

**Understanding the Human
Impact in Health Policy
through Patient, Family and
Caregiver Partnership**

Annual Report of the
Minister's Patient and Family
Advisory Council 2025-26



Table of Contents

Land Acknowledgement and African Ancestral Acknowledgement	2
Message from Deputy Premier and Minister of Health	3
Message from Deputy Minister of Health	4
Message from the Chair of the Minister's Patient and Family Advisory Council	5
Overview of the Council	7
Council Snapshot: Lived / Living Experience and Expertise	8
By the Numbers Snapshot	10
1. Connecting Patients to Primary Care	12
2. Supporting OHTs to Deliver Services to their Communities	15
3. Strengthening Governance Models and Community Care Services	18
4. Advancing the Digital Health System	21
Embedding the Human Impact into Health Policy	24
Chair's Closing Remarks and Opportunities for the Year Ahead	25

Land Acknowledgement

The Minister's Patient and Family Advisory Council (council) acknowledges that our meetings take place on the traditional territory of many Nations, including the Mississaugas of the Credit First Nation, the Anishinaabe, the Haudenosaunee, and the Wendat peoples. These Lands, both historically and currently, have been the home and gathering place of many Indigenous Peoples from across Turtle Island. Long before today, Indigenous Peoples have been the stewards of these lands. We acknowledge the Dish with One Spoon Treaty, an agreement to peaceably share and care for the resources around the Great Lakes.

Indigenous Peoples in Ontario continue to care for this Land and shape the province we live in. We humbly demonstrate our respect to the Indigenous Peoples of this Land, today and all days. We are deeply grateful for the opportunity to live, work, and meet in this territory. We affirm our commitment to heartfelt reconciliation.

African Ancestral Acknowledgement

The council acknowledges all Treaty peoples, including those who came here as settlers, as migrants either in this generation or in generations past, and those who came here involuntarily, particularly those brought to these lands as a result of the Trans-Atlantic Slave Trade and enslavement. We recognize and pay tribute to those ancestors of African origin and descent.



On behalf of the Government of Ontario, I am pleased to accept the 2025–2026 annual report of the Minister's Patient and Family Advisory Council. I greatly appreciate the council's continued leadership and dedication to building a more connected and convenient healthcare system that will meet the needs of Ontarians for generations to come.

Through our historic \$3.4 billion Primary Care Action Plan, our government is connecting everyone in the province to a family doctor, nurse practitioner or primary care team by 2029. Over the last year, the council's insights have played an important role in advancing this work, as well as other system improvements that impact the care of Ontario patients and families.

I would like to extend my sincerest gratitude to the council's chair, Betty-Lou Kristy. Her steadfast leadership, partnership, and commitment to ensuring the perspectives of patients, families and caregivers are represented continues to make a lasting impact on the lives of Ontarians. I am also grateful for the contributions of all council members, who each provide valuable insight and expertise to support ongoing efforts to centre patient, family and caregiver voices across our healthcare system.

Thank you, and I look forward to continuing our work together in the year ahead.

Stay well.

The Honourable Sylvia Jones
Deputy Premier and Minister of Health

Message from Deputy Premier and Minister of Health



On behalf of the Ministry of Health, I'm pleased to join Deputy Premier and Minister Jones in congratulating the Minister's Patient and Family Advisory Council on the release of its 2025-2026 annual report.

Your voices continue to shape how we understand the experiences of patients, families and caregivers in meaningful ways. Through your advice and shared perspectives, you help us see where the system is doing well and where we need to do better.

Engaging and involving patient, family and caregiver perspectives is a powerful lens for policymaking and reinforces the ministry's commitment to co-designing solutions.

I would like to extend my appreciation to chair Betty-Lou Kristy and each member of the council for their leadership and ongoing dedication. Your contributions continue to deepen our understanding of what matters most to the people we serve.

Thank you for your partnership. I look forward to continuing this work together, to co-design a truly patient-centred health-care system for all Ontarians. In friendship,

Deborah Richardson
Deputy Minister of Health

**Message from
Deputy Minister
of Health**



This year the Minister's Patient and Family Advisory Council (MPFAC) demonstrated why humanity—not hierarchy—matters most: by consistently grounding the system's work in the lived experiences of patients, families and caregivers. As patients and caregivers, our lived experience informed clear and compelling insights that illuminated system strengths, exposed critical gaps and shaped priorities for action. Our collective voices did more than influence direction, they strengthened policy outcomes. Through equity, inclusion and compassion in action, we reinforced a fundamental truth that emerged as this year's annual report theme: embedding humanity in policy is not optional; it is essential to driving meaningful, sustainable change across Ontario's health system.

As a council we solidified our role as trusted advisors to the Minister and Ministry of Health. We advanced beyond dialogue into disciplined, outcomes-focused co-design partnerships with policymakers, advising on key government priorities, including primary care. The insights we contributed were not anecdotal; they were strategic, actionable and grounded in lived reality. Our advice and recommendations ensured that government decisions reflected the true experiences

of the people the system is designed to serve. In short, we ensured a human lens was built into policy development, demonstrating that lived experience is not supplementary evidence, instead it is the foundation of responsible, human-centred system transformation.

This progress occurred even as the system continues to face complex challenges. Ontario continues to face rising mental health and addiction needs, heightened by the poisoned drug supply, and increasing pressures among unhoused populations that require integrated responses to uphold safety, dignity and stability. These challenges reinforce the critical role of primary care as the anchor of continuity, early intervention and connection to broader supports. The council remains focused on supporting the development of policy that responds not only to clinical needs but to the full human context in which people live and seek care.

Year after year, the council has championed integrated, human-centred policy design that prioritizes prevention and strengthens sector collaboration. These principles were put into practice through the council's involvement in the early stages of the development of the Primary Care Action Plan (PCAP), providing advice related to

Message from the Chair of the Minister's Patient and Family Advisory Council

connecting people on the Health Care Connect waitlist to primary care. We spoke on the need, not only to attach patients, but for patients to receive *timely* access to care. We emphasized the importance of digital systems that enable clinicians to communicate, not only to each other, but also with their patients. To build a system that meets the needs of every Ontarian, we highlighted the vital role community leaders play in outreach and awareness efforts, supporting culturally inclusive care and connecting to local services.

Looking ahead, we remain focused on bold leadership grounded in humanity. Elevating patient and caregiver voices, dismantling structural barriers and championing equity are not symbolic aspirations, but rather, strategic imperatives.

I'd like to extend my sincere gratitude and thanks to Deputy Premier and Minister of Health, Sylvia Jones, for her continual leadership and commitment to ensuring patient, family and caregiver voices remain at the centre of policy development. Her support has been essential in establishing the council as partners, co-designing the policies and programs that impact the health system in Ontario.

Thank you also to Deputy Minister Deborah Richardson for her steadfast support and allyship. In a Ministry of Health virtual "coffee chat" with the council, you provided a platform to highlight the importance of involving and engaging patients, families and caregivers in policy and program design and implementation.

To my fellow council members, thank you for the relentless commitment and dedication that you continuously show up with. Together, we are advancing a legacy of leadership defined by integrity, purpose and determination to embed humanity into every dimension of Ontario's health system. As we know, this requires a system evolution that is built on lived experience, driven by shared values and powered by our collective determination. I am enormously grateful that I get to work alongside each of you.

Building a better-connected health-care system in Ontario can only occur if we listen and uplift the voices of those who interact with the health system, ensuring diverse and equitable representation of experiences from across the province. I encourage all system leaders to involve and partner with their patient, family and caregiver lived experience advisors. Change cannot occur without it.

Thank you,

Betty-Lou Kristy

Minister's Patient and Family Advisory Council Chair

Overview of the Council

As a permanent advisory agency to the Minister and Ministry of Health ('ministry'), the mandate of the council is to help improve patient care by ensuring patient, family and caregiver voices are at the centre of policy development and decision-making. Council members hold a breadth of lived and living experiences in the health system and represent a diverse range of perspectives across Ontario. In 2025-2026, there were 12 council members, plus the chair.

This year, the council completed the *Creating Engagement Capable Environment's Self-Assessment Tool*, developed by the Public and Patient Engagement Collaborative at McMaster University to assess engagement within the ministry. Drawing from the self-assessment, the council highlighted the importance of facilitating a culture of engagement and co-design, including through feedback loops, measuring impact and increasing opportunities for patient, family and caregiver involvement.

Council members plus the chair participated in a number of learning opportunities and on panels to share the impact of patient, family and caregiver engagement. In conversation with Deputy Minister Deborah Richardson as part of her ministry-wide "coffee chat series", council members emphasized the importance of involving lived experience partners in policy development.

In 2025-2026, the council continued to provide valuable strategic advice and insights to the ministry. The council advised on the ministry's efforts to connect patients to primary care, support Ontario Health Teams (OHTs) to deliver care, strengthen health system governance models and community care services and leverage a digital health system. Council insights highlighted that building a patient-centred and humanized health-care system cannot occur without engaging, partnering and involving patients, families and caregivers.

Council Snapshot: Lived / Living Experience and Expertise

The diverse voices of its members are a driving force behind the success of the council. As valued partners, their wide range of perspectives and contributions have strengthened policy and program development, helping the ministry understand the human impact. Full biographies for all council members can be found at the [Minister's Patient and Family Advisory Council website](#).



Betty-Lou Kristy (chair): Childhood Trauma; Gender-Based and Domestic Violence; Substance Use and Addictions; Mental Health; Bereavement and Grief; Cancer and Chronic disease; Intellectual and Mobility Disabilities; Restorative Justice; Peer Support; Housing and Homelessness; Governance; Engagement and Co-Design



Abbey Hunter: Northern Communities; Chronic Disease; Youth Perspective; Hospital and OHT Engagement; Public Health



Amandeep Kaur: South Asian Community; Substance Use & Addiction; Mental Health; Marginalized & Diverse Populations; Leadership; Strategic Visioning; Community Development; Health Promotion; Chronic Disease Prevention



David Bell: Family Caregiver Mental Health; Child Health Services; Care for Medically-Fragile Children; Pediatric Palliative Care; Research Ethics



Dean Valentine: Veteran of Canada's Royal Canadian Navy; HIV/AIDS; Mental Health; Substance Use & Addiction; Harm Reduction; Community Building; Peer Support; Engagement & Co-Design; Governance; Human Resources; Research; LGBTQ2I Advocacy



Don Mahleka: Refugee from Zimbabwe; Chronic Pain; Trauma; Mental Health; Health Equity; Anti-Racism; Anti-Oppression; Youth Program Development; Change Management; Participatory Research; Policy Development



Joan Duke: Northern Communities; Supporting Family/Caregivers; Chronic Conditions; Advisory & Empowerment; Community Engagement; Virtual Care; Digital Health; Policy Review; Quality Control; Research



Karen Samuels: Child Health and Social Services; Cancer Survivor; Mental Health & Addictions; Youth Engagement; Homelessness; Human Trafficking; Emotional Intelligence; Immigration; Kinship Services; Equity; Diversity; Peer Support



Sandi Bell: African-Canadian/Indigenous; Human Rights; Social Justice; Anti-Racism; Anti-Oppression; Mental Health; Child Welfare; Education; Youth; Accessibility; Disability Issues; Equity; Diversity; Access; Inclusion; Mediation; Training



Sandra Holdsworth: Transplant Recipient; Organ & Tissue Donation; Chronic Disease; Mental Health; Social Determinants of Health; Research; Co-Design; Knowledge Translation; Engagement; Leadership; Patient Partnership; Quality Improvement; Training



Shannon McGavin: Education & Teaching; Rural Communities; Youth and Community Wellness; Mental Health & Substance Use; System Change; People Centred Teams; Transformative Change; Research; Health Standards



Terrence Ho: Strategy; Facilitation; Community Development; Caregiving for Youth; Caregiver for Seniors; End of Life Care; Accessibility; Mental Health; Patient Advocacy



Wendy De Souza: Intersectional Feminist Lens; Equity; Decolonizing Institutional Spaces; Gender-Based Violence; Human Trafficking; Research; Complex Birth Issues; Mental Health & Addiction; Two-Spirit; Nonbinary and Trans Communities

In 2025-2026, the council engaged 18 times with the ministry and health system partners, with council members collectively spending a total of 291 hours partnering to shape ministry policy and programs.

The council has engaged on 16 priority and emerging topics across the health-care system, partnering with different areas of the ministry and Ontario Health.

The chair's engagements include:

By the Numbers Snapshot

5 meetings with the Minister and senior ministry leadership working on collaborative partnership and co-design

19 hours meeting with the ministry to support the work of the council and provincial patient, family and caregiver engagement activities

46+ hours of strategic advice through health system working groups and speaking engagements, including **9 hours** of advising and stewardship at Patient, Family and Caregiver Engagement and Partnership Community of Practice

7+ hours of sharing value and impact of engaging patients, families and caregivers

By the Numbers Snapshot

The council completed an annual evaluation to understand impact and areas of improvement. Council members reported¹:

The ministry uses this information to improve engagement processes, including communicating the impact of council advice and transparency in how their advice is used.

¹Tripp L. (2026). Annual evaluation of the Minister's Patient and Family Advisory Council: 2025/26 survey results. Public and Patient Engagement Collaborative, McMaster University.

4.5 Agreeing or strongly agreeing that they **feel engaged during meeting consultations.**
On a scale of 1 to 5, the average response was 4.5.

4.6 Agreeing or strongly agreeing that a **safe, inclusive and trauma-informed space is established for council meetings.**
On a scale of 1 to 5, the average response was 4.6.

4.5 Agreeing or strongly agreeing that they **have the supports they need to be engaged as part of the council.**
On a scale of 1 to 5, the average response was 4.5.

4.1 Agreeing or strongly agreeing that **the work of the council makes a difference to the work of the ministry.**
On a scale of 1 to 5, the average response was 4.1.

4.0 Agreeing or strongly agreeing that the **ministry takes the council's feedback into consideration.**
On a scale of 1 to 5, the average response was 4.0.

3.6 Agreeing that **they understand how their input impacts ministry programming and policy.**
On a scale of 1 to 5, the average response was 3.6.

3.8 Agreeing that there is an **effective feedback loop between the ministry and the council.**
On a scale of 1 to 5, the average response was 3.8.

1. Connecting Patients to Primary Care

1. Connecting Patients to Primary Care

Supporting the government's **Primary Care Action Plan (the 'Plan')**

and goal to attach everyone in Ontario to primary care by 2029, the council advised on key pillars of the Plan, including:

- modernizing the Health Care Connect program to improve the user and provider experience and connecting everyone on the Health Care Connect waitlist (as of January 1, 2025) to primary care by spring 2026; and,
- investing more than \$235 million in 2025-2026 to establish and expand 75 additional primary care teams across the province, attaching 300,000 more people to primary care

Launched in 2009, [Health Care Connect](#) (HCC) helps Ontarians find a family doctor, nurse practitioner or primary care team accepting new patients. The council advised on activities to clear the HCC waitlist (as of January 1, 2025) including patient communications and supports for Ontario Health Teams (OHTs) and Primary Care Networks (PCNs) to accelerate local primary care attachment efforts. The council's advice focused on:

- expanding access and awareness through multi-modality communication and localized community-based outreach;
- improving the user experience and inclusivity through updates to the HCC registration process; and,
- strengthening collaboration between providers, community agencies and culturally responsive programs to support system integration and equitable access to primary care.

1. Connecting Patients to Primary Care

The council was supportive of the government's plans to establish new and expanded Interprofessional Primary Care Teams and advised on recommendations for future calls for proposals for new and expanded teams. The council emphasized increasing public awareness of efforts to support primary care, flexibility in the proposed models of care to meet the needs of local communities, and engaging patients, families and caregivers and equity-deserving communities to demonstrate proposals reflect community needs.

"As a founding member of this Minister's Patient and Family Advisory Council, I am pleased to see its membership strengthen over time to create an equitable space where true co-design principles and approaches are put into place. I feel that I am authentically heard, and my lived and life experience is valued to influence change in providing better health and well-being approaches for Ontario health-care initiatives and strategies."

— **Dean Valentine, Council Member**

"Connecting every person in Ontario to ongoing, high-quality primary care is one of the most important steps we can take to improve health outcomes and strengthen our health system. This report highlights the critical role of patient, family and caregiver voices in shaping solutions that are practical, inclusive and grounded in real-world experience. By working together to expand team-based care and improve access, we are building a more connected and compassionate system for everyone."

— **Dr. Jane Philpott, Chair of the Primary Care Action Team, Ministry of Health**

2. Supporting OHTs to Deliver Services to their Communities

2. Supporting OHTs to Deliver Services to their Communities

In support of the government's commitment to connect patients

on the HCC waitlist to primary care, the council advised on the development of Supported Attachment programs to be delivered through OHTs and their PCNs. Supported Attachment consists of a range of activities to help attach an individual to a new family doctor, nurse practitioner or primary care team. For example, identifying priority health concerns, conducting preventative screening or ordering routine tests. The council's advice focused on the importance of supporting OHTs to:

- tailor the program to best support local communities, including Northern, rural and remote communities;
- integrate Supported Attachment into existing pathways, services and partnerships; and,
- communicate to patients about Supported Attachment and what they can expect.

The council was supportive of continuous data enhancement for OHTs' primary care attachment planning. The council suggested enabling updates that address regional disparities and access to care, including leveraging the social determinants of health. The council advised that available data should be shared with OHTs' lived experience councils through patient-centred communication approaches to help OHTs and their councils better understand the care needs of their population.

“As Assistant Deputy Minister of the Strategic Partnerships Division, I am inspired by the leadership and impact of the Minister's Patient and Family Advisory Council. The council's role as a strategic partner has ensured lived and living experiences inform how Ontario Health Teams (OHTs) coordinate services for their communities. Their advice shaped the work to connect Ontarians to primary care through Health Care Connect and Supported Attachment programs delivered by OHTs and their PCNs. Their contributions were instrumental in turning policy into meaningful impact for patients, families, and caregivers across the province.”

— **Cordelia Clarke Julien,**
Assistant Deputy Minister,
Strategic Partnerships Division,
Ministry of Health

2. Supporting OHTs to Deliver Services to their Communities

The council also provided advice on the ministry's approach to develop a toolkit of resources to help OHTs strengthen and standardize their patient, family and caregiver engagement processes. The council highlighted the value and impact of resources, such as the *Creating Engagement Capable Environments Self-Assessment Tool*, that enable OHTs to assess and evaluate their engagement activities. The council emphasized the importance of providing the supports and resources needed to help OHTs achieve their plans and communicating the impact of the resources to OHT leaders, clinicians and engagement staff.

"Together with strength we move positive change forward."

— Joan Duke, Council Member

"I feel that the council has collectively been valued and consulted as interest holders in varied projects across the Ministry of Health and beyond. As Ontario is vast in diversity and geography, a wide array of perspectives is key to reflect the lived experiences of Ontarians in all corners of the province. As a young person living in Northwestern Ontario, my voice is well included and translated into the projects and policy the council engages with."

— Abbey Hunter, Council Member

3. Strengthening Governance Models and Community Care Services

3. Strengthening Governance Models and Community Care Services

The council advised on the ministry's plans to **strengthen critical home care services**. The council's recommendations focused on the importance of:

- integrating regional, local, northern and Indigenous perspectives into planning;
- supporting caregivers by aligning digital platforms across service providers;
- ensuring seamless transition of care for medically complex children transitioning into adulthood; and
- expanding service bundles to include additional supports.

Across Ontario, AMANI services provide mental health and substance use programs that are culturally responsive and affirming to Black youth and their families. The council provided insights on the provincial expansion of these services that focuses on enhancing care pathways between hospital and community-based services. The council's advice highlighted opportunities to further connect with community services like youth wellness hubs, especially in rural and remote areas to support Black youth. The council also recommended leveraging the use of a virtual navigator to help connect youth to the culturally responsive services they need.

The council was supportive of the ministry's work to review and strengthen the quality of health sector board governance, such as hospital boards. The council highlighted the need to ensure boards reflect the diversity of the communities they serve and equip lived experience partners with the appropriate tools and training to effectively share their lived experience for meaningful partnership.

“Engaging with the Minister’s Patient and Family Advisory Council provided the opportunity for us to hear directly from council members about the importance of patient, family and caregiver voices in how we think about board governance and hospital decision-making. The input we’ve received from council members has added value to our work.”

— Anne Corbett, Executive Lead, Health Sector Governance and Oversight Office, Ministry of Health

3. Strengthening Governance Models and Community Care Services

“As chair of the Minister’s Patient and Family Advisory Council, I carry both a deep professional and personal commitment to ensuring that lived experience shapes how we design, deliver, and improve care—so that every person in Ontario feels seen, heard, and supported.”

— **Betty-Lou Kristy, Chair of the Minister’s Patient and Family Advisory Council**

“The Mental Health and Addictions Division is grateful to the Minister’s Patient and Family Advisory Council for ensuring that clients and families remain at the centre of our work to build a world class mental health and addictions system.”

— **Kyle MacIntyre, Assistant Deputy Minister, Mental Health and Addictions Division, Ministry of Health**

“It’s important that we continue to advocate for young people in the mental health and substance use space. When we listen deeply to young people and families, and build pathways that are trauma-informed, culturally responsive and connected to broader health and social supports, we help create a system that is more compassionate, accessible, effective and grounded in equitable care.”

— **Shannon McGavin, Council Member**

4. Advancing the Digital Health System

4. Advancing the Digital Health System

The council advised on the ministry's work to strengthen Ontario's digital health system and ensure digital tools meaningfully support and are accessible for patients, families and caregivers. The council emphasized the need for accessible, secure and connected platforms that empower Ontarians to understand and manage their health information.

The council was supportive of the ministry's development of digital tools to improve access to care. Council highlighted the importance of:

- accessible user-friendly digital tools with integrated features including appointment booking and secure messaging;
- strengthened privacy protections and transparency measures including plain language consent requirements and privacy controls; and
- improved system integration to enable a seamless experience for patients and their families and caregivers, including enabling delegated access to health information.

The Information and Privacy Commission (IPC) of Ontario also engaged the council and discussed patients' rights with respect to their personal health information and resources available to support patients' privacy protections, and access to their health information. The council highlighted ongoing operational challenges in the health sector related to fragmented systems, digital literacy and inequitable access, emphasizing the need to strengthen patients' and care providers' knowledge of patients' rights to support improved access and sharing of data.

“True partnership in health care means moving beyond policy and deeply listening to the human stories behind the systems. Bringing an intersectional, equity-driven lens to this council allows us to challenge existing boundaries and co-create institutional spaces where everyone—especially our most marginalized and diverse communities—feels seen, valued, and safely cared for. It is an honor to transform our collective lived experiences into meaningful, systemic change.”

— **Wendy De Souza,**
Council Member

4. Advancing the Digital Health System

“Through our collaboration with the council, we gain a better appreciation for the lived experiences of patients, families, and caregivers at the heart of a digital health system. We build a richer, more inclusive understanding of how to uphold their access and privacy rights in a manner they can trust. This includes holding health providers accountable for securing personal health information, while also enabling its responsible use for the public good; facilitating patients’ control over their data to empower them as users and co-designers of the health system; and, breaking down barriers to data access by, and for the benefit of, all Ontarians.”

— Patricia Kosseim, Information and Privacy Commissioner of Ontario

“The council’s guidance has helped keep the human impact of policy and digital health transformation at the centre of our work. By bringing forward the lived experience of patients, families and caregivers, this partnership is helping shape more accessible, secure and connected digital health tools, while strengthening privacy, consent and trust across the system.”

— Michael Hillmer, Assistant Deputy Minister, Data and Analytics Strategy Division,
Ministry of Health

Embedding the Human Impact into Health Policy

A driving component of the council's advice this year was “nothing about us, without us.” In practice this meant reinforcing not only the need to engage and involve patients, families and caregivers along the continuum of the policy development process but recognizing who the policy or program is designed to serve. Emerging as the theme for the 2025-2026 annual report, the council was focused on ensuring humanity was embedded into health policy, including through:

- Amplifying public awareness of Health Care Connect through community partnerships with clear and consistent messaging
- Leveraging existing patient, family and caregiver pathways and considerations for access to culturally safe care to inform the development of new and expanded Interprofessional Primary Care Team proposals
- Developing local Supported Attachment programs that enable equitable, community centred access
- Using a data narrative that focuses on connecting lived experiences to patient outcomes and highlights the need for equitable access to care across OHT populations
- Ensuring home care future planning reflects the full scope of experiences that can occur within home and community care, alongside the care needs of an aging population
- Promoting the inclusion of diversity and lived experience in hospital decision-making including through strengthened hospital board governance
- Recognizing the importance of culturally safe and appropriate care that reflects the diversity across Black communities in health policy, including mental health and addictions
- Equipping providers and patients with timely, seamless digital access to the patient's health information which results in cutting delays, streamlining care, and eliminating duplicated tests
- Ensuring individuals and the substitute decision makers they authorize can access and make decisions with regard to the individual's health information when it's needed.

Chair's closing remarks and opportunities for the year ahead



At the heart of Ontario's health policy development

is a simple truth: policy is human. When decisions are grounded in dignity, compassion, and lived reality, change becomes both meaningful and sustainable.

This year, we advanced a model of leadership where patients and caregivers were not only consulted—they were co-designers. Lived experience has become a strategic asset, driving decisions that are practical, equitable and aligned with the realities of the people we serve.

Change accelerates when communities lead. By elevating local voices, we demonstrated that the most effective solutions emerge from where people live, work and heal.

Our values—equity and engagement, respect and dignity, empathy and compassion, transparency, accountability—are now operational. They guide decisions, shape policy and form the standard to which we hold the system accountable.

Patients and caregivers do not need to just be considered participants; they are capable and ready to co-design system change. Their insights have informed policy shifts, strengthened relationships and advanced a culture that prioritizes partnership over hierarchy.

Ultimately, this is not incremental progress: it is a system evolution. It reflects a health system that listens first, acts with integrity and leads with humanity.

Opportunities for the Year Ahead:

- 1

Humanize Health Policy and System Design

Embed humanity into every policy decision by ensuring patient and caregiver voices not only inform direction but actively shape strategy. This shifts policy development from abstract frameworks to solutions grounded in lived reality, resulting in decisions that are responsive, compassionate and effective.
- 2

Elevate Lived Experience as a Catalyst for System Change

Continue advancing co-design as the standard across the health system. Engage those most impacted by policy to transform lived experience into actionable insights that dismantle barriers, strengthen equity and accelerate culture change. This approach ensures policies are practical, responsive and authentically grounded in real-world needs.
- 3

Address System Complexity and Rising Acuity Through Integrated Responses

Respond to the escalating pressures of mental health needs, addictions, the poisoned drug supply, and the growing number of unhoused individuals with coordinated, cross-sector approaches. Prioritize safety, dignity and stability by aligning health, housing, community and social services around shared objectives.
- 4

Strengthen Primary Care as the Anchor of System Resilience

Position primary care as the first and continuous point of connection for people navigating complex health and social challenges. Reinforce its role in prevention, early intervention and linkage to mental health, housing and community supports to reduce crises and build long-term system stability.
- 5

Champion Population Health and Wellness Beyond Treatment

Shift the system's focus from episodic care to whole-person health by addressing the social determinants that shape wellbeing. Design coordinated and human-centred policies that prioritize prevention, continuity and equitable access, ensuring the system sees individuals as more than their conditions.
- 6

Build Leadership Through Shared Voices and Human-Centred Values

Develop structured pathways for patients and caregivers to influence system transformation at every level and ensure the Patient, Family and Caregiver Declaration of Values is embedded into decision-making and outcomes.

Publication #302005, ISBN #978-1-4868-9884-8
September 2026

Understanding the Human Impact in Health Policy
through Patient, Family and Caregiver Partnership

Annual Report of the Minister's Patient
and Family Advisory Council 2025-26

