where further research is needed and sharing these policy areas with research groups and other stakeholders
- Provide a forum and other opportunities for reviewing evidence on the health, economic and equity impacts of relevant policy options with stakeholders
- Helping health system stakeholders develop/build capacity to use cost-benefit and equity analyses in the development of policy

A distinguishing feature of Converge3 is an emphasis on ensuring that its policy research priorities reflect the priorities of both policy-makers and Ontarians. To achieve this, policy-makers and the public were engaged in a priority setting exercise with the goal of identifying a set of policy-relevant and analytically feasible research questions for Converge3 to pursue.

Methodology:

Phase 1. Engaging Policy-Makers

(a) Review of Policy Documents

The starting point was a targeted review of policy documents and reports from relevant citizens' panels and public engagement reports, produced between 2010 and 2017. Policy documents included publicly-available reports and strategic plans, produced by the Ontario government, as well as by advisory bodies or committees of the government. Citizens' panel and public engagement reports included only those sourced from a representative group of Ontarians, and without a clear special interest or advocacy orientation. See Appendix 1 for a list of included policy documents.

(b) Analysis of Documents

All reports were analyzed using qualitative data analysis software (NVivo) to identify, classify, sort and arrange policy statements. Policy statements were identified and coded thematically, using a social determinants of health framework as a coding structure (see Appendix 2 for theme structure). Policy statements were included in the analysis if there was uncertainty about how to achieve the policy goal. For example, the following policy statement was excluded: "*Ban the marketing of high-calorie, low-nutrient foods, beverages and snacks to children under age 12.*" If instead, the wording had been "*Decrease the consumption of high-calorie, low-nutrient foods, beverages and snacks to children under age 12*", it would have been included. The reasoning for this exclusion criteria is that answering the 'how' of a policy goal is central to the work that Converge3 undertakes.

(c) Constructing Research Questions

After all the documents were analyzed and coded, the policy statements were reviewed within each theme and used to construct a set of preliminary research questions of the form: "How might

Ontario [policy goal]". For example, "How might Ontario increase the rate of breastfeeding among new mothers?" The research questions must be broad enough that deep analysis could be conducted and detailed enough that their scope is relatively contained and clear. A total of 37 unique questions were created (Appendix 3).

(d) Validating Research Questions for Relevancy

Converge3 worked with senior-level government officials from various divisions and branches of the MOHLTC, Ministry of Community and Social Services (MCSS) and Ministry of Children and Youth Services (MCYS) (the latter two ministries are now combined to form the Ministry of Children, Community and Social Services to validate the research questions). Government staff were asked to identify questions relevant to them, as well as suggest new questions. This process resulted in a total of 74 questions, grouped into ten categories:

- Supporting Aboriginal Communities
- Healthy Communities
- Improving Health Care Delivery
- Mental Health and Addictions
- Quality
- Health Benefits
- Housing/Homelessness
- Home and Community Care
- Long-Term Care
- Other

Through an iterative process, and working closely with the three Ministries (MOHLTC, MCSS, and MCYS), 14 of the questions were flagged by policy-makers as having the highest priority. See Appendix 4 for a complete list of the questions and Appendix 5 for a list of the top 14 policy questions.

Methodology:

Phase 2. Engaging the Public

(a) Overview

Meaningfully engaging patients and the public is an imperative of Converge3. To ensure the relevance of the 14 questions to the Ontario public, Converge3 conducted a public opinion poll with the help of a third-party organization, Vox Pop Labs. Converge3 worked closely with Vox Pop Labs to develop the survey questions and methodology. The study was administered to Vox Pop Lab's proprietary research panel, where approximately 1,700 validated responses were collected from 24-31 March 2017. To ensure that the sample was representative of Ontario's population, the sample was both pre-stratified and post-stratified on age, gender, income, and education. To do so, Vox Pop Labs assigned each panel respondent aged 18 years and older and living in Ontario a probability of being drawn for the survey, such that the marginal distribution across demographic groups—age, gender, income, and education—would reflect that of the population in the Canada 2011 Census. Once data collection was complete, Vox Pop Labs applied weighting adjustments in a similar manner as the pre-stratification process, in order to correct for potential non-response biases. Additionally, to account for a historically lower response rate among Indigenous panelists, the survey slightly oversampled this group. Ultimately, the total sample included a proportion of Indigenous respondents equivalent to the proportion of Indigenous peoples in the Ontario population.

(b) Survey Methodology

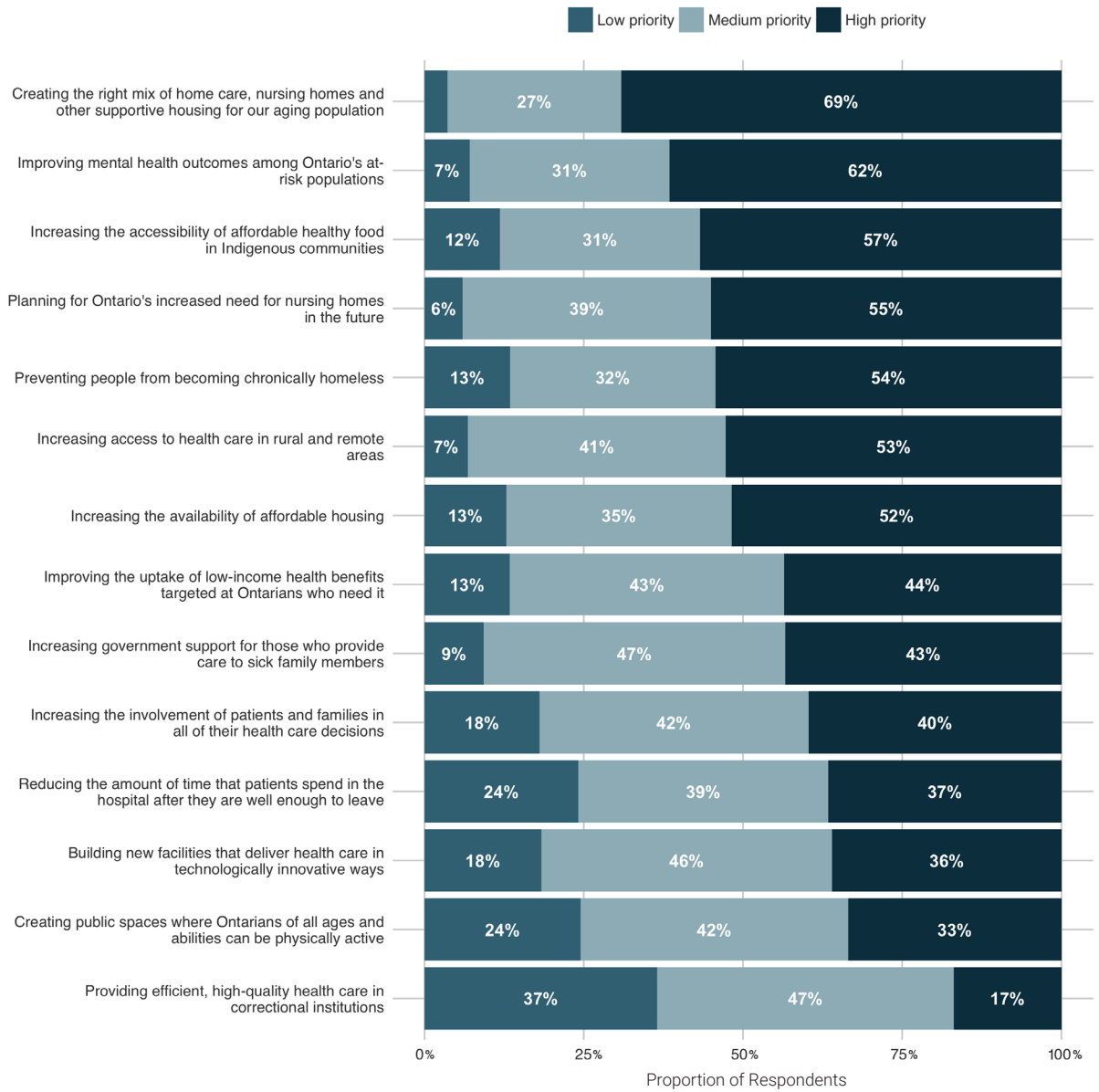
The survey included four sections: (1) a simple prioritization exercise; (2) a mandatory open-ended question; (3) a profile of their experiences with the Ontario health care system; and, (4) demographic information. To ensure ease of use for the respondent, Vox Pop Labs converted the priority questions into policy outcomes and asked respondents to imagine that they were responsible for improving the health and well-being of Ontario residents. Taking this approach simplified the priority-setting exercise for respondents, improved data fidelity, and permitted space for the inclusion of a relatively long series of follow-up questions about their health care priorities and background.

(c) Prioritization of Pre-Identified Questions

The study tested how Ontarians would prioritize the range of issues that were identified by policy-makers. Of the options listed, providing health care options for Ontario's aging population was the highest priority amongst Ontarians (Figure 1). A nursing home policy item, "Planning for Ontario's increased need for nursing homes in the future," was ranked slightly lower, as the fourth highest priority. Taken together, there was high support for prioritization of policy questions related to planning for an aging population. Issues concerning populations experiencing poverty and other forms of marginalization were also frequently cited as high priorities. For example, issues such as mental health outcomes for at-risk populations, affordable housing and homelessness prevention were often considered high priorities.

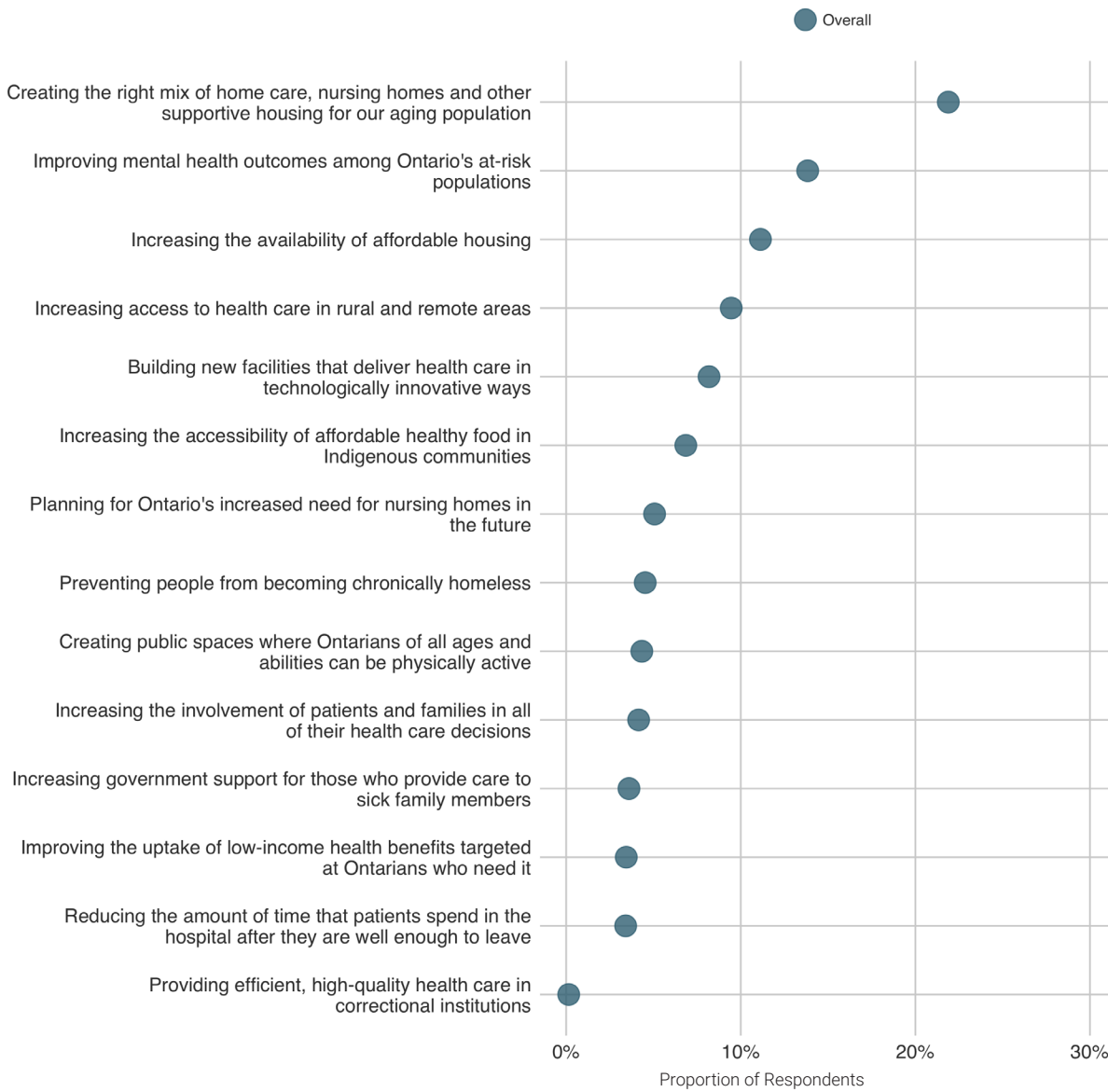
Appendix 6 lists the top five prioritized statements, converted back into the pre-identified question format.

Figure 1. Public Poll Responses to 'How would you prioritize the following issues?'



Source: Vox Pop Labs

Figure 2. Public Poll Responses to the question: 'Of the items you selected as a high priority, which would you say is the highest priority?'



Source: Vox Pop Labs

(d) Highest Priority Among Pre-Selected Issues

Respondents were asked to indicate which of the 14 items was their highest priority (Figure 2). The results were largely consistent with those of the previous question (Figure 1), showing that Ontarians viewed issues related to Ontario's aging population and at-risk or low-income populations as top priorities for the province. Meanwhile, the fourth most often selected issue in the highest priority question—technological innovation in health care delivery—was selected only at the tenth-highest rate in the previous question (Figure 1). The comparatively strong support on this issue amongst wealthier, urban Ontarians suggests that technological innovation is a critical concern amongst a relatively small sub-set of the population (Appendix 7).

(e) Demographic Differences

When comparing certain demographic groups within Ontario, some clear divisions emerged. Those who identified as Caucasian and were wealthier, older, and more educated were most likely to be concerned with issues related to long-term care. Mental health, affordable housing, and preventing homelessness were most often cited as primary concerns by those who were younger, had lower incomes or identified as LGBTQ2 (Lesbian, Gay, Bisexual, Transgender, Queer, Two-spirited) or people of colour. Ontarians who reported poorer physical or mental health also tended to be less concerned with long-term care, relative to those with good or excellent health. Appendix 7 details the analysis of each of the demographic differences.

(f) Open-Ended Question

The study also asked the following open-ended question: "Imagine you were responsible for improving the health and well-being of Ontario residents. What issue would be your highest priority?" Responses to the open-ended question were organized by theme. Responses related to Access and Wait Times were by far the two most commonly cited themes by participants. Over 35% of participants entered responses such as "Access to a family doctor", "Wait times", "Speeding up the time between family doctors' referral and reaching the specialist." The second and third most prioritized response categories were Preventative Health, and Resources. Responses reflecting preventive health included "access to resources that allow for healthy lifestyle" and "primary health care is reactive and not proactive." Responses reflecting resources included "elimination of the huge administration overhead and middle men absorbing the dollars prior to delivery to the people needing care." The fourth, fifth and sixth response categories were Care for Seniors (including Long Term Care), Coverage (i.e., including prescriptions and dental care under OHIP), and Mental Health. Based on the top themes of responses from the public, seven potential policy questions were created (Appendix 8).

To create an initial set of policy questions for Converge3, the top 14 questions identified by policy-makers, the top five from the prioritized pre-identified questions (public polling), and the top seven questions from themes of the open-ended question (public polling) were consolidated. Policy-maker questions ranked low by the public were excluded. Open-ended questions prioritized by the public were excluded if they did not align to a policy-maker question. Thus, the following is the final list of ten questions that were identified by both policy-makers and the public as the most important health policy questions (Table 1).

Table 1. Top Ten Questions Identified by Both Policy-Makers and the Public

Question	Source
1. What is the ideal mix of home care, long-term care and other forms of supportive housing, and how does Ontario achieve it?	Policymakers Top 14 Public Top 6 Public Open-Ended 7
2. How might Ontario foster resiliency for mental health and wellness especially among at-risk populations?	Policymakers Top 14 Public Top 6 Public Open-Ended Top 7
3. How might Ontario work with private sector sources of capital to increase the stock of housing?	Policymakers Top 14 Public Top 6
4. How might Ontario increase access to care in rural and remote areas (e.g., primary care, home and community care, hospital health services, specialists, seniors' care)?	Policymakers Top 14 Public Top 6
5. How might Ontario build new health care facilities considering the changing demographics and models of care?	Policymakers Top 14 Public Top 6 Open-Ended Top 7
6. How might Ontario increase accessibility and affordability to healthy foods in First Nations communities, particularly in remote and fly-in communities?	Policymakers Top 14 Public Top 6
7. How might Ontario better plan for future long-term care needs of Ontarians?	Policymakers Top 14 Open-Ended Top 7
8. How might Ontario best ensure the uptake of low-income health benefits?	Policymakers Top 14 Open-Ended Top 7
9. How might Ontario create built environments that promote physical activity for people of all ages and abilities?	Policymakers Top 14 Open-Ended Top 7
10. How might Ontario more effectively redirect non-urgent patients away from emergency departments to more appropriate and timely health care options?	Policymakers 72 Open-Ended Top 7

Appendix 1: Included Policy Papers and Citizens' Panels

Appendix 2: Theme Structure Used in Analysis

Appendix 3: Questions Identified from Policy Documents and Citizens' Panels

Appendix 4: Questions Identified by Policy-Makers

Appendix 5: Top 14 Questions Prioritized by Policy-Makers

Appendix 6: Top 5 Questions Prioritized by Public Poll Respondents

Appendix 7: Public Poll Respondents Comparisons of Top 14 Prioritized Questions

Appendix 8: Top 7 Open-Ended Question Responses from Public Poll Respondents

Appendix 1: Includes Policy Documents

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- Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health & Addictions Strategy – 2011
 - Make No Little Plans: Ontario's Public Health Sector Strategic Plan – 2013
 - No Time to Wait: The Healthy Kids Strategy – 2013
 - Mental Health & Addictions Strategy Expansion Announcement – 2014
 - A Place to Call Home: Report of the Expert Advisory Panel on Homelessness – 2015
 - Better Mental Health Means Better Health: Annual Report of Ontario's Mental Health & Addictions Leadership Advisory Council – 2015
 - Bringing Care Home: Report of the Expert Group on Home & Community care – 2015
 - Patient Care Groups: A New Model of Population Based Primary Health Care for Ontario – 2015
 - Patients First: Action Plan for Health Care – 2015
 - Addressing Health-System Sustainability in Ontario – 2016
 - Ontario's Long-term Affordable Housing Strategy Update – 2016
 - Public Health Ontario: Strategic Plan 2014-2019
 - Realizing Our Potential: Ontario's Poverty Reduction Strategy – 2014-2019

Appendix 2: Theme Structure Used in Analysis

Social Determinants of Health

- Vulnerable population
 - Age (youth, seniors)
 - Aboriginal status
 - Race
 - Disability and medical complexity
 - Gender
- Housing & community
- Health services
- Early life
- Preventative health
 - Immunization
 - Healthy food
 - Physical activity
 - Smoke-free
- Income
- Education
- Employment & working conditions
- Mental health
- Unemployment
- Food insecurity
- Social safety net
- Social exclusion

Appendix 3: Questions Identified from Policy Document Review

1. How might Ontario increase breastfeeding among new mothers?
2. How might Ontario make it easier for young people to transition from mental health and addictions services for youth to services intended for young adults?
3. How might Ontario identify and intervene in child and youth mental health issues early?
4. How might Ontario close service gaps for vulnerable children and youth, children and youth at key transition points and those in remote communities?
5. How might Ontario foster resiliency on mental health and wellness among at-risk populations?
6. How might Ontario invest in and expand workplace mental health programs?
7. How might Ontario decrease the stigma and discrimination of mental health in public services and in the workplace?
8. How might Ontario get more people with mental health and/or addictions issues employed and integrated in their communities?
9. How might Ontario increase accessibility and affordability to fresh fruits and vegetables in all neighborhoods and communities?
10. How might Ontario ensure that families have timely access to specialized obesity programs when needed?
11. How might Ontario decrease variability in access to home and community care services and increase accountability for outcomes?
12. How might Ontario improve transitions for people with mental illness and addictions (i.e. dealing with multiple service providers or going from hospital to a community agency)?
13. How might Ontario create a comprehensive all-of-society approach to create healthy communities and reduce or eliminate the broader social and health disparities that affect child health?
14. How might Ontario make schools hubs for child health and community engagement?
15. How might Ontario make it a priority to invest in supporting housing for people with mental illness and addictions?
16. How might Ontario support a vibrant non-profit and co-operative housing sector?
17. How might Ontario provide homeless or at-risk youth with the right kinds of housing and other wraparound supports in order to break the cycle of poverty?
18. How might Ontario extend health benefit programs to all low-income Ontarians?
19. How might Ontario strengthen the effectiveness of its immunization system?
20. How might Ontario support informal family caregivers who provide support and care for their loved one?
21. How might we prevent young people from getting lost in the transition between adolescence and adulthood, as they transition to new service providers, as they work to finish school and find a job?
22. How might Ontario establish a universal school nutrition program for First Nations communities?
23. How might Ontario respond to the mental health impacts of inter-generational trauma in First Nation, Métis, Inuit, and urban Aboriginal communities?

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24. How might Ontario increase health services that are tailored to the particular social, cultural and economic context of marginalized groups?
 25. How might Ontario help women become independent from their abuser and become self-sufficient, and to help them and their children on the path to greater housing stability?
 26. How might Ontario improve the student achievement and wellbeing of First Nations, Métis and Inuit students, and to close achievement gaps between Aboriginal students and other students?
 27. How might Ontario improve coordinate of care for patients with complex medical conditions?
 28. How might Ontario enhance palliative care at home or out-of-hospital?
 29. How might Ontario approach ending homelessness by focusing on prevention?
 30. How might Ontario address the higher rates of homelessness, poor health, poverty and social inequality among racialized peoples?
 31. How might Ontario ensure that care in the home is respectful of cultural values and traditions?
 32. How might Ontario transition to a population-based model of integrated primary health care delivery, i.e. Patient Care Groups?

Specifically from the Citizens' Reference Panel

33. How might Ontario develop an approach to effectively disseminate information on the health care options available to the public?
34. How might Ontario encourage a culture of patient- and family-centred care through the health system?
35. How might Ontario increase access to primary care to those who live in rural areas?
36. How might Ontario develop an approach to standardize information and communication systems to facilitate immediate and responsive information-sharing?
37. How might Ontario adopt proactive measures to determine the affordability of pharmaceuticals?

Appendix 4: List of Identified Questions by Source

Question
Category: Supporting Aboriginal Communities
1. How might Ontario establish a universal school nutrition program for First Nations communities?
2. How might Ontario respond to the mental health impacts of inter-generational trauma in First Nation, Métis, Inuit, and urban Aboriginal communities?
3. How might Ontario improve the student achievement and wellbeing of First Nations, Métis and Inuit students, and to close achievement gaps between Aboriginal students and other students?
4. How might Ontario increase accessibility and affordability to healthy foods in First Nations communities, particularly in remote and fly-in communities?
5. How might Ontario reduce the prevalence of type 2 diabetes among Indigenous communities (on- and off-reserves)?
6. How might Ontario increase the accessibility, coordination and cultural appropriateness of diabetes programs and services (prevention, treatment and care) for Indigenous communities?
7. How might Ontario utilize technology to enable timely and appropriate health care services for Indigenous people who live on reserve, so that they do not need to leave their communities and support networks?
8. How might Ontario provide culturally appropriate long-term care, homes, supportive housing, and healthcare infrastructure?
9. What whole of government, coordinated health and social policy approaches and instruments are best positioned to improve the health and economic well-being of on-reserve and urban Indigenous people?
Category: Healthy Communities
10. How might Ontario increase the accessibility and affordability of fresh fruits and vegetables in all communities?
11. How might Ontario ensure that families have timely access to specialized obesity programs when needed?
12. How might Ontario create a comprehensive all-of-society approach to create healthy communities and reduce or eliminate the broader social and health disparities that affect child health?
13. How might Ontario make schools hubs for child health and community engagement?
14. How might Ontario close service gaps for vulnerable children and youth, children and youth at key transition points and those in remote communities?
15. How might Ontario increase breastfeeding among new mothers?
16. How might Ontario strengthen the effectiveness of its immunization system?

Question

17. How might Ontario create built environments that promote physical activity for people of all ages and abilities?
18. How might Ontario prevent chronic diseases?
19. How might Ontario increase health literacy around risk factors for chronic disease?
20. How might Ontario address risk factors for chronic diseases (e.g., unhealthy eating, physical inactivity, tobacco use and harmful alcohol consumption)?
21. How might Ontario support communities in creating healthier environments to enable healthy behaviours around risk factors for chronic disease?
22. How might Ontario encourage community development using evidence-based tools for health promotion and chronic disease prevention?

Category: Improving Health Care Delivery

23. How might we prevent young people from getting lost in the transition between adolescence and adulthood, as they transition to new service providers, as they work to finish school and find a job (including co-ordination of care for children with special needs)?
24. How might Ontario increase health services that are tailored to the particular social, cultural and economic context of marginalized groups?
25. How might Ontario improve coordination of care for patients with complex medical conditions?
26. How might Ontario transition to a population-based model of integrated primary health care delivery to provide comprehensive health and wellness service (e.g., Patient Care Groups)?
27. How might Ontario increase access to care in rural and remote areas (e.g., primary care, home and community care, hospital health services, specialists, seniors' care)?
28. What is patient centred care and how would it be operationalized in the development standards for health care facilities?
29. How should Ontario build new health care facilities considering the changing demographics and models of care?
30. How might Ontario reduce the wait times of patients seeking care from specialists (such as neurologists/cardiologists)?
31. How might Ontario improve timely discharge of patients from acute care facilities (e.g., reduce ALC)?
32. How might Ontario more effectively redirect non-urgent patients away from emergency departments to more appropriate and timely health care options?

Category: Mental Health and Addictions

33. How might Ontario make it easier for young people to transition from mental health and addictions services for youth to services intended for young adults?

Question

- 34. How might Ontario identify and intervene in child and youth mental health issues early?
- 35. How might Ontario foster resiliency on mental health and wellness especially among at-risk populations?
- 36. How might Ontario invest in and expand workplace mental health programs?
- 37. How might Ontario decrease the stigma and discrimination of mental health in public services and in the workplace?
- 38. How might Ontario get more people with mental health and/or addictions issues employed and integrated in their communities?
- 39. How might Ontario improve transitions for people with mental illness and addictions (e.g., dealing with multiple service providers or going from hospital to a community agency)?
- 40. How might Ontario make it a priority to invest in supporting housing for people with mental illness and addictions?
- 41. How can government most effectively reduce opioid dependence?
- 42. How might Ontario respond to prevent the uptake of e-cigarette and water-pipe use in the young adult population?

Category: Quality

- 43. How might Ontario develop an approach to standardize information and communication systems to facilitate immediate and responsive information-sharing?
- 44. How can government efficiently deploy health care system resources to provide higher quality/ lower cost health care in correctional institutions?
- 45. How can government create effective regimes of quality oversight outside of hospitals that are comprehensive and go beyond the current professional patchwork of colleges to reduce complaints and/or violations?
- 46. How can government mandate patient engagement in a way that stimulates quality improvement?
- 47. How can government effectively shift risk for costs and quality of care onto providers so as to reduce spending growth while improving overall quality?
- 48. How might Ontario evaluate the quality of primary care services?

Category: Health Benefits

- 49. How might Ontario extend health benefit programs to all low-income Ontarians? (i.e. cost-effective service delivery models that best reach underserved groups; encouraging uptake of health benefits for low income populations; universal vs targeted programs)
- 50. How might Ontario adopt proactive measures to determine the affordability of pharmaceuticals?

Question

51. How can government create a health benefit system where there is greater patient choice to foster appropriate utilization?
52. How can government provide low income health benefits (like dental or drug) to improve the overall efficiency of the health system?
53. How can government increase access to currently uncovered services (physiotherapy, chiropractic, drugs) to reduce opioid dependence?

Housing/Homelessness

54. How might Ontario support a vibrant non-profit and co-operative housing sector?
55. How might Ontario provide homeless or at-risk youth with the right kinds of housing and other wraparound supports in order to break the cycle of poverty?
56. How might Ontario approach ending homelessness by focusing on prevention?
57. How might Ontario address the higher rates of homelessness, poor health, poverty and social inequality among racialized peoples?
58. How might Ontario help women become independent from their abuser and become self-sufficient, and to help them and their children on the path to greater housing stability?
59. How can government improve access to housing for mental health or marginalized patients to reduce overall healthcare costs while improving health?

Category: Home and Community Care

60. How can government adjust the mix of informal and formal caregivers to improve efficiency? How might Ontario support (informal) family caregivers who provide support and care for their loved one?
61. How might Ontario enhance palliative care at home or out-of-hospital, or in long-term care?
62. How might Ontario decrease variability in access to home and community care services and increase accountability for outcomes?
63. What care delivery models might Ontario use to integrate primary care with community care and other care settings?
64. What is the ideal mix of home care, long-term care and other forms of supportive housing, and how does Ontario achieve it?
65. What health system improvements would optimize home care logistics (e.g. transportation issues/travel time) in order to enable health care workers to maximize the time spent on face-to-face client care?

Category: Long-Term Care

66. How do we optimize the design, re-use and repurposing of facilities to improve care for residents, especially those with dementia?

Question

- 67. How does the Hub model (which brings together Long-Term Care and other community, housing, and health facilities in one campus) improve care and coordination of care for seniors?
- 68. How can government better plan for future long-term care needs of Ontarians?
- 69. How can government most efficiently finance expansion of long-term care?

Category: Other

- 70. How might Ontario encourage a culture of patient- and family-centred care through the health system?
 - 71. How might Ontario develop an approach to effectively disseminate information on the health care options available to the public, particularly for newcomers and other marginalized populations?
 - 72. How can we ensure that Ministry investments in digital health benefit Ontarians equitably?
 - 73. How would MCSS use economic models to understand how we could set eligibility criteria for income security programs from the point of optimizing health in the context of social and economic impacts?
 - 74. How would MCSS segment individuals who enroll in income support and social services programs to understand and evaluate the impact of a program design would have on the health outcomes and health systems?
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Appendix 5: Top 14 Questions Prioritized by Policy-Makers

1. How might Ontario use its health care system to ensure the sustainability and appropriateness of correctional services health services? / How might Ontario efficiently deploy health care system resources to provide higher quality/lower cost health care in correctional institutions?
2. How might Ontario work with private sector sources of capital to increase the stock of housing?
3. How might Ontario increase accessibility and affordability to healthy foods in First Nations communities, particularly in remote and fly-in communities?
4. How might Ontario create built environments that promote physical activity for people of all ages and abilities?
5. How might Ontario increase access to care in rural and remote areas (e.g., primary care, home and community care, hospital health services, specialists, seniors' care)?
6. How might Ontario build new health care facilities considering the changing demographics and models of care?
7. How might Ontario improve timely discharge of patients from acute care facilities (e.g. reduce Alternate Level of care [ALC])?
8. How might Ontario foster resiliency on mental health and wellness especially among at-risk populations?
9. How might Ontario best ensure the uptake of low-income health benefits?
10. How might Ontario approach ending homelessness by focusing on prevention?
11. How might Ontario adjust the mix of informal and formal caregivers to improve efficiency? /How might Ontario support (informal) family caregivers who provide support and care for their loved one?
12. What is the ideal mix of home care, long-term care and other forms of supportive housing, and how does Ontario achieve it?
13. How might Ontario better plan for future long-term care needs of Ontarians?
14. How might Ontario encourage a culture of patient- and family-centred care through the health system?

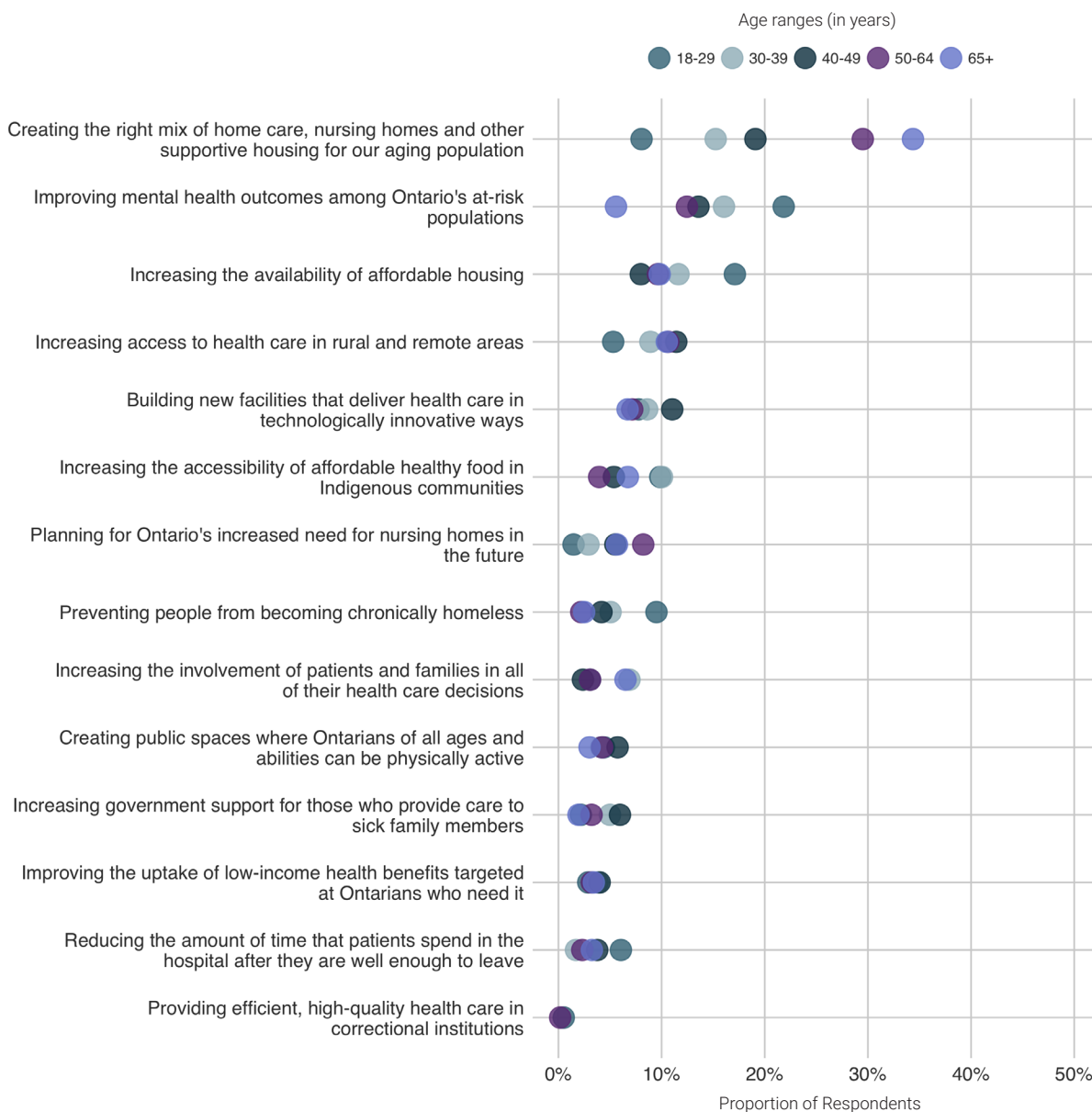
Appendix 6: Top 5 Questions Prioritized by Public Poll Respondents

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1. What is the ideal mix of home care, long-term care and other forms of supportive housing, and how does Ontario achieve it?
 2. How might Ontario foster resiliency on mental health and wellness especially among at-risk populations?
 3. How might Ontario work with private sector sources of capital to increase the stock of housing?
 4. How might Ontario increase access to care in rural and remote areas (e.g., primary care, home and community care, hospital health services, specialists, seniors' care)?
 5. How might Ontario build new health care facilities considering the changing demographics and models of care?

Appendix 7a: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Age

Younger Ontarians are less likely to prioritize issues concerning the aging population. There is a considerable divide in support for this issue between those under 49 and those aged 50 or older. Younger Ontarians tended to prioritize the mental health outcomes of at-risk populations and the availability of affordable housing more so than older respondents.

How would you prioritize the following issues?

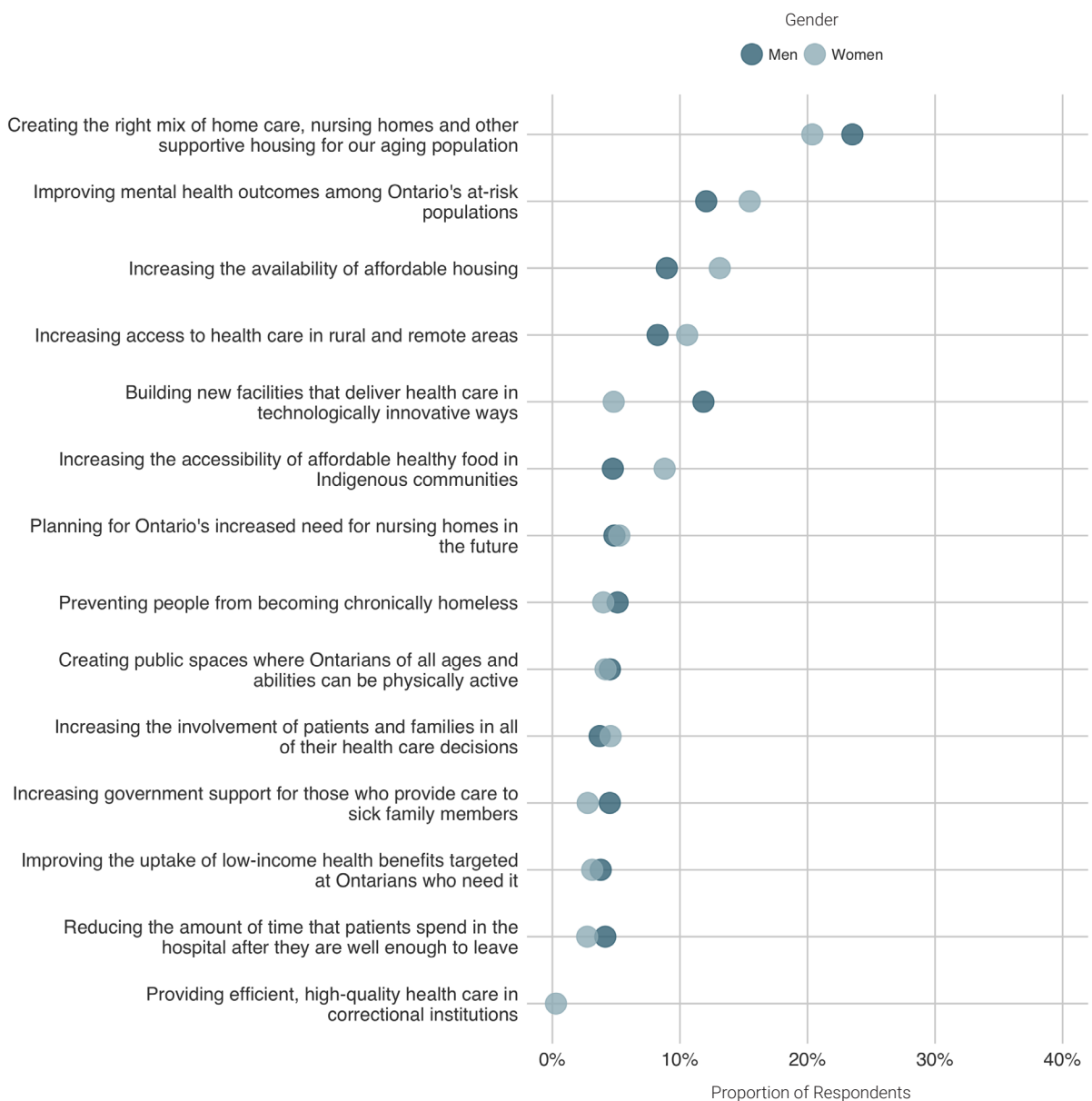


Source: Vox Pop Labs

Appendix 7b: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Gender

Male and female Ontarians are split on the following issues: creating the right mix of nursing homes and other supportive housing in Ontario; access to affordable healthy food in Indigenous communities; and innovations in health care delivery. Men, in particular, consider nursing home and supportive housing options to be slightly more important than women do. Men are also more likely to prioritize innovations in health care delivery. Women, in contrast, place a higher level of importance on Indigenous access to affordable healthy food.

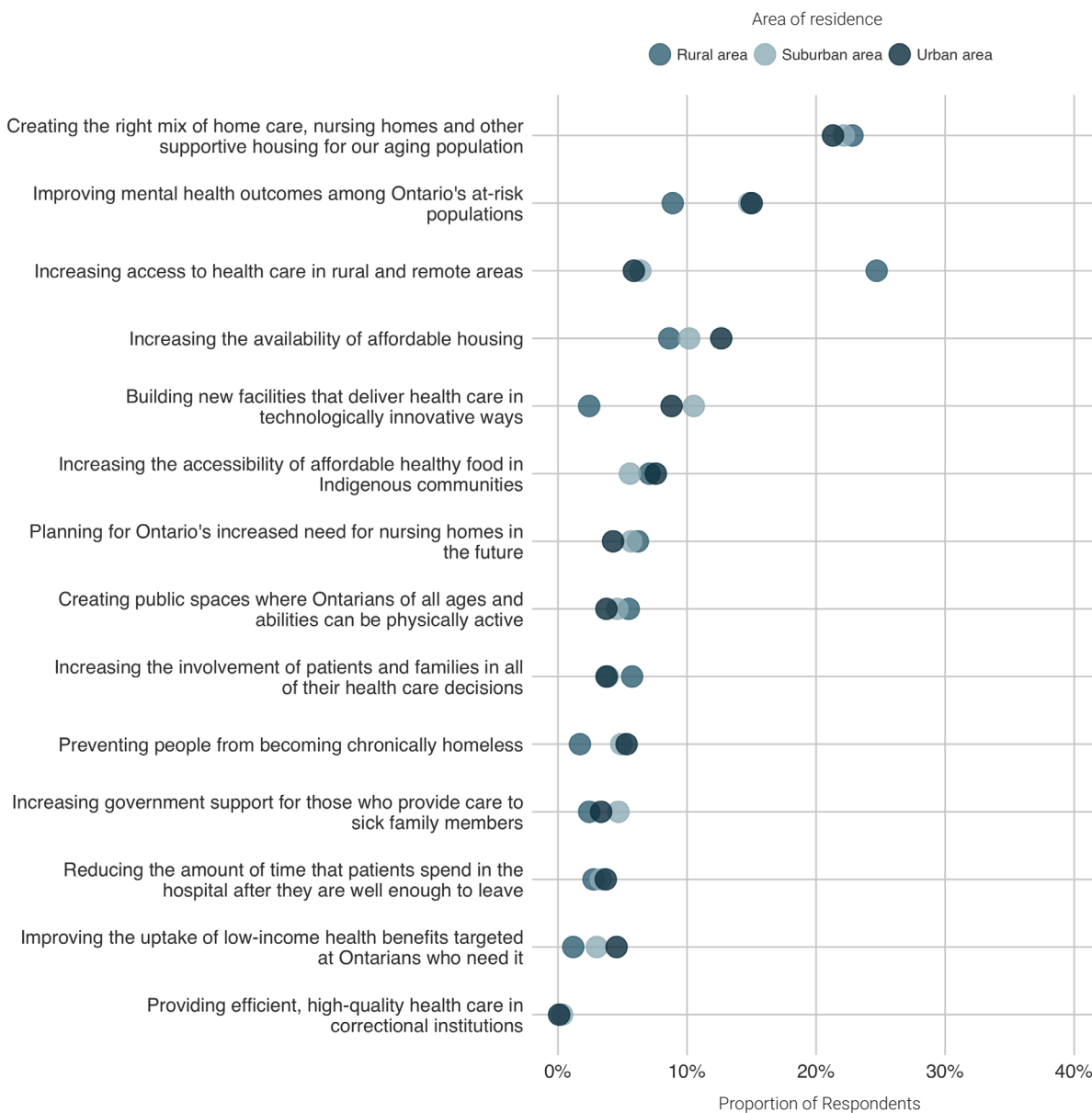
How would you prioritize the following issues?



Appendix 7c: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Area of Residence

Predictably, Ontarians living in rural areas are much more concerned about access to health care in rural and remote areas than those living in suburban or urban areas. Rural Ontarians find technological innovation to be a comparatively minor issue.

How would you prioritize the following issues?

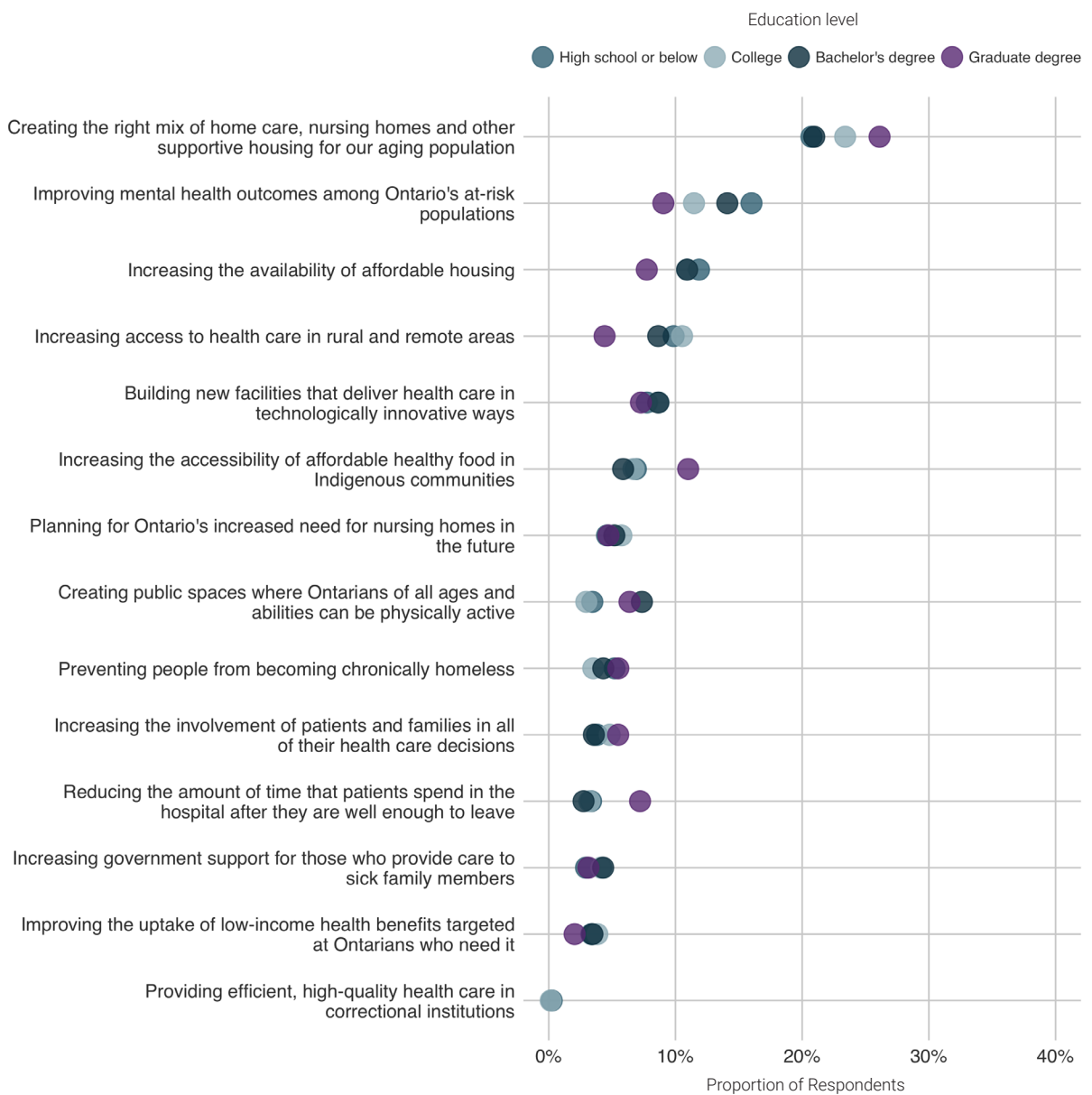


Source: Vox Pop Labs

Appendix 7d: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Education

Generally, graduate degree holders place a low level of importance on rural access to health care—an issue that people without graduate degrees (i.e., holders of Bachelor’s degrees or below) tend to prioritize more often. What graduate degree holders do prioritize is Indigenous access to affordable healthy food, as well as reducing Alternate Level of Care (ALC) wait times.

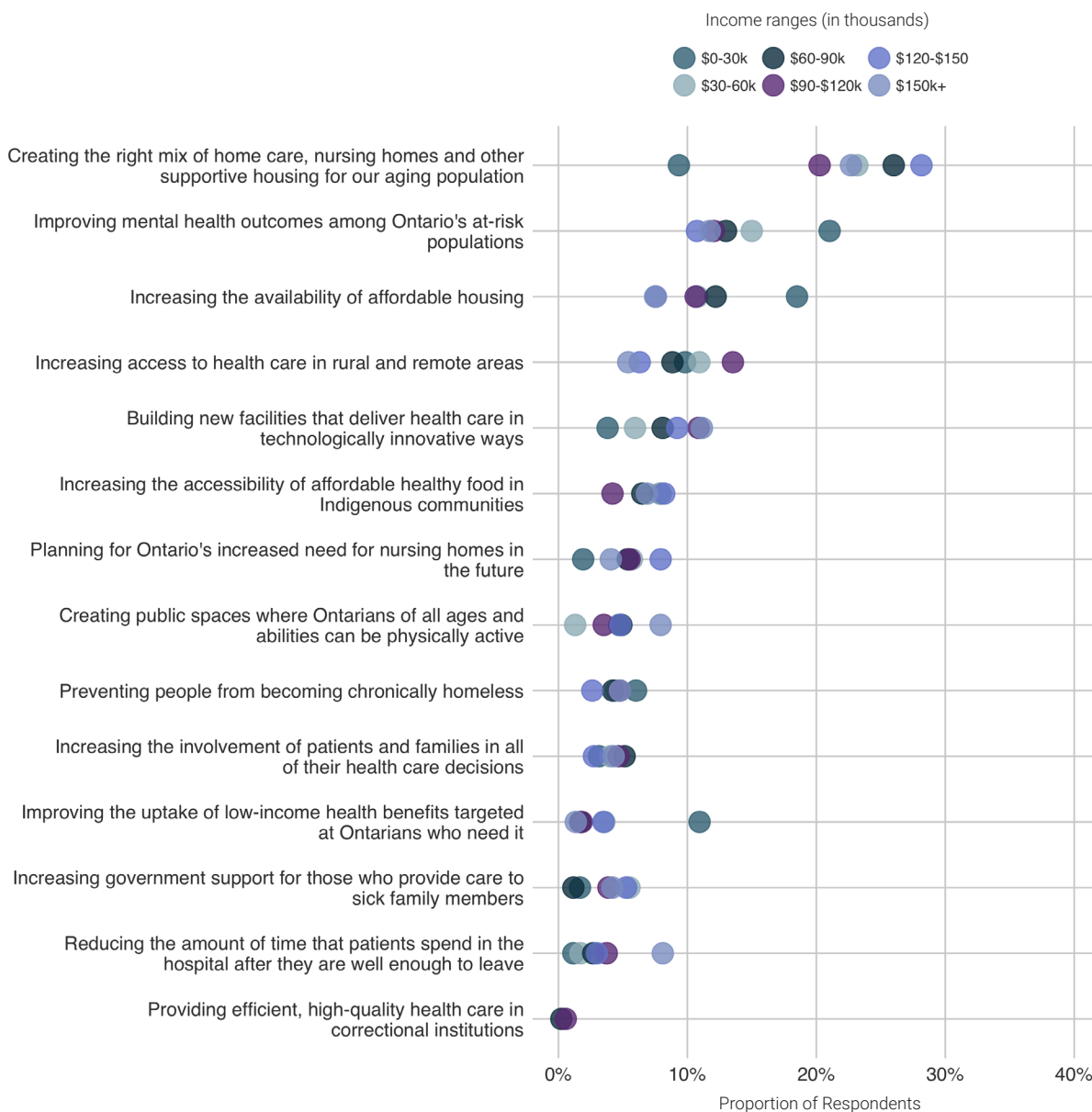
How would you prioritize the following issues?



Appendix 7e: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Income

Low-income Ontarians place a much lower level of importance on creating the right mix of nursing homes and other forms of supportive housing in Ontario than those with higher incomes. Low-income Ontarians are also more likely to prioritize the mental health outcomes of at-risk populations; increasing the uptake of health benefits for low-income individuals; and the issue of affordable housing in Ontario.

How would you prioritize the following issues?

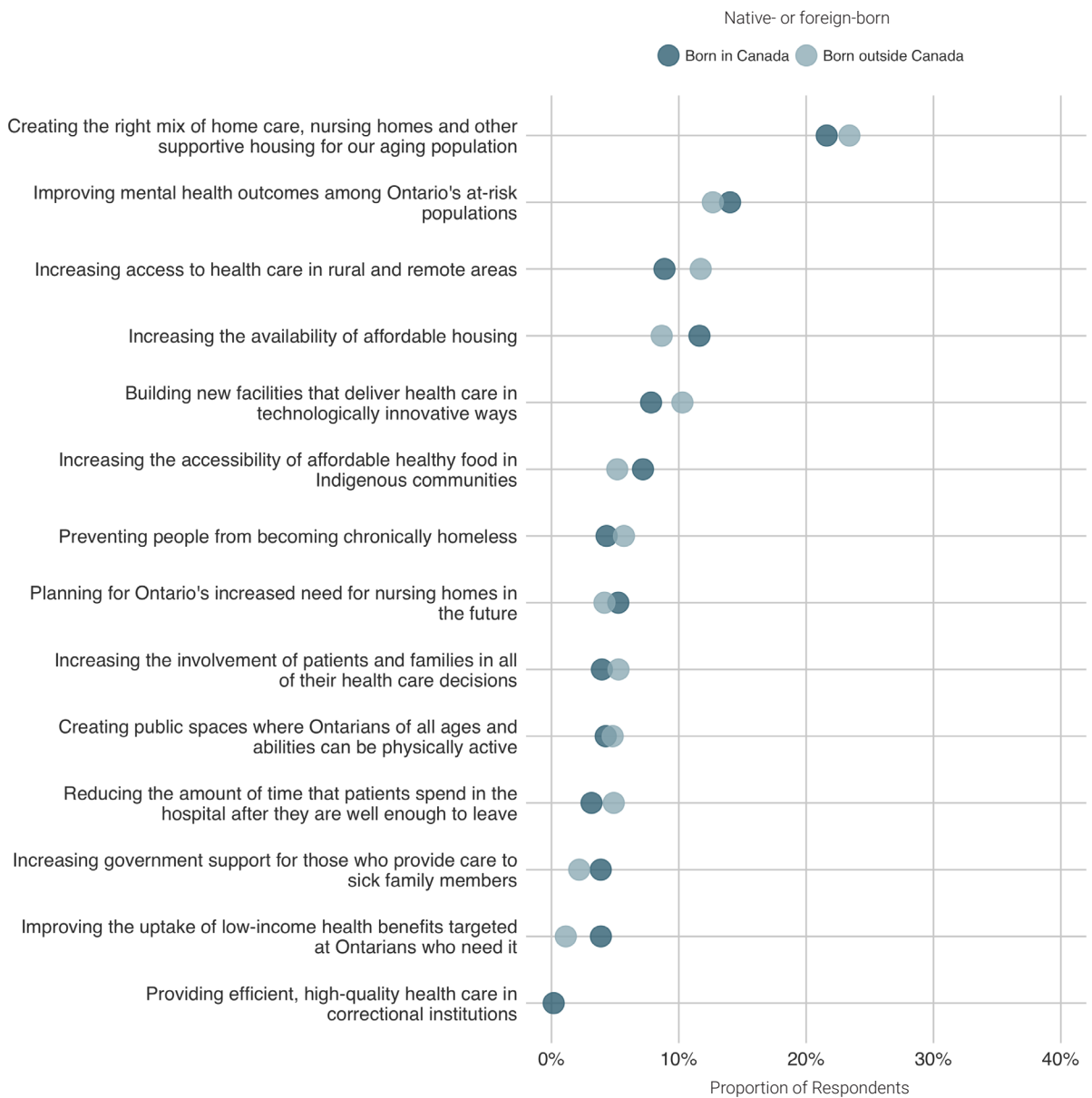


Source: Vox Pop Labs

Appendix 7f: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Immigration

As seen below, native- and foreign-born respondents do not vary significantly in their prioritization of the 14 policy items. This lack of variation suggests that being born in Canada or not does not have a significant impact on one's health care priorities.

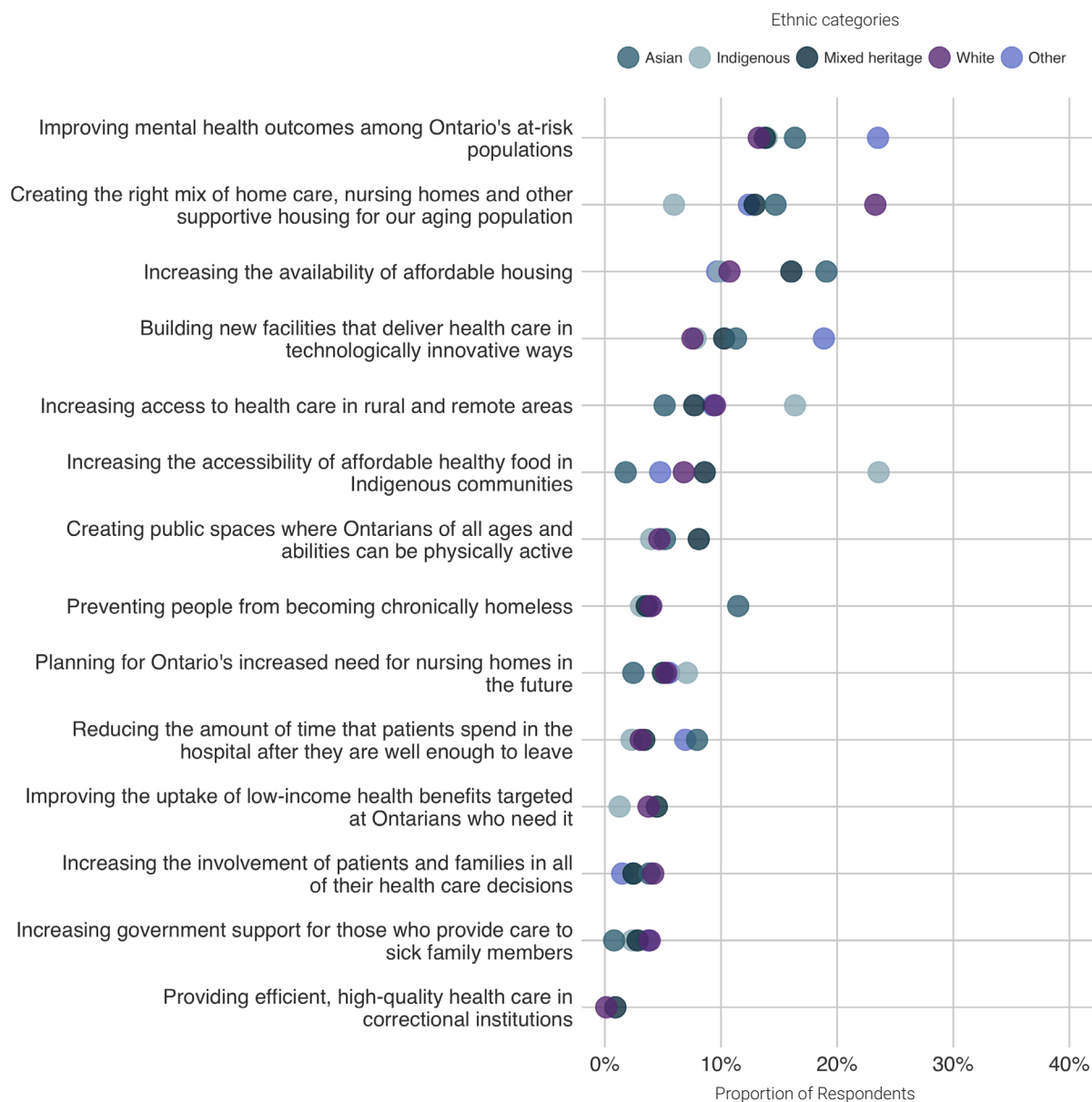
How would you prioritize the following issues?



Appendix 7g: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Background

In general, White respondents are much more likely to prioritize efforts to create the right mix of nursing homes and other supportive housing in Ontario than the other racial or ethnic categories of respondents. Asian respondents also stand out in terms of their much higher prioritization of issues regarding affordable housing and preventing chronic homelessness. Increasing access to healthy food in Indigenous communities is most often prioritized by Indigenous Ontarians.

How would you prioritize the following issues?

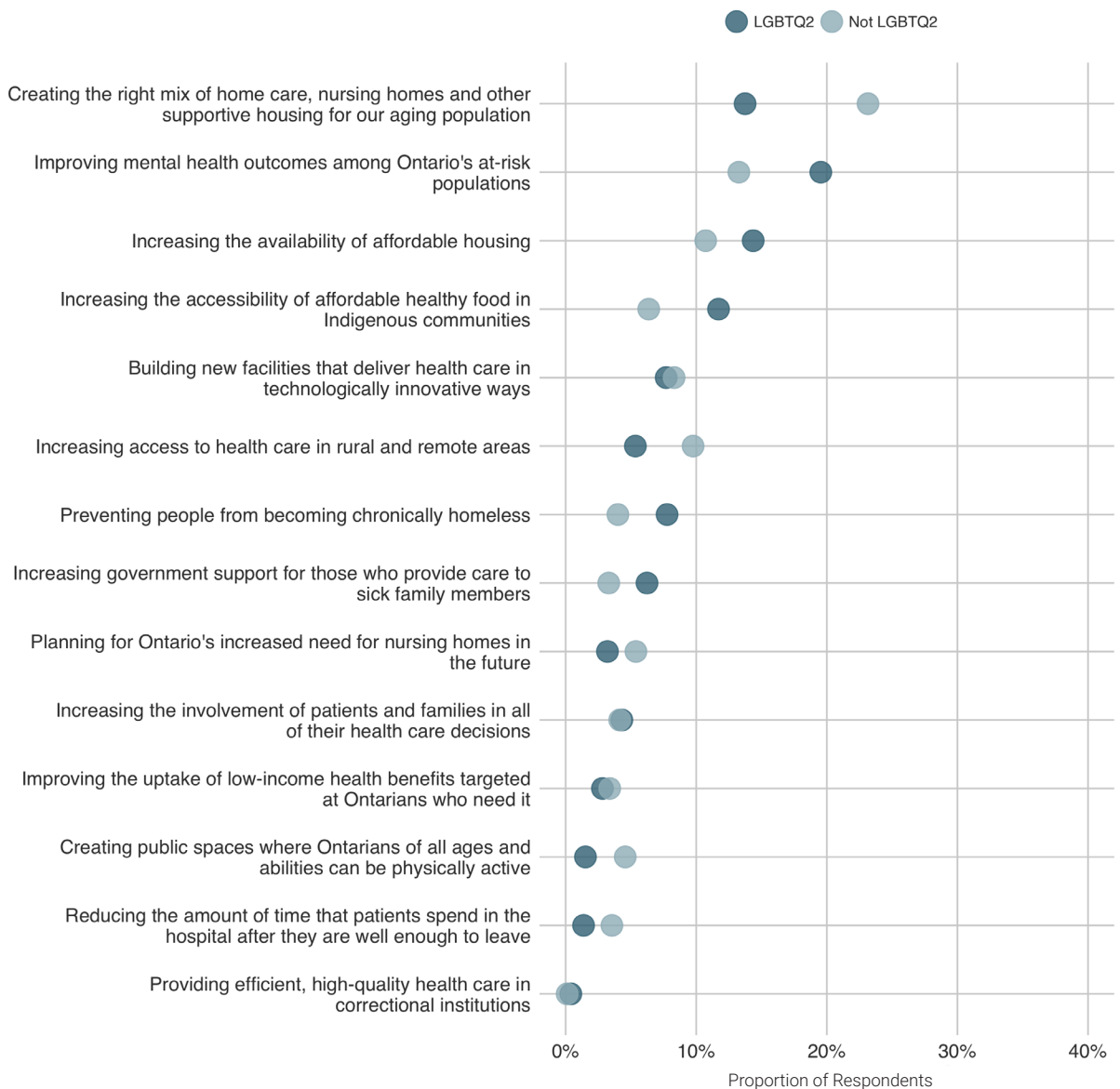


Source: Vox Pop Labs

Appendix 7h: Public Poll Respondents Comparison of Top 14 Prioritized Questions by LGBTQ2

LGBTQ2 and non-LGBTQ2 Ontarians differ on a number of issues. For example, LGBTQ2 respondents place higher importance on priorities that target at-risk, marginalized or low-income Ontarians. In contrast, non-LGBTQ2 respondents are more likely to prioritize efforts to create the right mix of nursing homes and other supportive housing in Ontario, as well as increasing health care access in rural or remote areas.

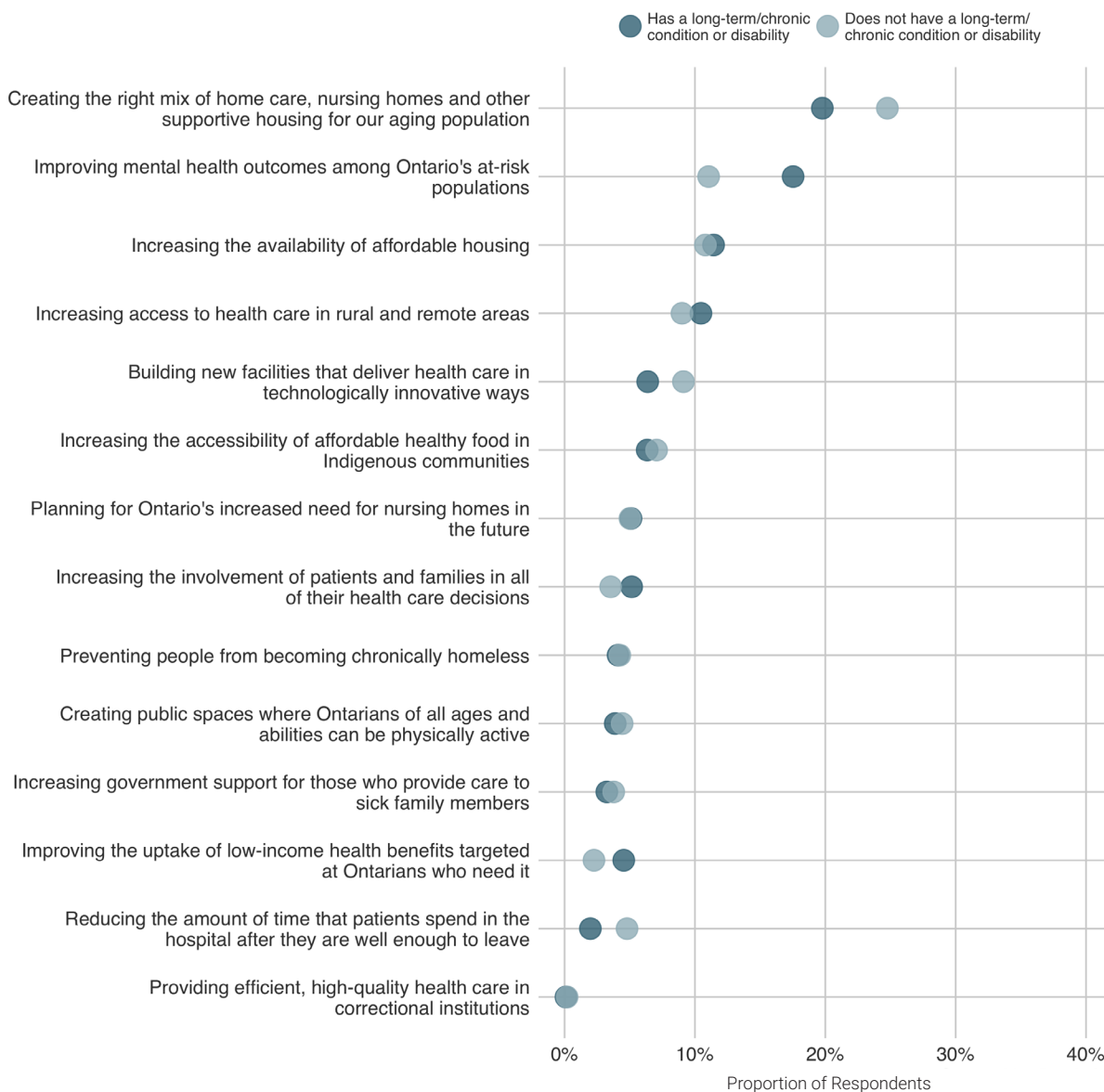
How would you prioritize the following issues?



Appendix 7i: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Disability

Ontarians with long-standing illnesses, chronic conditions or disabilities are more likely to prioritize the mental health outcomes of at-risk populations. Meanwhile, those who report to have no disabilities or chronic conditions place a higher level of importance on creating the right mix of nursing homes and other supportive housing in Ontario.

How would you prioritize the following issues?

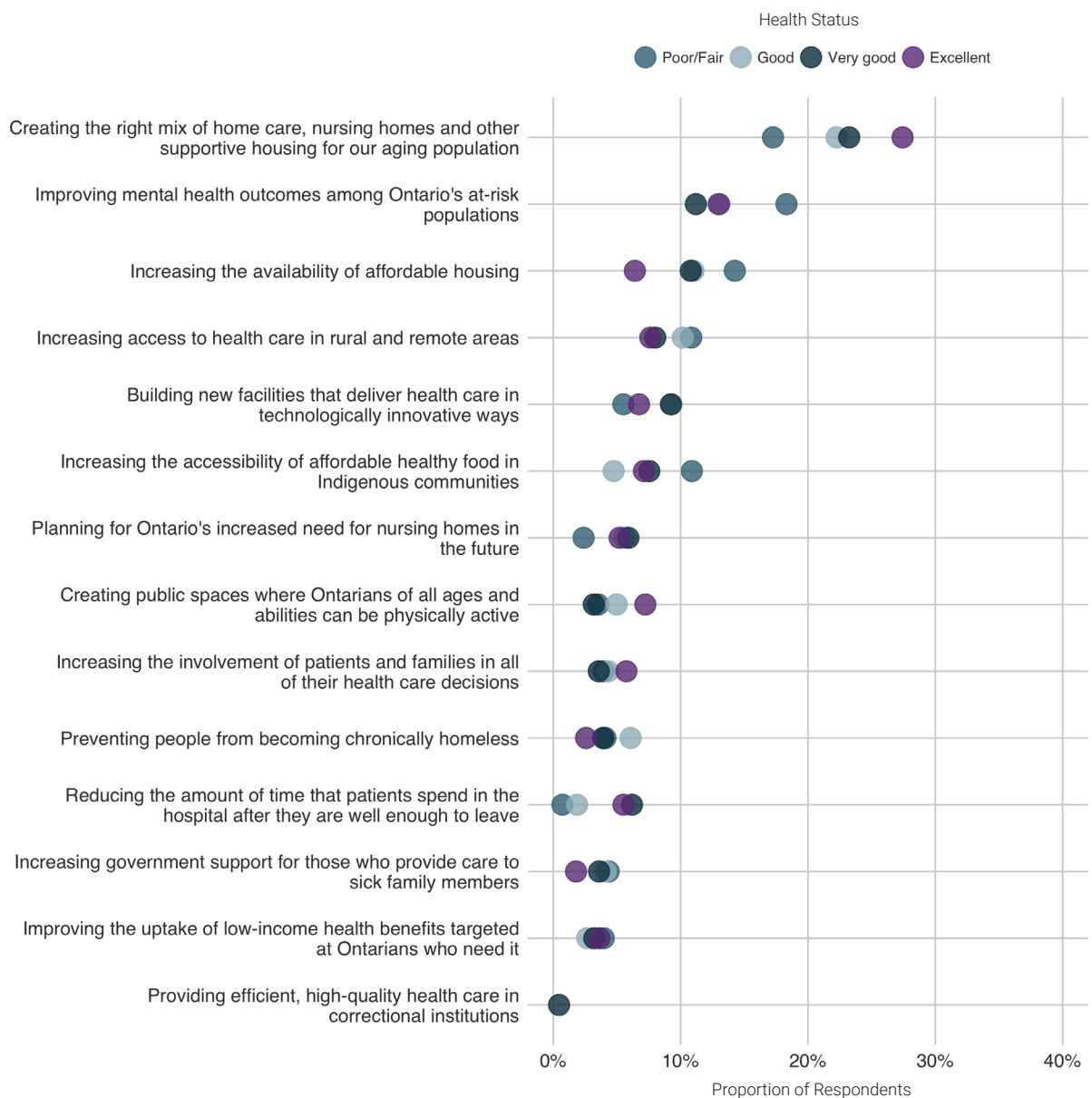


Source: Vox Pop Labs

Appendix 7j: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Overall Health Status

Creating the right mix of nursing homes and other supportive housing in Ontario is not as high a priority for those with poorer health than those with good to excellent health. Meanwhile, respondents with excellent health place a lower level of prioritization on affordable housing and are more likely than any other group to prioritize nursing home and supportive housing options.

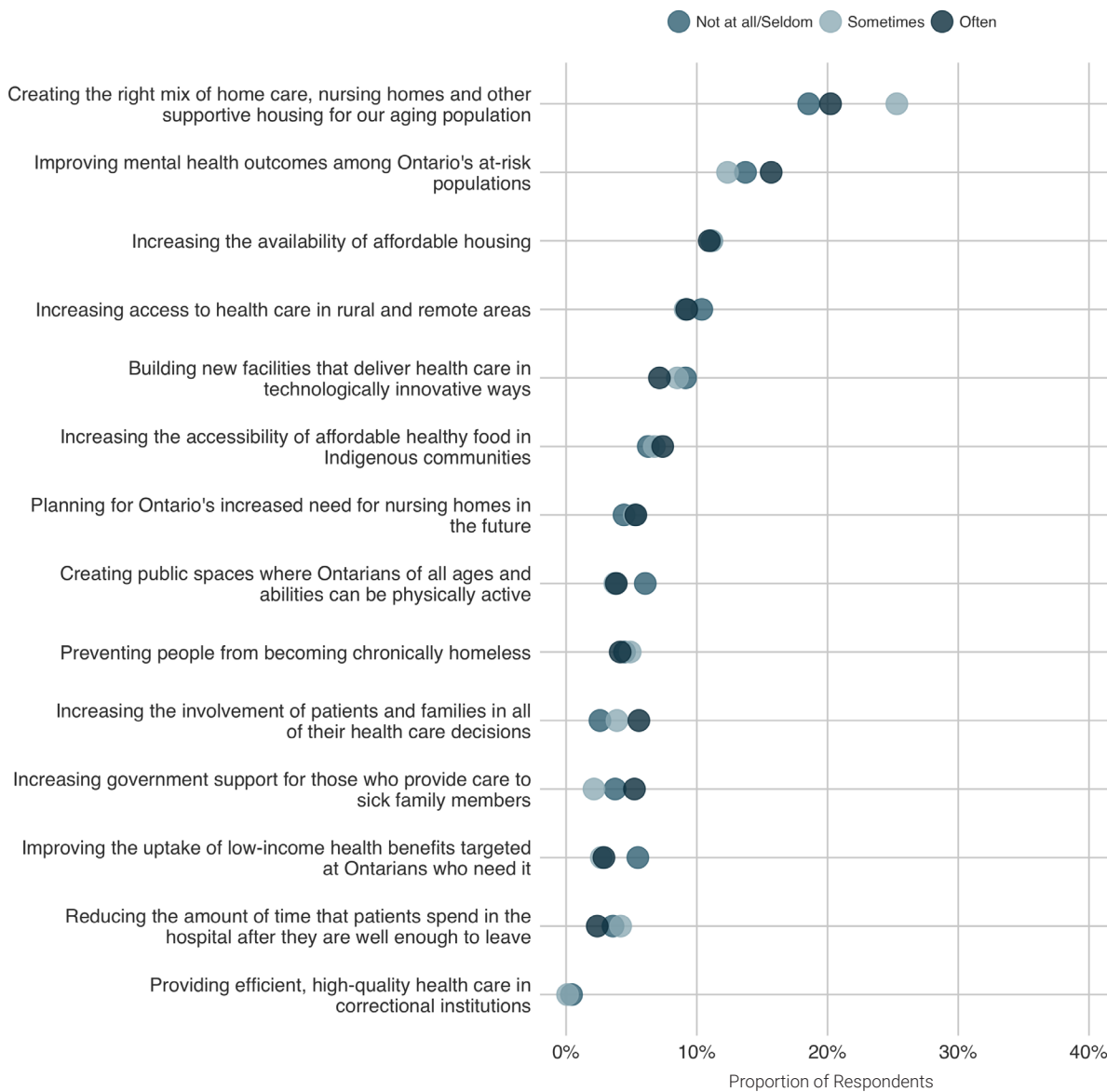
How would you prioritize the following issues?



Appendix 7k: Public Poll Respondents Comparison of Top 14 Prioritized Questions by Interaction with the Health Care System

There is relatively little variation to be found when comparing the priorities of Ontarians who interact with the health care system to different degrees.

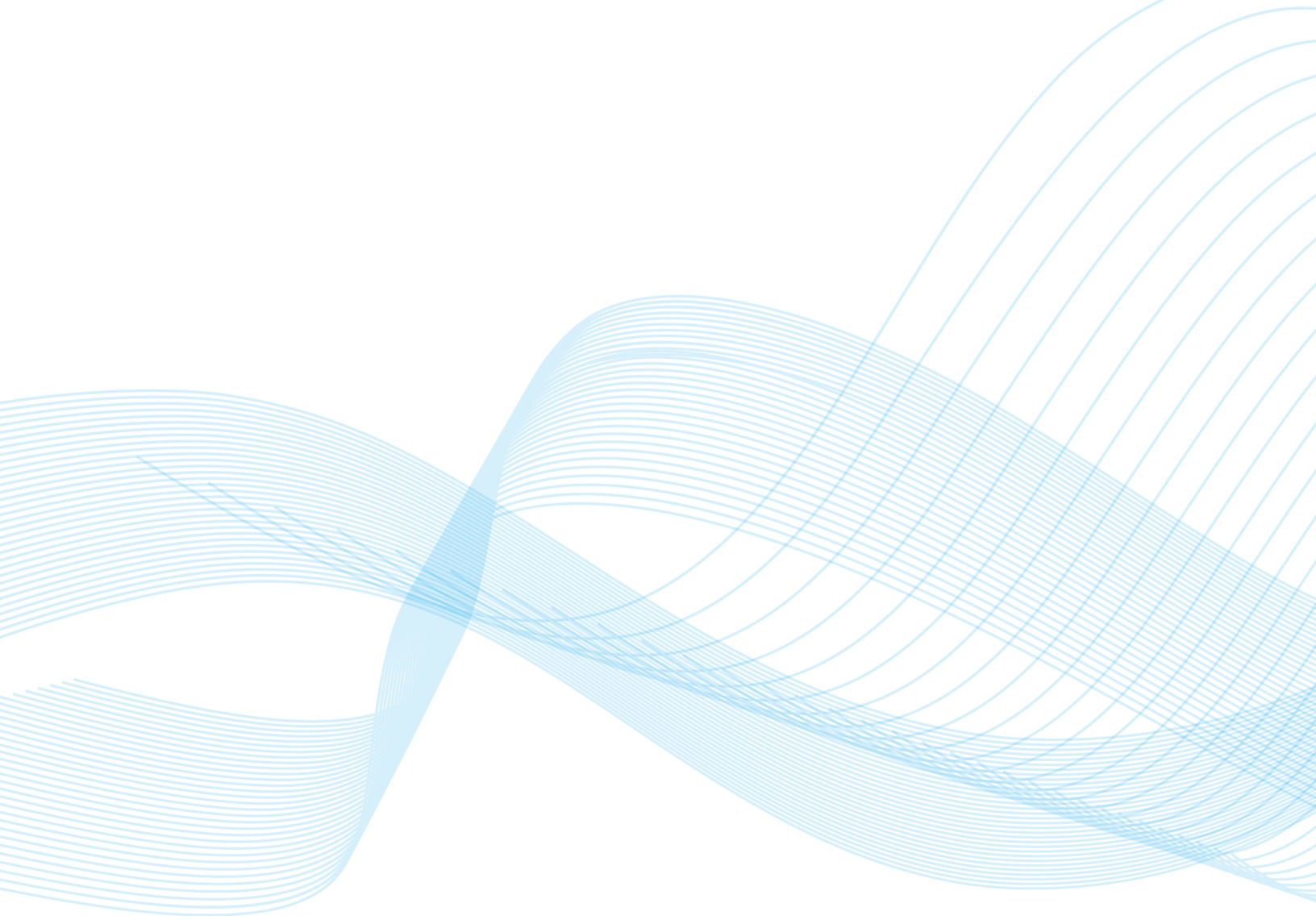
How would you prioritize the following issues?



Source: Vox Pop Labs

Appendix 8: Top 7 Open-Ended Question Responses from Public Poll Respondents

1. How might we improve access to primary care?
2. How might we decrease wait times in hospital emergency rooms?
3. How might we ensure the wellbeing of the population by focusing on preventative health?
4. How might we meaningfully increase the number of doctors/nurses/front line workers?
5. How might we better allow people to heal at home or age in place?
6. How might we effectively increase coverage of services such as prescriptions and dental?
7. How might we improve access to mental health services?



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