

# KAWARTHA LAKES AND HALIBURTON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

---

Kawartha Lakes Haliburton  
Ontario Health Team

Dale McMurchy Consulting, March 2025



# Contents

- Introduction ..... 1
- Our Region ..... 2
  - Kawartha Lakes and County of Haliburton Population Characteristics at a Glance..... 2
  - Kawartha Lakes and County of Haliburton Population Characteristics..... 3
  - Education ..... 4
  - Employment and Income ..... 4
  - Measures of Deprivation..... 5
- Health Status ..... 8
  - Health Status in Our Region at a Glance ..... 8
  - Overall Health..... 9
  - Health Conditions ..... 9
  - Healthy Lifestyles and Prevention..... 11
- Health Service Utilization ..... 12
  - Access Primary Care in Our Region at a Glance ..... 12
  - Access Primary Care..... 13
    - Access to Primary Care Providers ..... 13
    - Factors Associated with Access to Regular Primary Care Providers ..... 14
    - Residents without Access to a Regular Primary Care Provider ..... 15
  - Care in the Home ..... 17
  - Hospital Utilization in our Region at a Glance ..... 19
  - Emergency Services..... 20
  - Hospitalization ..... 23
- Health System Needs ..... 25
  - Challenges and Barriers to Access..... 25
- In Summary ..... 30
- Appendix A. Community Needs Assessment Survey Methods..... 31
- References ..... 33

## Introduction

This report describes the demographic characteristics, health status and health care utilization and needs of the population of the City of Kawartha Lakes and County of Haliburton. It presents data from several sources, including the Canadian Census, Canadian Community Health Survey, and various Ontario health administrative data sources, as well as the results of an OHT Community Needs Assessment survey administered in the region during November and December 2024.

Data from the above sources have different populations and may reflect different parts of our region. For following table provides a description of the data and their limitations.

**Table 1. Summary of Data Sources and their Limitations**

Data Sources	Description	Limitations
KLH OHT Community Needs Assessment Survey, Nov-Dec 2024 (N=816)	816 respondents from Kawartha Lakes and Haliburton County. Some data are presented by Haliburton County, Lindsay, northern Kawartha Lakes, and southern Kawartha Lakes Qualitative and Quantitative data	Multiple recruitment approaches, but not a random sample Respondents are, on average, older and more likely to be female than the adult population in the region.
Statistics Canada, Census 2021 (Haliburton N=20,571, Kawartha Lakes 79,247)	Population-based data at the census division level: County of Haliburton and City of Kawartha Lakes	Haliburton County has four subdivisions (townships), but Kawartha Lakes is a single census subdivision Long form data are based on a 25% sample
Canadian Community Health Survey (CCHS) 2019-2020 (N=809)	Data are mainly available for the entire region served by the Haliburton, Kawartha Lakes, Pine Ridge (HKPR) District Health Unit, which includes Northumberland County. In some instances, those data are also available for Haliburton County and Kawartha Lakes individually. Analyses based on newer data than used currently on portals and dashboards	Includes Northumberland County Self-reported survey data Weighted analyses Not all questions are asked of the sample
Community Data Program, Canadian Community Economic Development Network (CCEDNet)	A series of dashboards, using mainly 2016 and 2021 census data. Data available at the census division and subdivision levels, with subgroup-analyses	Mostly socio-economic data. Limited health data.
Ontario Marginalization Index (ON-Marg)	Four aggregated measures of deprivation at various geographic levels, incl. census dissemination areas	
Haliburton Kawartha Pine Ridge (HKPR) District Health Unit Dashboards	Eight dashboards. Most data available for Kawartha Lakes and Haliburton individually. But some variables only available at HKPR level	Cannot combine Kawartha Lakes and Haliburton Excluding Northumberland makes a significant difference to the overall values in some instances
Ontario Health OHT Portal	Indicators from the Census, ICES, CIHI, cQIP, hospital utilization, community care Data are available based on the OHT, Region and FSA (KOM and K9V represent our region) OHT data are for the “attributed” population for the Kawartha Lakes Haliburton Ontario Health Team	Not all data are available by FSA. The “attributed” population is half the population in our region; those in <u>Kawartha Lakes</u> whose main health care provider is within the region (and also non-residents whose main provider is in KL). It excludes residents whose main provider is outside the region. KL/H pop= 99,800 KL pop= 79,250 KL attributed pop = 49,600
Primary Care Data Reports (PCDR) 2022 (N=49,624)	Ontario and OHT data on “attachment” to a regular primary care provider, with a series of sub-analyses “Attributed” population is based on the location of the individuals main primary care provider	Data only for Kawartha Lakes Reflects only those whose main provider in Kawartha Lakes - including outside residents

## Our Region

### *Kawartha Lakes and County of Haliburton Population Characteristics at a Glance*

Population is 100,000;  
79,250 in Kawartha Lakes  
and 20,570 in the County of  
Haliburton

Average age is 53 in  
Haliburton and 47 in  
Kawartha Lakes compared  
to 42 in Ontario

Average household size 2.3;  
27% live alone

13% of families are one-  
parent (74% are women);  
26% of children live with  
one parent

57% have a post-secondary  
education compared to 68%  
in Ontario

Labour force participation  
rate is 47% in Haliburton  
and 55% in Kawartha Lakes  
compared to 63% in Ontario

25% of the labour force  
works in the trades,  
transport, equipment  
operations, etc. compared  
to 16% in Ontario

53% in Haliburton and 47%  
in Kawartha Lakes work part  
of the year or part-time

Median *after-tax* income is  
\$35,000 versus \$37,000  
across Ontario

56% of total income comes  
from employment  
compared to 67% in Ontario

High concentrations of  
people not in the labour  
force who do not earn  
income from employment

Pockets of high poverty and  
deprivation. 31% have  
difficulty making ends  
meet; 16% of households  
were food insecure in the  
last year

## Kawartha Lakes and County of Haliburton Population Characteristics

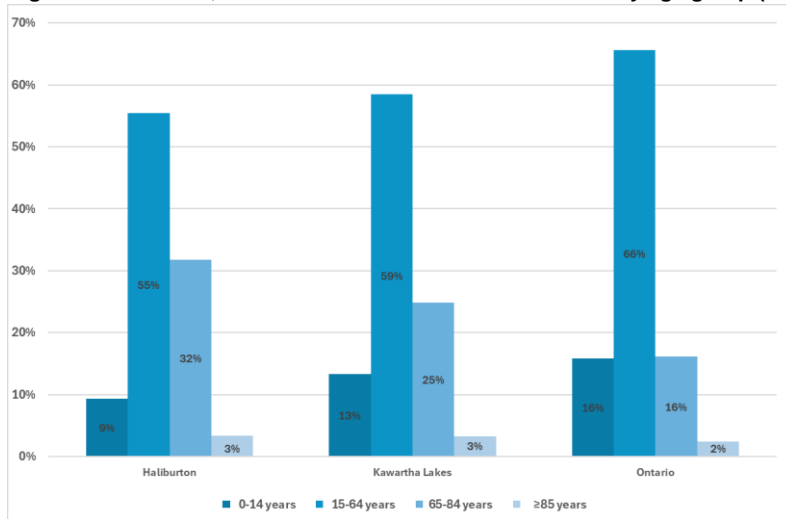
An individual's health is affected by several non-clinical factors including their: income; education; employment and working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetics; gender; and culture. While each factor is important on its own, together they can also have an interrelated, synergistic impact on health. These social determinants of health can also operate at the community level. Approximately half of population health outcomes in Canada are attributable to social and economic determinants which tend to cluster in certain communities.<sup>1</sup> While the determinants of health impact health outcomes in the population, health services – especially primary care – that address these disparities result in better health outcomes. It is thus important to understand the characteristics of the population for which the health services are designed and delivered.<sup>2</sup>

**Table 2. Population of City of Kawartha Lakes and County of Haliburton (2021)**

Location	Population
<b>Kawartha Lakes</b>	<b>79,247</b>
Lindsay	22,367
Bobcaygeon	3,576
Fenelon Falls	2,490
Omeme	1,060
Woodville	718
<b>County of Haliburton</b>	<b>20,571</b>
Dysert et at.	7,182
Minden Hills	6,971
Highlands East	3,830
Algonquin Highlands	2,588

In the 2021 Census, the population of the City of Kawartha Lakes and County of Haliburton was almost 100,000.<sup>1</sup> Similar to Ontario, the Indigenous population is 2.8%, with 58% identifying as First Nations and 42% Metis. Between 2016 and 2021 the population of Haliburton grew 14% and 5% in Kawartha Lakes (Lindsay grew by 8%) compared to 6% across Ontario. The population density is 5 people per square kilometre in the County of Haliburton compared to 26 in Kawartha Lakes.<sup>3</sup>

**Figure 1. Haliburton, Kawartha Lakes and Ontario residents by age group (2021)**



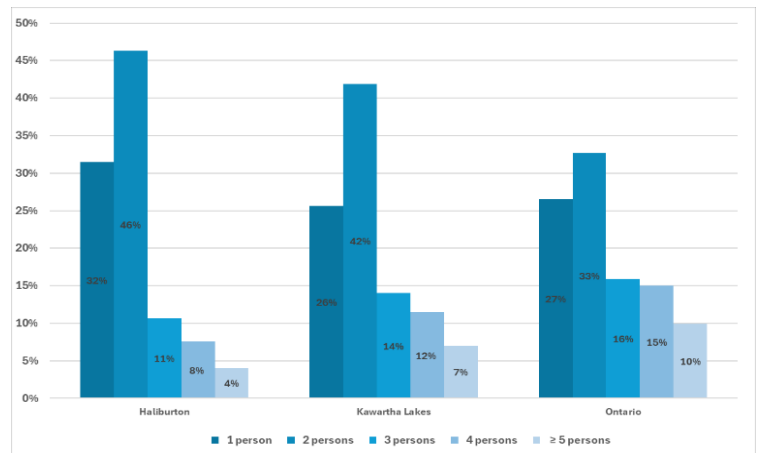
Based on the Census, the population in our region is older than that of the province overall (Figure 1). The average age in Haliburton County is 53 years and 47 in Kawartha Lakes compared to 42 years in Ontario.<sup>4</sup> The OHT community needs assessment survey had a higher proportion of respondents 65 and older than the population 18 years and older in our region. Half were 65 and older compared to 39% in Haliburton and 32% in Kawartha Lakes.

Only half of the private dwellings in Haliburton County are occupied by the resident population; 80% of private dwellings in Kawartha Lakes are occupied by its usual residents.<sup>5</sup> Among the population aged 15 years and over, 62% are married or living common-law (compared to 57% in Ontario). Thirteen percent of families are one-parent (74% are women), and 26% of children live in a one-parent family. Among families with children, the average number of children is 1.7.<sup>6</sup>

<sup>1</sup> The OHT attributed population is 49,624

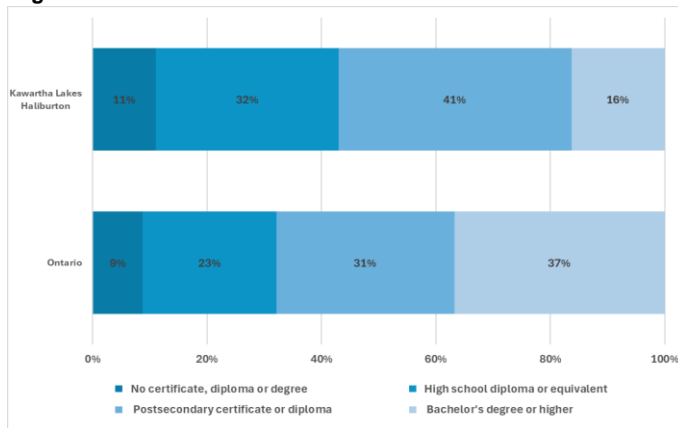
According to Census, the average household size of Kawartha Lakes and Haliburton residents is 2.3 people (versus 2.6 in Ontario); 27% of those living in private households live alone (Figure 2). Among respondents to the OHT community health needs survey, the average household size is 2.4 people. Most respondents reported that they live in two-person households (56%). Fifteen percent live on their own, and 8% reported having five or more people in their household.

Figure 2. Haliburton, Kawartha Lakes Ontario Household Size (2021)



## Education

Figure 3. Kawartha Lakes/Haliburton and Ontario Education Levels (2021)

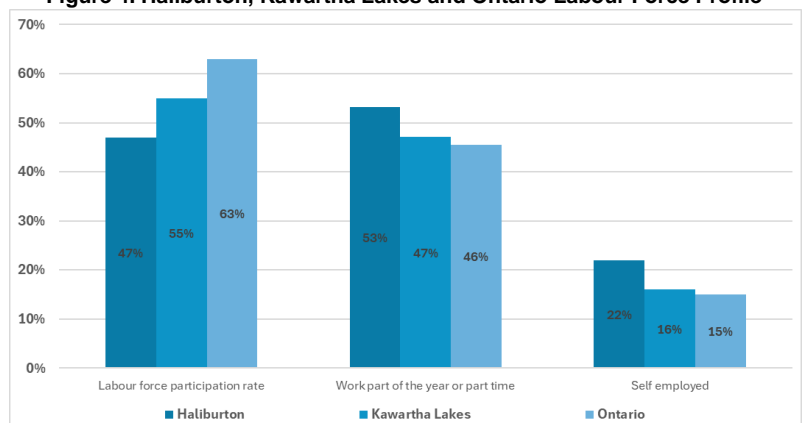


Compared to 68% in Ontario, 57% of people aged 25 to 64 years in our region have a post-secondary certificate, diploma or degree, with most having a community college, apprenticeship or trades certificate or diploma (Figure 3).<sup>7</sup>

## Employment and Income

Among the population aged 15 years and over, the labour force participation rate<sup>2</sup> is 47% in Haliburton County and 55% in Kawartha Lakes compared to 63% in the province overall. One-quarter (25%) of the labour force works in the trades, transport, equipment operations and related occupations compared to 16% across Ontario. Another quarter work in sales and service and 8% work in health-related jobs. Among those who work, 53% and 47% in Haliburton and Kawartha Lakes respectively work part of the year or part time. Many are self-employed. The unemployment rate is 11% across our region (12% in Ontario).<sup>8</sup> In the Canadian Community Health Survey, 26% of residents of the Haliburton, Kawartha, Pine Ridge district reported that they experienced quite a bit of stress at work; 5% found work extremely stressful, slightly higher than the provincial rates.<sup>9</sup>

Figure 4. Haliburton, Kawartha Lakes and Ontario Labour Force Profile



<sup>2</sup> The proportion of working population in the age group 16 to 64 currently employed or seeking employment.

The median *after-tax* income in 2020 for individuals in Kawartha Lakes and Haliburton County aged 15 years and older was approximately \$35,000 (versus \$37,000 across Ontario); 8% had an *after-tax* income less than \$10,000 and 15% took home between \$10,000 and \$19,999. Five percent earned \$100,000 or more after tax.

Among the population aged 15 years and older in private households, 62% received income from employment (versus 69% of Ontarians). Overall, 56% of residents' total income comes from employment compared to 67% for the population of Ontario. The remainder comes from other market sources (e.g., private retirement or investments) (22%) and government sources (22%). The median government transfer among recipients is 39% higher than the Ontario median. The differences between our region and the province overall are likely due to the older population and lower labour force participation rate.

### Measures of Deprivation

Compared to all of Canada, 56% of families in Haliburton County are in the bottom half of the after-tax income distribution compared to 50% in Kawartha Lakes and 46% in Ontario. Based on the after-tax low-income measure,<sup>3</sup> 13% of Haliburton residents and 10% of Kawartha Lakes residents are deemed low income compared to 10% of the Ontario population. Indigenous people in the region have a lower median income, and a higher proportion fall into the low-income category.<sup>10</sup>

**Table 3. Kawartha Lakes and County of Haliburton Low-Income Profile**

	Kawartha Lakes		Haliburton	
	Total population	Low-income population (10%)	Total population	Low-income population (13%)
Median income	\$35,600	\$19,200	\$34,400	\$18,400
Income from government transfers	22%	76%	23%	76%
65 years and older	27%	31%	35%	36%
Living alone	11%	36%	15%	37%
Indigenous identity	5%	6%	5%	8%
Racialized	3%	4%	2%	3%

According to the Ontario marginalization index, much of our region has a high level of age and labour force deprivation, and is among the most dependent regions in the province.<sup>4,11</sup> As shown below in the map below, among the over 400 census dissemination areas (DAs) in Ontario for which there are data, Algonquin Highlands is the 10<sup>th</sup> most dependent in Ontario, followed by Highlands East (19<sup>th</sup>), Dysart et al. (40<sup>th</sup>) and Minden Hills (44<sup>nd</sup>). While Kawartha Lakes overall has a lower overall dependency rate (ranking 105<sup>th</sup>), the dependency rates in northern Kawartha Lakes are in the highest quintile.<sup>12 13</sup>

<sup>3</sup> Persons falling below an after tax income measure that takes house hold needs into account (Statistics Canada LIM-AT).

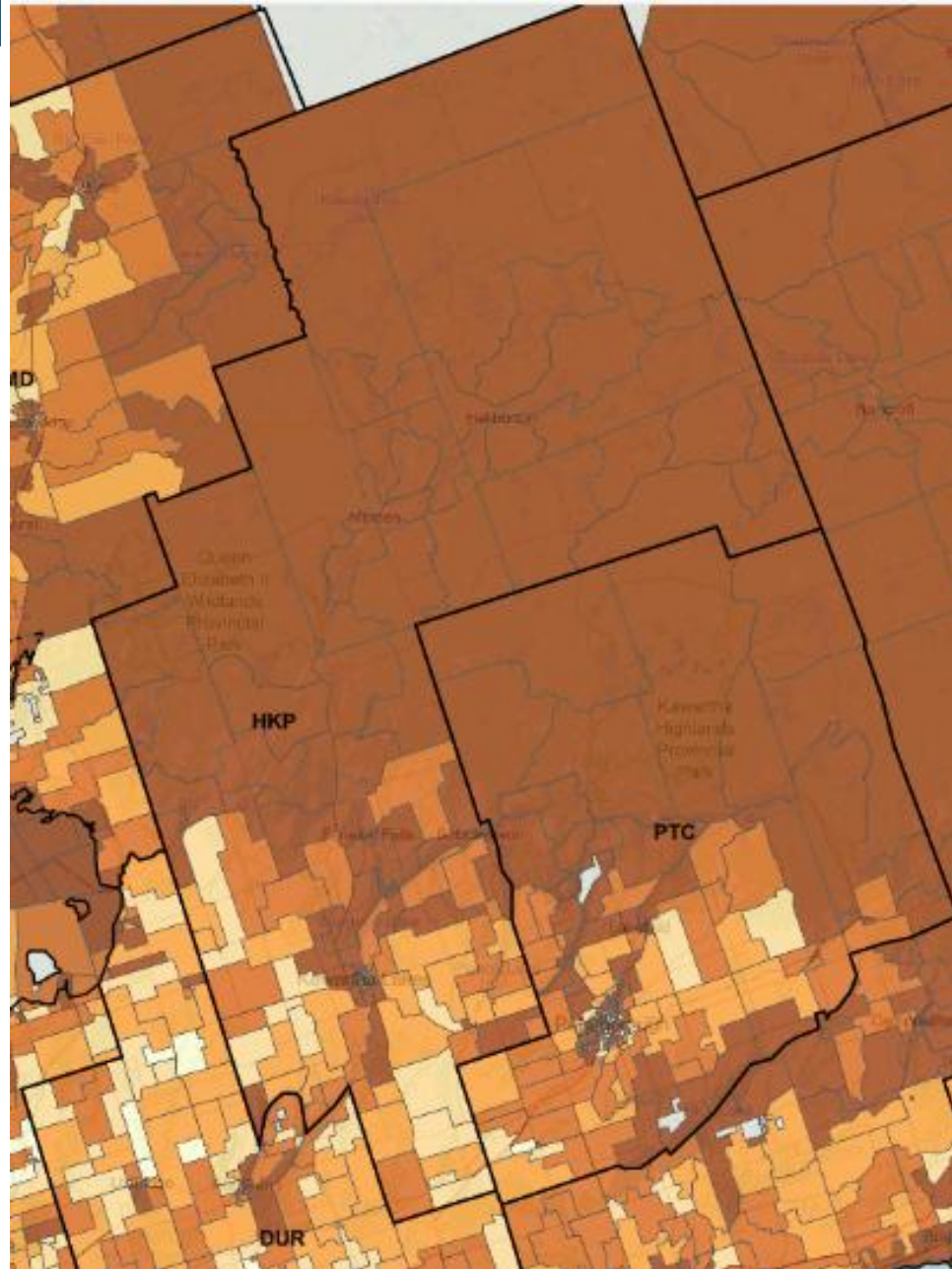
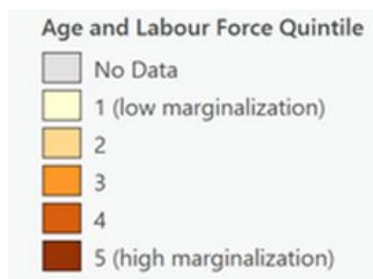
<sup>4</sup> Dependency is based on the number of seniors 65 and older and young children relative to the working-age population and the labour force participation rate.

## Dependency (Age and Labour)

Concentrations of people who are not in the labour force and do not have income from employment, including older adults, children, adults whose work is not compensated and/or those unable to work due to disability. It may reflect the economic vitality of the community and how resources and infrastructure are allocated. For example, ageism may result in fewer community resources being available, reduced quality of health care and social exclusion.

Living in areas with higher levels of dependency is associated with:

- being overweight
- having a disability
- an inactive lifestyle
- greater risk of chronic physical health problems
- poorer self-rated physical and mental health



In the OHT community needs survey, almost one-third of respondents (31%) living in the region reported difficulty making ends meet at the end of the month. In the Haliburton, Kawartha, Pine Ridge district, 16% of households reported that they were food insecure at some time in the past 12 months due to lack of money (compared to 17% across Ontario).<sup>14</sup> Based on the deprivation measure related to material resources, Highlands East ranks 42<sup>nd</sup>, Kawartha Lakes 179<sup>th</sup>, Minden Hills 201<sup>st</sup>, Dysert et al. 269<sup>th</sup> and Algonquin Highlands 305<sup>th</sup> out of 411 census dissemination areas (DAs) in Ontario for which there are data. Based on the map below the areas of highest deprivation related to material resources are in northern Kawartha Lakes, parts of Highlands East, Dunsford, and parts of Lindsay.<sup>5</sup>

<sup>5</sup> Public Health Ontario. Ontario Marginalization Index Updates and Products, September 6, 2023



# Health Status

## Health Status in Our Region at a Glance

Life expectancy is 81 for females and 78 for males compared to 83 and 80 in Ontario

58% are in very good or excellent health compared to 62% in Ontario

67% are in very good or excellent mental health

Rates of moderate and major chronic conditions, and major mental health, cancer and acute conditions are higher than in Ontario

Rate in males is similar, but 72% of females are overweight or obese compared to 58% in Ontario

Rates of usual pain and discomfort, musculoskeletal conditions, high blood pressure, sleep apnea, diabetes and lung cancer are higher than Ontario

Mortality rate is higher than Ontario for cancer, cardiovascular diseases, chronic lower respiratory diseases, liver diseases, influenza and pneumonia, sepsis, falls, transport accidents, opioid overdoses, and intentional harm

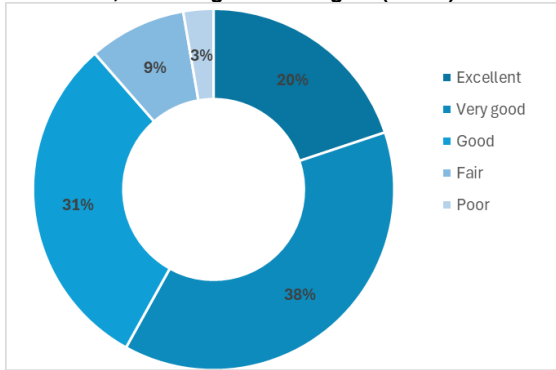
66% are regular drinkers compared to 58% in Ontario; 11% drink every day, 30% drink 2+ times a week, and 16% are at increased long-term health risk due to drinking alcohol.

70% had a flu shot in their lifetime; among those 60% had within a year

90% of eligible women had a mammogram in their lifetime

## Overall Health

**Figure 5. Self-reported Health Status in the Haliburton, Kawartha, Pine Ridge health region (CCHS)**

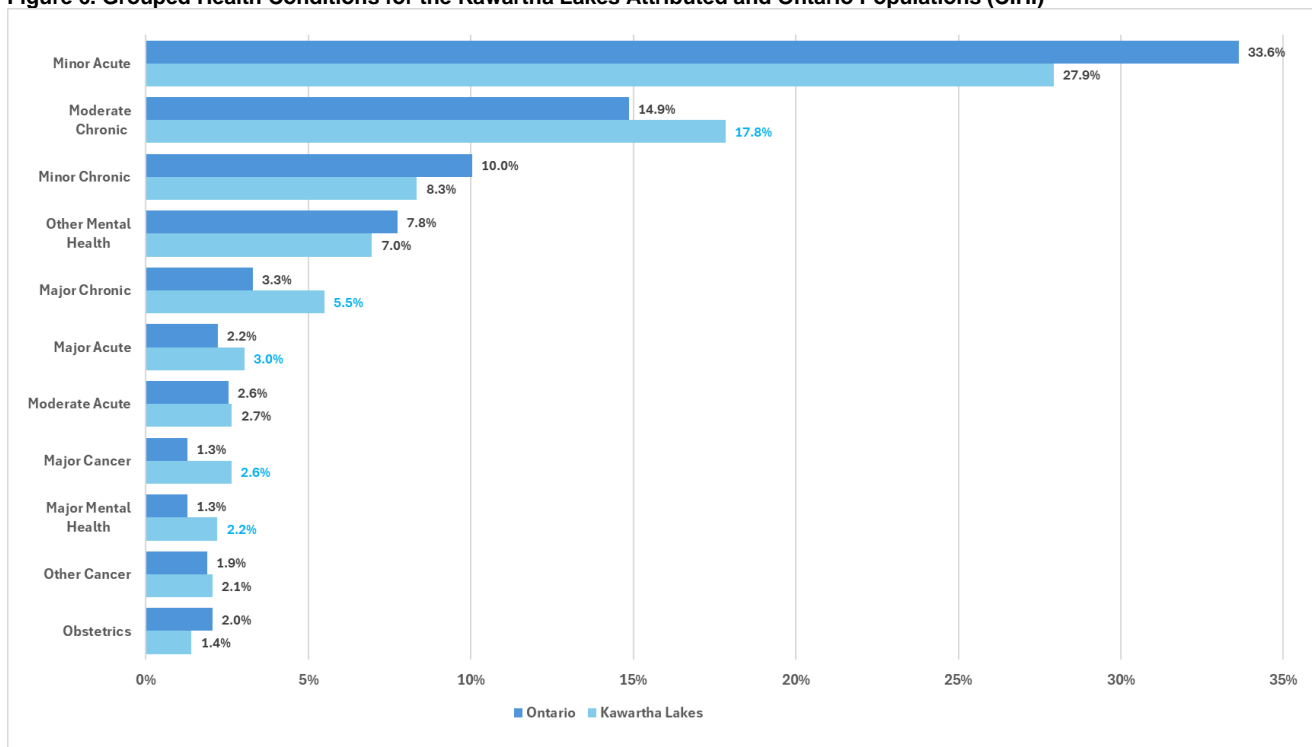


Based on the 2019-2020 Canadian Community Health Survey, 58% of residents in the area served by the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit reported that they were in very good or excellent health (compared to 62% across Ontario); 11% were in fair or poor health (Figure 5). Two-thirds (67%) reported very good or excellent mental health.<sup>16</sup> In the OHT community needs survey, only 41% reported being in either very good or excellent health; 19% reported fair or poor health.

## Health Conditions

Health conditions presented for our region are based on three data sources. 1) The Canadian Institute of Health Information’s (CIHI) Population Health Grouper which provides a clinical profile of the population based on their health service utilization and health conditions. However, data from Ontario Health only reflect the OHT “attributed” population (those with a regular health care provider based in Kawartha Lakes). 2) The Canadian Community Health Survey (CCHS) represents the population 18 years and older in the Haliburton, Kawartha, Pine Ridge District Health Unit, including Northumberland. 3) The OHT community needs survey was administered in Haliburton County and Kawartha Lakes; its respondents were more likely to be older and female compared to the adult population. Figure 6 shows the CIHI clinical profile of the Kawartha Lakes attributed population. Within that defined population, the rates of moderate and major chronic conditions are higher than the province, as are the rates of major mental health, major cancer, and major acute conditions.<sup>17</sup>

**Figure 6. Grouped Health Conditions for the Kawartha Lakes Attributed and Ontario Populations (CIHI)**



Based on the Canadian Community Health Survey, 71% of the population 18 years and older in the HKPR district is overweight or obese – a calculated measure based on survey responses – compared to 64% in Ontario. While the rate of overweight and obesity among males is similar to the that of the province, 72% of females are overweight or obese in this region compared to 58% across Ontario. The proportion of residents experiencing usual pain and discomfort, musculoskeletal conditions, high blood pressure, sleep apnea, and diabetes are higher in the HKPR district than Ontario (Figure 7).<sup>18</sup> Additionally, according to Cancer Care Ontario, the overall cancer incidence and mortality are similar to Ontario. But the incidence of lung cancer is consistently higher than the provincial rate.<sup>19</sup>

**Figure 7. Self-Reported Health Conditions for HKPR and Ontario Populations (CCHS)**

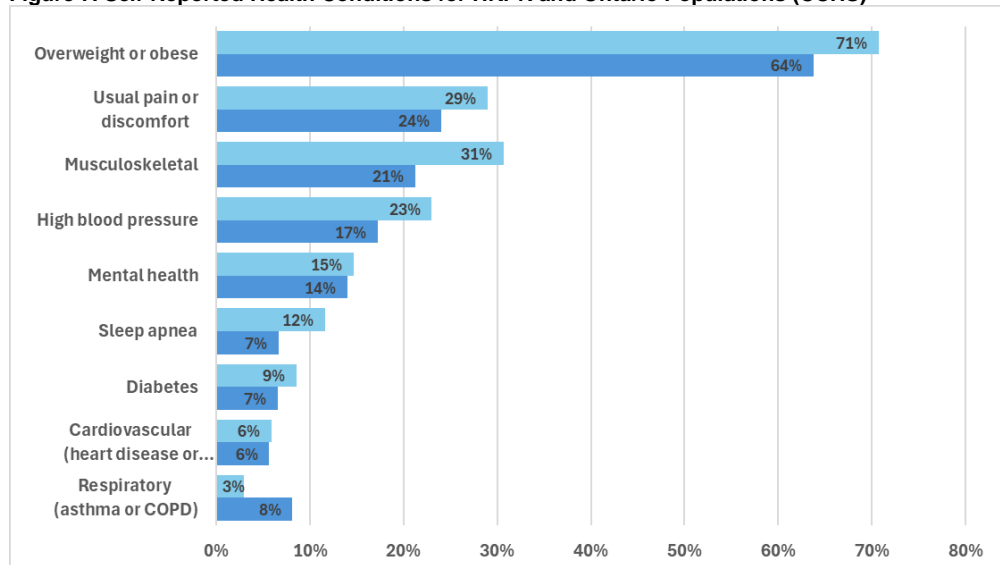
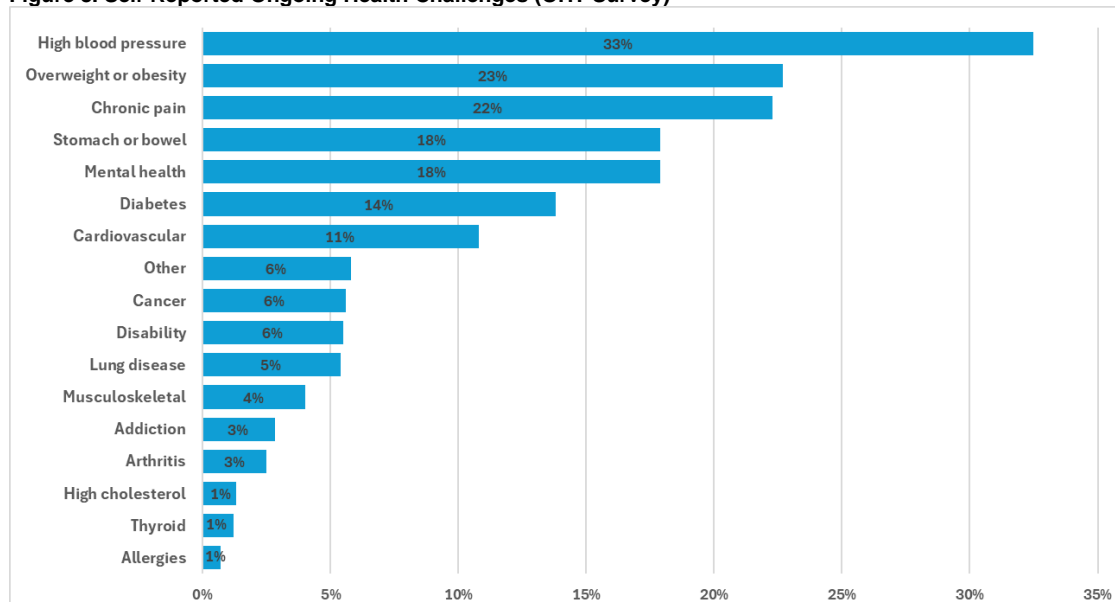


Figure 8 shows the top ongoing health challenges reported in the OHT survey. High blood pressure was the health condition most reported, with one-third having this condition. Nearly one-quarter reported ongoing health challenges related to being overweight or obese (23%) and chronic pain (22%). Stomach or bowel, mental health, diabetes, and cardiovascular disease are the next most common ongoing health concerns. A few respondents reported having an ongoing health concern, but did not know the diagnosis due to not having a regular health care provider.

**Figure 8. Self-Reported Ongoing Health Challenges (OHT Survey)**

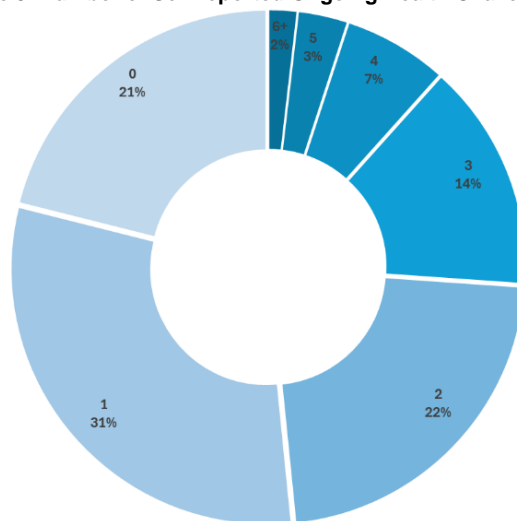


In the past 12 months, 17% of those residing in the HKPR district reported that they had seen or talked to a health professional about their emotional or mental health. Among those individuals, 19% had one visit, 19% had two visits, and the remainder had three or more; 10% had 12 or more. However, among those with perceived need for mental health care, 43% reported partially or entirely unmet needs.<sup>20</sup>

In the HKPR district, there were 425 *laboratory confirmed* cases of COVID 19 in the third quarter of 2024, and 375 in the fourth quarter. Outbreaks were most common in long-term care and retirement homes; and there were six in-hospital outbreaks.

Almost 80% of OHT survey respondents had an ongoing health challenge. Most (53%) had one or two ongoing conditions; one-quarter had three or more (Figure 9).

Figure 9. Number of Self-reported Ongoing Health Challenges



Based on the 2016 Census, life expectancy at birth in the Haliburton, Kawartha, Pine Ridge district was 81 years for females and 78 for males compared to 83 and 80 respectively across the province. The infant mortality rate in the district was similar to Ontario: 4 per 1,000 births.<sup>21</sup>

Kawartha Lakes has a higher age-standardized all-cause mortality rate per 100,000 population than Haliburton County and Ontario overall. Both Kawartha Lakes and Haliburton County have higher rates of premature all-cause mortality and avoidable (potentially treatable or preventable) deaths among those under 75 years of age than the province. The age-standardized mortality rate is also higher than Ontario for several conditions, including cancer, cardiovascular diseases, chronic lower respiratory diseases, liver diseases, influenza and pneumonia, sepsis, falls, transport accidents, opioid overdoses, and intentional harm.<sup>22</sup> <sup>6</sup> The mortality rate within the HKPR district related to opioid use in 2023 was 22 per 100,000 (compared to 17 per 100,000 in Ontario), with fentanyl the major cause of death.<sup>23</sup> Moreover, the 5-year relative cancer survival ratio<sup>7</sup> is lower in the HKPR district for males than across the province (62% versus 66%). Survival ratio is similar among women.<sup>24</sup>

### Healthy Lifestyles and Prevention

A sense of belonging to one's community is associated with health and wellbeing.<sup>25</sup> Within the areas served by the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit, 20% of residents report a very strong and 54% report a somewhat strong sense of belonging to their community.<sup>26</sup>

There is a lower rate of smoking in the HKPR district compared to the province (14% versus 17%). However, there is a higher proportion of former smokers (51% versus 47%). Two in ten adults have used cannabis in the past 12 months, with 30% of those reporting that they use it exclusively for medical purposes.<sup>27</sup>

Two-thirds (66%) of the adult population in the HKPR district are regular drinkers compared to 58% in Ontario. Sixteen percent are deemed to be at increased long-term health risk due to drinking alcohol. Among those who drink, 11% did so every day, and another 30% drank two or more times a week (versus 8% and 29% respectively across Ontario). Moreover, the rate of binge drinking within the last month was higher in the district than in the province overall (26% versus 23%).<sup>8</sup> <sup>28</sup>

<sup>6</sup> Some data are suppressed for Haliburton County due to cell size.

<sup>7</sup> Likelihood of surviving at least 5 years after diagnosis compared with similar people without cancer in the general population.

<sup>8</sup> More than 5 drinks at a single occasion for men and 4 drinks for women.

Seven in ten residents in HKPR reported having had a flu shot during their lifetime. Among those who had a vaccine, 60% had it within the year, 5% one to two years ago, and 36% two or more years ago.<sup>29</sup> Nine-out-of-ten eligible women reported having had a mammogram in their lifetime. Among those women, 37% had it within the past year, and 44% had one between one to two years ago.

## Health Service Utilization

### Access Primary Care in Our Region at a Glance

Between 8% and 17% do not have a regular primary care provider

45% with no regular provider reported the provider had left the community or retired

Only 48% have a regular provider within the region; 42% cannot find one locally

Over 50% take 30 minutes or more to get to their regular provider, 29% travel more than an hour. Residents of Haliburton travel farthest

71% feel their regular provider knows them as a person; 48% report he/she *often* considers their unique beliefs and preferences and all factors affecting health

Some receive regular care from pharmacists (17%), chiropractors (15%), nurses (12%), physiotherapists (6%), psychologists (4%), dietitians (3%) and social workers (2%)

17% talked to a health professional about their emotional or mental health; 43% in need have partially or entirely unmet needs

Those with more than one health condition are more likely to have a regular provider

Those with higher levels of deprivation are less likely to have a regular provider

Delays in diagnosis and treatments and worsening health reported among those with no provider

Having no regular provider limits access to health promotion and prevention, and speciality care

A shortage of primary care providers worsens health equities

## Access to Primary Care

### Access to Primary Care Providers

The proportion of people having a regular primary care provider varies by data source, population group, and year.<sup>30 31</sup>

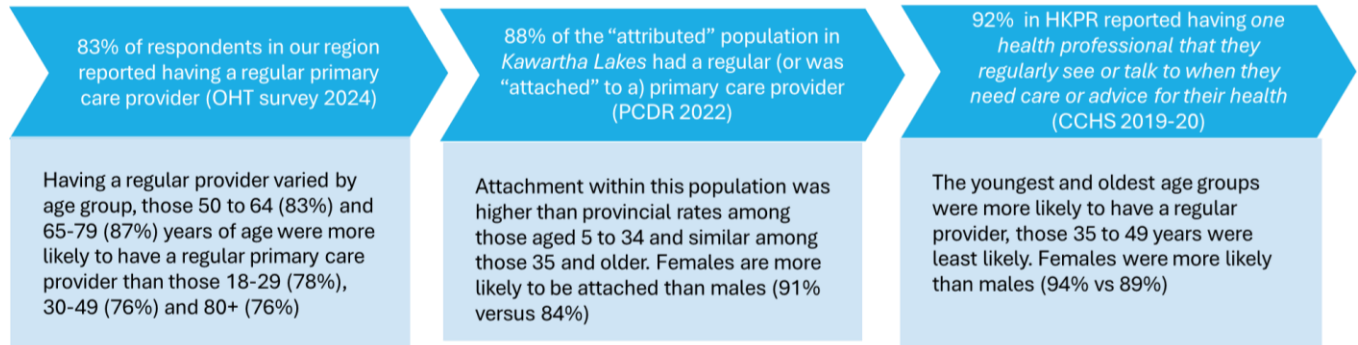
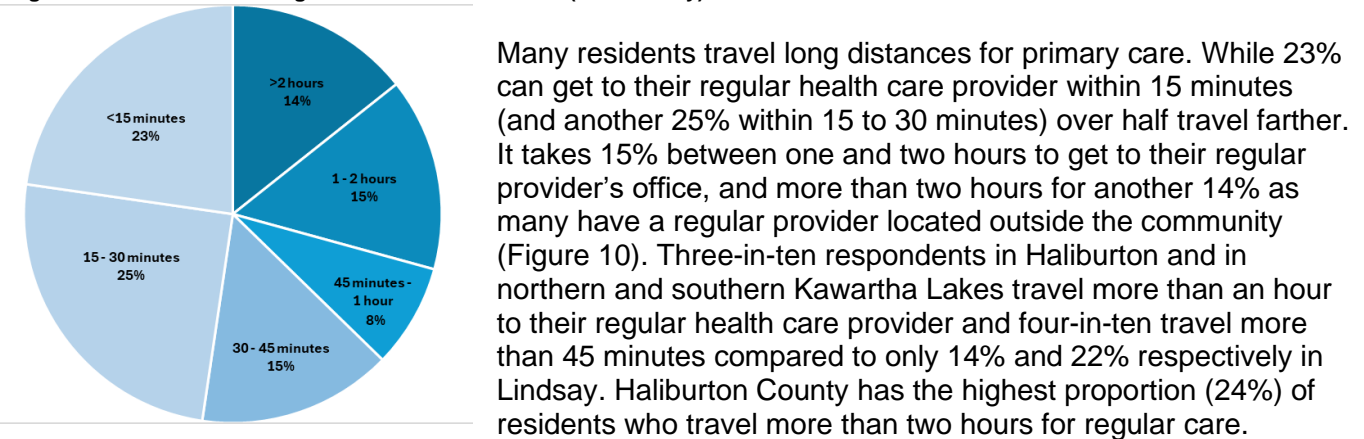


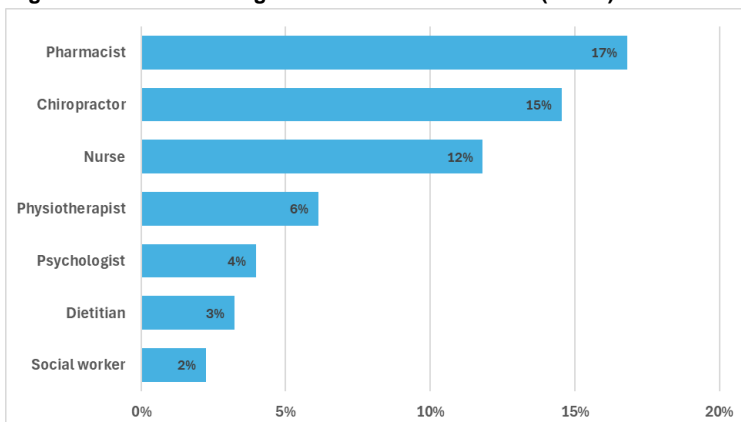
Figure 10. Travel Time to Regular Health Care Provider (OHT Survey)



Seven in ten (71%) survey respondents believe their regular health care provider knows them as a person. Almost half (48%) reported that their regular provider *often* considered their unique beliefs and preferences and all factors that affect their health; 31% reported they *sometimes* did. However, 9% indicated that their main health care provider *never* took these factors into consideration.

Among those in the HKPR district with a regular provider, 57% reported that there was one or more nurses working with their main provider who were regularly involved in their health care; 36% indicated that professionals other than physicians and nurses in the same office were involved in their care.<sup>32</sup>

Figure 11. Additional Regular Health Care Providers (CCHS)



Some residents within the HKPR district also received regular health care from professionals other than their regular primary care provider. Several received such care from pharmacists, chiropractors, nurses, physiotherapists, psychologists, dietitians, and social workers (Figure 11).<sup>33</sup>

Six-in-ten (62%) rated the level of coordination between their regular health care provider and other health professionals who provide regular care very good or excellent; 14% rated it fair or poor.<sup>34</sup>

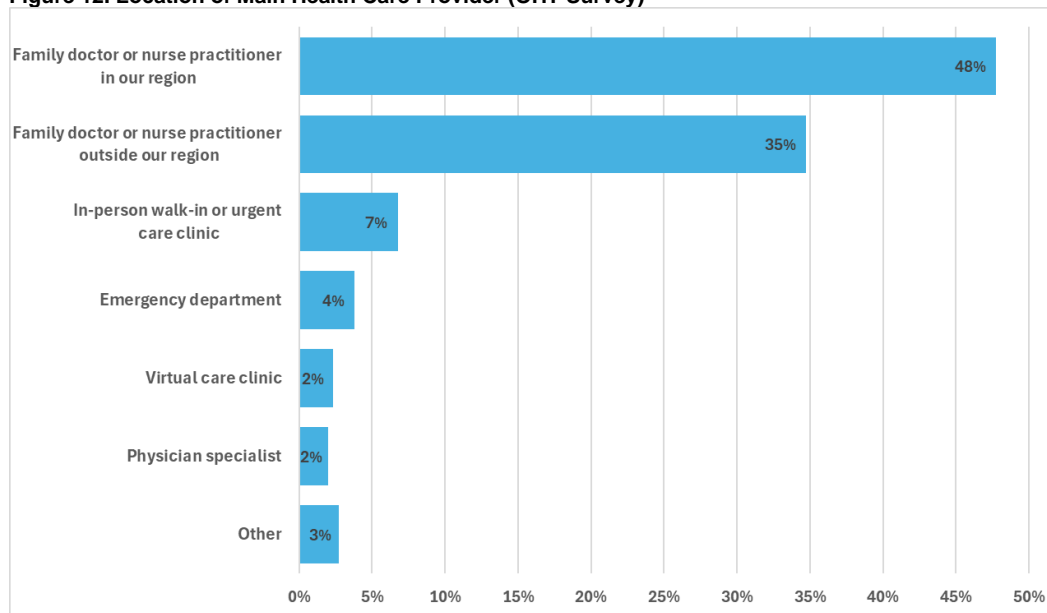
### Factors Associated with Access to Regular Primary Care Providers

Those who reported more than one ongoing health challenge in the OHT survey were more likely to have a regular provider than those with only one concern. However, a higher percentage of those who reported no ongoing concerns had a regular provider. Based on Ontario Primary Care Data Reports (PCDR) that reflect the “attribute” population – those who receive regular care within Kawartha Lakes – those with a higher rate of overall health service utilization – or with higher rates of comorbidity – were more likely to have a regular primary care provider or to be “attached.” For example, those with COPD, congestive heart failure, diabetes, or a mental health diagnosis had rates of attachment between 3% and 5% higher than those without those conditions. As well, those in long-term care had higher rates of attachment to a regular provider.<sup>35</sup>

Among the “attributed” population, those experiencing higher rates of family/housing precariousness (instability) and material resource deprivation (access to basic material needs) had somewhat lower rates of attachment to a regular primary care provider. However, attachment increased with the extent of dependency (lack of income from employment). Areas with greater diversity in terms of racialized and newcomer populations were less likely to have a regular primary care provider – from 12% in areas with low diversity to 33% in areas with the highest diversity. New arrivals to Ontario were less likely to have a regular primary care provider (29% versus 12%).<sup>36 37</sup>

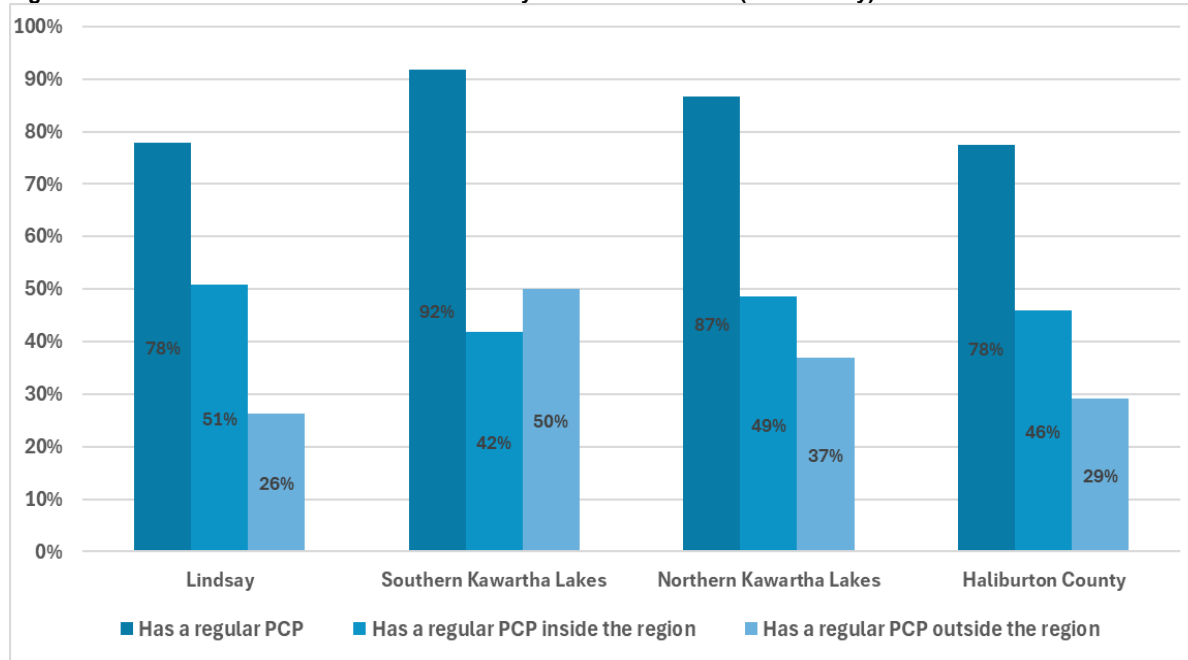
Less than half the population in the region (approximately 48,000) receive primary care locally from a team-based primary care model (a Family Health Team or Community Health Centre). Others receive care locally from fee-for-service family physicians, nurse practitioners and other clinics. Nonetheless, there are approximately the same number of primary care visits by residents outside the region as there are locally.<sup>38</sup> In the Canadian Community Health Survey representing the population residing in the HKPR district, only 64% of respondents go to a doctor’s office or community health centre for immediate care for minor problem; 15% go to a walk-in clinic and 17% go to the emergency department.<sup>39</sup> Based on the OHT survey, less than half (48%) of respondents have a regular family doctor or nurse practitioner within the region; 35% reported their regular primary care provider is located *outside* the region. The remainder of people use walk-in clinics, the emergency department, virtual care services, and physician specialists as their main source of care (Figure 12).

Figure 12. Location of Main Health Care Provider (OHT Survey)



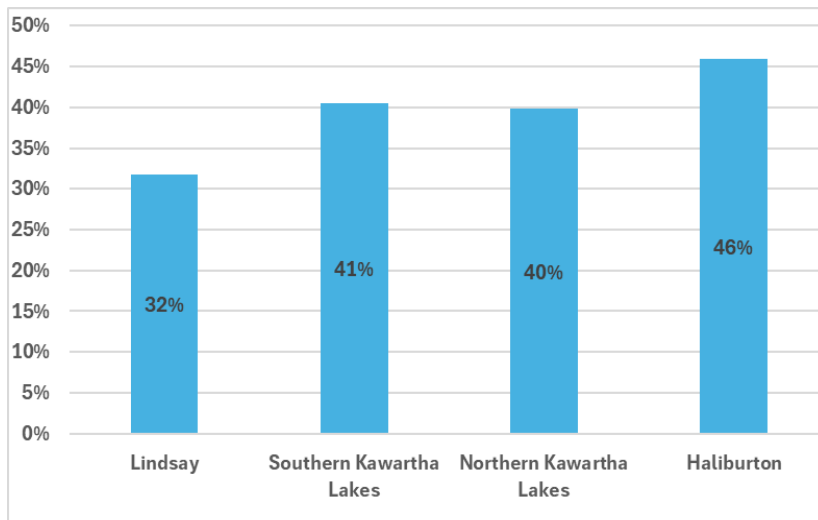
According to the Primary Care Data Reports – data that reflect those who receive regular primary care within Kawartha Lakes (whether or not they reside there)<sup>9</sup> – 70% of Lindsay residents have a regular provider locally compared to 89% in small towns and 86% in rural areas.<sup>40</sup> OHT survey respondents in Lindsay and Haliburton had lower rates of attachment to a regular primary care provider than residents of southern and northern Kawartha Lakes (excluding Lindsay). However, the latter residents were also more likely to have regular providers outside the region (Figure 13). Moreover, a greater proportion of those with a *local* regular primary care provider were 65 years of age or older compared to those who have regular provider *outside* our region (57% versus 33%).

**Figure 13. Location of Main Health Care Provider by Place of Residence (OHT Survey)**



### Residents without Access to a Regular Primary Care Provider

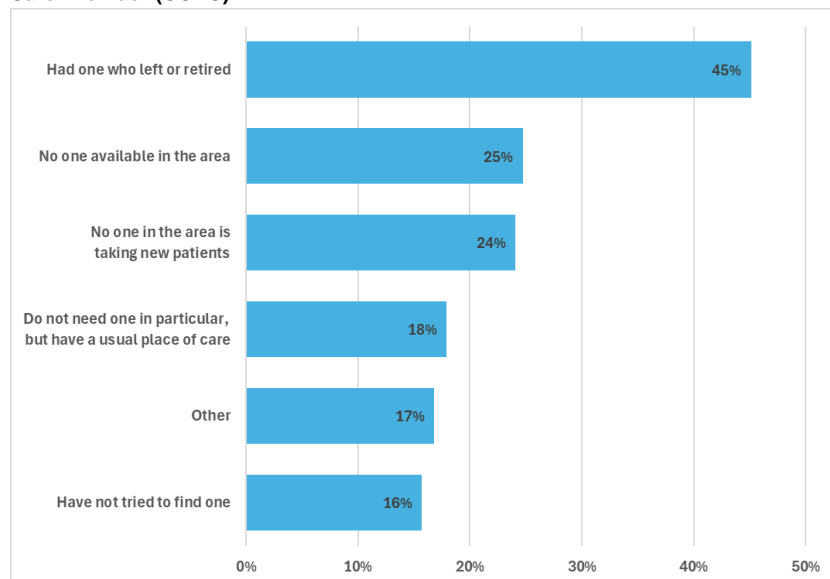
**Figure 14. Percentage who Cannot Find Family Physician or Nurse Practitioner in this Region (OHT Survey)**



Four-in-ten (42%) OHT survey respondents reported that they could not find a family physician or nurse practitioner who is accepting patients in this region. Several reported that their main primary provider had retired or that they could not find a family doctor or nurse practitioner since moving to the region. Despite having a lower rate of attachment to a primary care provider, fewer (32%) in Lindsay reported that they were unable to find family doctor or nurse practitioner in this region compared to 46% of respondents in Haliburton (Figure 14).

<sup>9</sup> These 2022 data reflect an attributed population of 49,624. Whereas the population of Kawartha Lakes was 79,247.

**Figure 15. Reason for Not having a Regular Primary Health Care Provider (CCHS)**



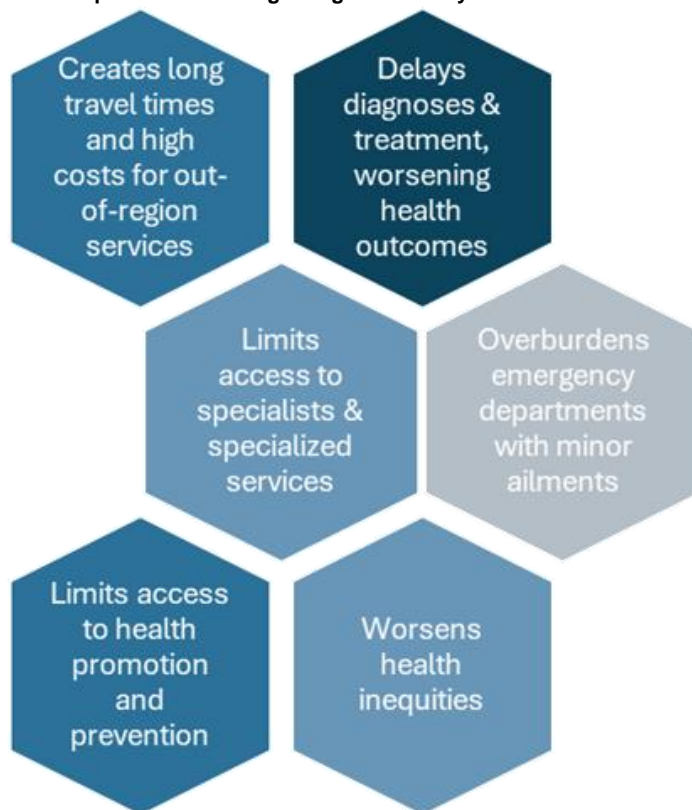
Many respondents (45%) to the Canadian Community Health Survey within the Haliburton Kawartha Pine Ridge (HKPR) District currently without a regular primary care provider previously had one, but the provider left or retired. Another quarter found none available in the district, or that none were taking new patients. Almost one-in-five did not have a single regular primary care provider, but still have a *usual* place of care (Figure 15).<sup>41</sup>

Many individuals in our region lack access to a regular primary care provider, and workforce shortages are a predominant concern. Residents cite physicians leaving or retiring and frequent turnover of nurse practitioners as creating disruptions to ongoing care, and experience long waits to get assigned to a regular provider.

Several adverse impacts related to not having access to a regular primary care provider were reported in the OHT survey. Respondents specifically mentioned situations where minor conditions progressed to serious health crises because they could not access timely primary care. Those without access to regular primary care faced delays in the diagnosing and managing of chronic or acute conditions (e.g., heart disease, cancer, diabetes), and without routine care or wellness screening, preventable illnesses may progress unchecked, leading to more severe health issues.

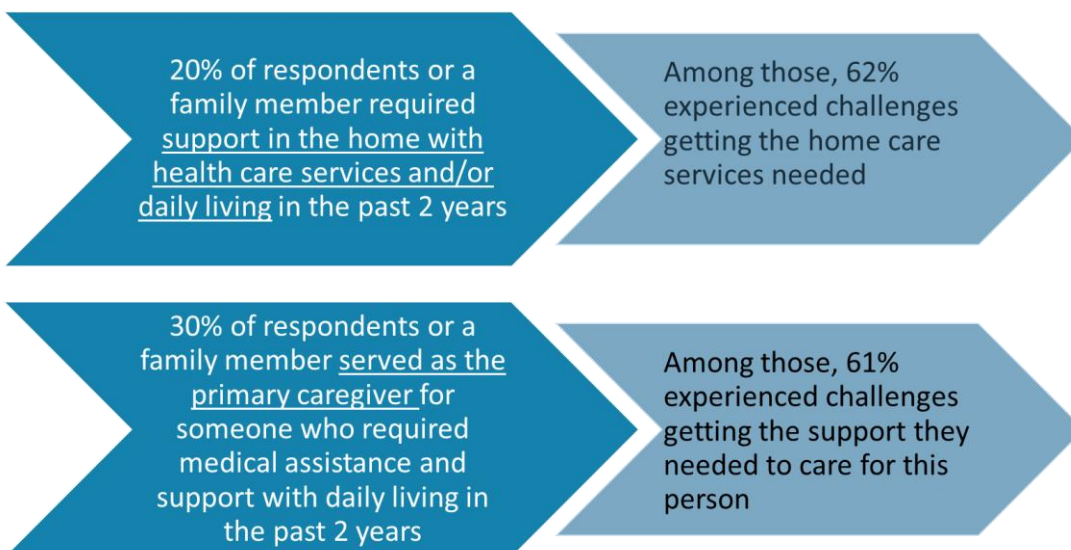
The absence of primary care services forces many residents to use emergency rooms for non-emergency issues such as prescription renewals, infections, or minor injuries. This overwhelms emergency departments and detracts from their ability to handle true emergencies. Moreover, some people cannot apply to switch to local family physicians unless they entirely stop using their current out-of-town physician, leaving them without care during the transition – for which there is no guaranteed timeframe.

**Impact of Not having a Regular Primary Care Provider**



## Care in the Home

Many Kawartha Lakes and Haliburton County residents require home care or are primary caregivers; nearly two-thirds of those experience challenges getting the support they need. Those in Haliburton County were more likely to have experienced challenges getting care in the home (71%).



According to Ministry of Health data, the wait for home care – both upon hospital discharge and from the community – is generally longer than the provincial average. The median time to a placement in long-term care is also longer in this community (approximately 200 days).<sup>42</sup>

Several key themes related to challenges related to home care and caregiving emerged from the OHT needs assessment survey. The responses are an indictment on the home and community care services in our region. This analysis highlights significant barriers to accessing timely, consistent, and affordable home care services, with caregivers bearing a significant emotional, physical, and financial burden when the system fails to deliver. It indicates an urgent need for greater availability, affordability, and coordination of home-based services, especially in underserved regions.

**Table 4. Reported Challenges Related to Home Care and Caregiving**

Theme	Challenges
<b>Timeliness and Accessibility</b>	<p>Prolonged wait times and delays for intake and assessment processes, and service initiation. Difficulty getting approved hours of care, many report far fewer hours than needed or promised. Long delays in accessing essential care in the home, including:</p> <ul style="list-style-type: none"> <li>• Access to equipment (e.g., wheelchairs, ramps)</li> <li>• Mental health support for both caregivers and patients.</li> <li>• Long-term care placements</li> </ul> <p>Some unable to access care:</p> <ul style="list-style-type: none"> <li>• Leaving critical needs unmet</li> <li>• Causing preventable deterioration in health</li> <li>• Delaying urgent services (e.g., post-surgery care)</li> <li>• Not starting for patients with critical or end-of-life conditions before their condition worsened or they pass away</li> </ul>
<b>Staffing Shortages and Availability</b>	<p>Significant shortages of Personal Support Workers (PSWs), nurses, and other home care professionals in both rural and urban areas. Frequent cancellations or no-shows by care providers, often without notice.</p>

Theme	Challenges
<b>Poor Communication and Coordination</b>	<p>Families often unaware of available resources or are unable to connect with them; they also experience difficulty accessing accurate information about available resources</p> <p>Difficulty navigating an overly complex and fragmented system, especially during crises and for individuals with language barriers or disabilities</p> <p>Inconsistent communication about care plans, eligibility, and availability</p> <p>Bureaucratic inefficiencies, such as unnecessary referrals or redundant paperwork</p> <p>Lack of integration between health care services and home care providers, with families being passed between providers or departments</p> <p>Poor communication and coordination among health care providers</p>
<b>Lack of Follow-Up or Continuity</b>	<p>Poor follow-up on promised services and referrals, resulting in unmet needs</p> <p>Patients discharged without proper home care arrangements or essential equipment; promised referrals or follow-ups do not materialize after hospital discharges</p> <p>Accounts or service plans cancelled without notice, requiring families to start the process over</p>
<b>Inconsistent or Inadequate Quality of Care</b>	<p>Frequent changes and high staff turnover, leading to unfamiliar providers, inconsistent care, differing methods of care, confusion, unmet needs, and lack of continuity.</p> <p>Families frequently reported that care providers were untrained, inexperienced, or not well-matched for the patient’s needs</p> <p>Lack of specialized staff, such as paediatric-trained PSWs or physical therapists</p>
<b>Limited Scope of Services</b>	<p>Care often insufficient or restricted to unhelpful tasks, leaving critical responsibilities to families</p> <p>Families request expanded care options, such as broader home care services, meal preparation, transportation, and social engagement programs</p> <p>Inadequate hours for tasks such as hygiene assistance, household cleaning, etc.</p> <p>Limited or lack of tailored support for:</p> <ul style="list-style-type: none"> <li>• Seniors with dementia or disabilities</li> <li>• Mental health, including youth services</li> <li>• Post-surgery recovery (e.g., physiotherapy, hygiene assistance)</li> <li>• Transportation, meals, and housekeeping</li> <li>• Caregivers, including respite care</li> </ul>
<b>Affordability and Financial Strain</b>	<p>High out-of-pocket costs for private care when public services are insufficient or unavailable</p> <p>High cost of specialized services, like palliative care or long-term mental health care</p> <p>Services unaffordable for low-income families despite being essential (e.g., palliative care, physiotherapy)</p> <p>Limited financial assistance to help with medical supplies, transportation, and basic needs, forcing families to sacrifice work or personal savings to provide care</p>
<b>Geographic and Regional Disparities</b>	<p>Limited or no access to care, especially in rural areas like Haliburton County, Norland, Coboconk</p> <p>Geographic misalignment of care providers leads to providers travelling long distances and missing or cutting short visits</p> <p>Rural areas particularly underserved, with no access to local staff or services, such as meal services, local programs and clinics, transportation</p>
<b>Caregiver Emotional and Physical Burden and Burnout</b>	<p>Families are stepping in as full-time caregivers due to gaps in services</p> <p>Caregivers overwhelmed with 24/7 responsibilities, with insufficient or unreliable external support</p> <p>Families have to advocate persistently for basic care and various needs, creating additional stress</p> <p>They experience emotional, physical, and financial strain from managing caregiving duties.</p> <p>Caregivers are experiencing burnout as they:</p> <ul style="list-style-type: none"> <li>• Are left to handle complex medical tasks without support</li> <li>• Have difficulty balancing caregiving with other responsibilities, such as work and childcare</li> <li>• Travel long distances to access health care for loved ones, requiring additional effort and resources</li> <li>• Experience emotional strain from repeated failures of the system and unmet promises of care</li> <li>• Feel frustration, helplessness, and anger over the lack of support for loved ones</li> <li>• Experience emotional toll of witnessing poor treatment of elderly or vulnerable family members</li> </ul>

## Hospital Utilization in our Region at a Glance

Rate of emergency department (ED) visits is 544 per 1,000 compared to 387 per 1,000 in Ontario

Higher rates of less or non-urgent ED visits than Ontario

Higher rates of ED visits for diabetes, hypertension, asthma and upper respiratory conditions than Ontario

Higher rates of ED visits by those in Haliburton County than Kawartha Lakes, especially for COPD, hypertension and asthma

58% think the problem could have been addressed by a family doctor, nurse practitioner or other provider in the community instead; 8% weren't sure

Those with a regular primary care provider were not less likely to go to the ED

25% go to Minden for emergency services, many call for 24/7 emergency services to be reinstated

Higher rates of acute hospital discharges, acute inpatient days, complex continuing care cases, day surgery, and ambulatory oncology than Ontario

Longer average length of stay for acute inpatients

Higher rate of hospitalization for residents of Kawartha Lakes than in Haliburton County for cancer, COPD, diabetes, ischemic heart disease and stroke

Higher rates of hospitalization among those with a regular primary care provider (23% versus 14%)

No difference in ambulatory care sensitive cases (ACSC) hospitalizations for those with a regular primary care provider

## Emergency Services

Based on the National Ambulatory Care Reporting System (NACRS), the annual rate of emergency visits in 2023-24 was 544 per 1,000 population Kawartha Lakes and Haliburton County compared to 387 per 1,000 in Ontario. In addition to higher rates of emergency department use, there was also a higher rate of less or non-urgent emergency department visits – conditions that could potentially be treated elsewhere – in our region compared to the rest of the province (Table 5).<sup>43</sup>

Six-in-ten (62%) OHT survey respondents reported that they or a family member went to the emergency department in the past year; 60% had one visit, 35% had between two and four visits, and 5% had five or more visits. The same rate was reported by NACRS, with a higher rate of two or more visits than the Ontario population.

**Table 5. Emergency Department Visits by Type and Number (2023/24)**

	Kawartha Lakes/Haliburton County	Ontario
Emergency visits per 1000 population	544	387
CTAS (Canadian Triage Acuity Scale)		
CTAS 1-2 (Life threatening/emergent)	20%	24%
CTAS 3 (Urgent)	53%	50%
CTS 4-5 (Less or non urgent)	27%	24%
Number of Patient Visits		
1 visit	60%	64%
2-4 visits	35%	32%
5+ visits	5%	4%
Emergency Flow		
Ambulance	21%	19%
Admissions	11%	11%

Residents of Haliburton County have higher rates of emergency department visits than those in Kawartha Lakes for selected chronic conditions, except for stroke. Rates are especially higher for COPD, hypertension, and asthma (Figure 16).<sup>44</sup>

**Figure 16. Emergency Departments visits for Selected Chronic Conditions**

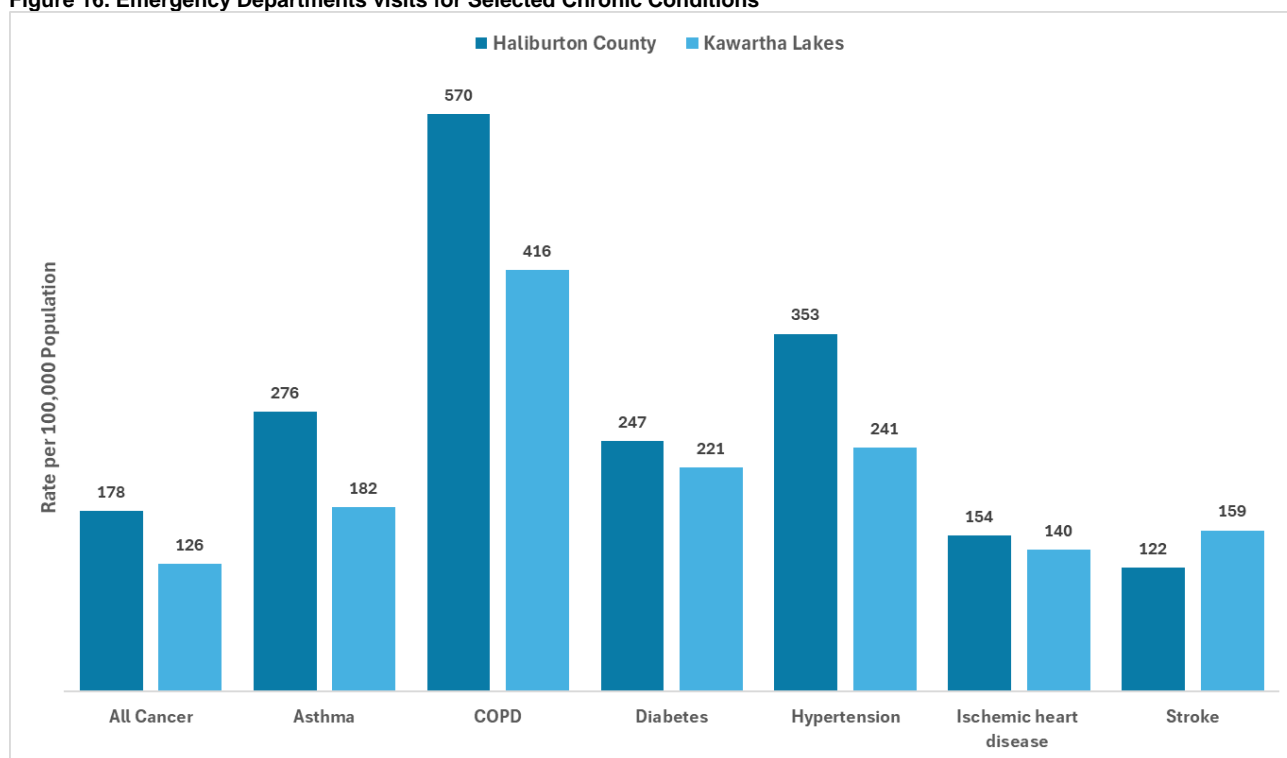


Table 6 shows a higher rate in Haliburton than Kawartha Lakes for emergency department visits for diabetes, hypertension, asthma, and upper respiratory conditions (conditions which could potentially be addressed by primary care) for both sexes. Both areas have higher rates than the province overall. Males have a higher rate of emergency visits for diabetes, while females have a higher rate of visits for hypertension, asthma, and upper respiratory conditions.<sup>45</sup>

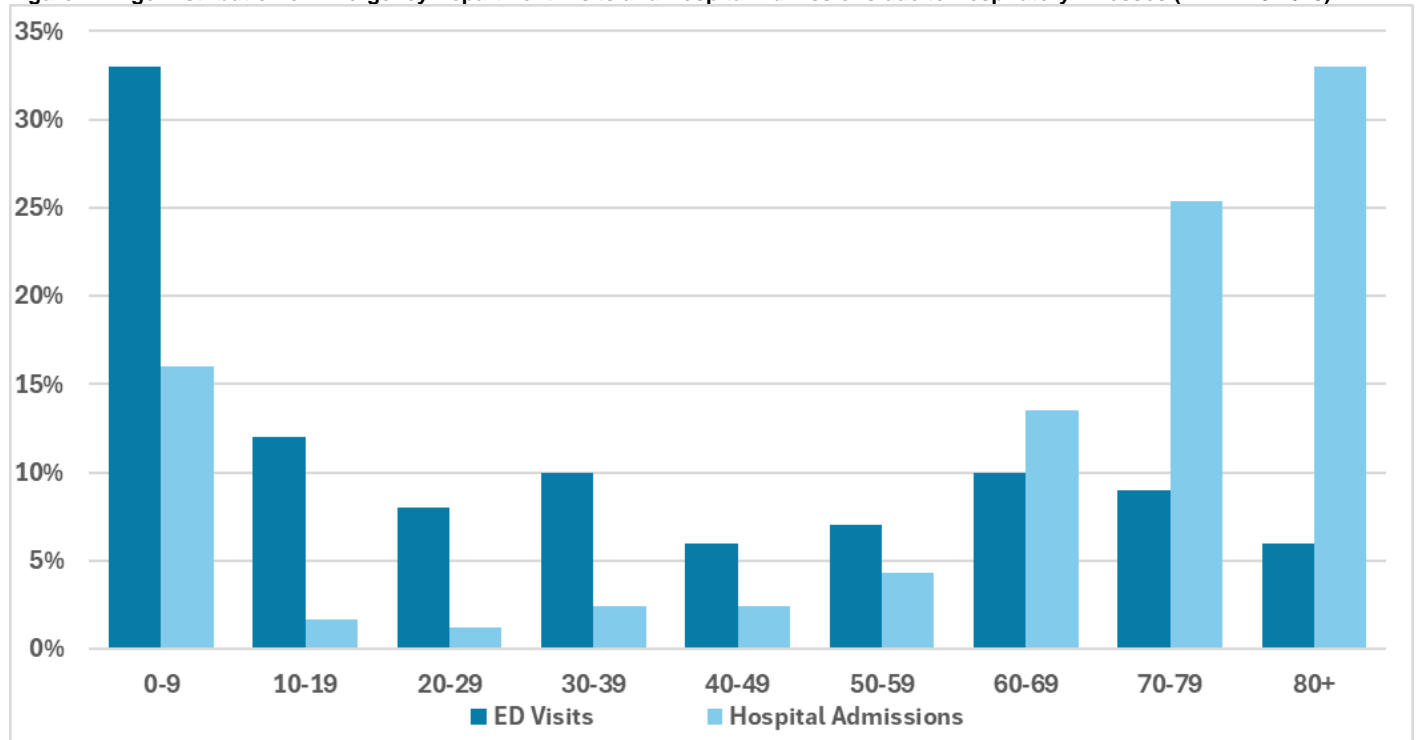
**Table 6. Age-Standardized Rates per 100,000 Population of Emergency Department Visits by Selected Condition and Sex**

Condition	Haliburton County	Kawartha Lakes	Ontario
Diabetes			
Male	439	351	251
Female	206	169	177
Hypertension			
Male	439	249	219
Female	590	369	312
Asthma			
Male	124	122	115
Female	434	243	170
Upper Respiratory			
Male	1,518	1,066	575
Female	1,818	1,063	624

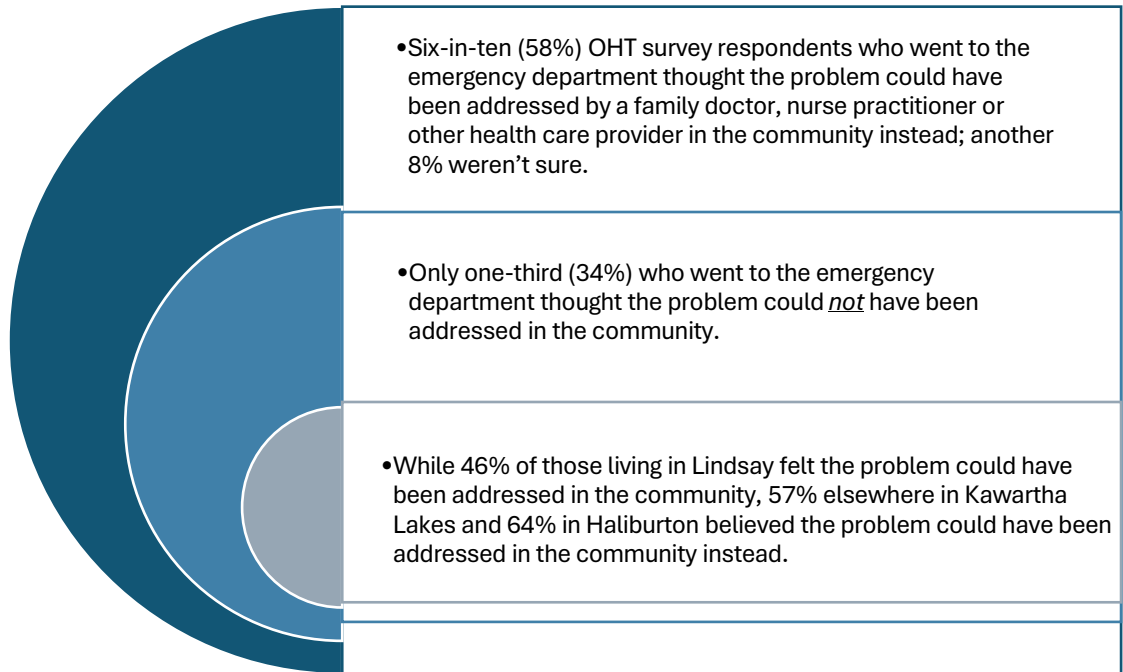
The age standardized rate of emergency department visits for opioid use in 2023 was 166 per 100,000 population in Kawartha Lakes and 40 in Haliburton County.<sup>46</sup>

Respiratory illnesses – both acute and chronic – are a major cause of morbidity in the region and are among the leading causes of emergency department visits and hospitalizations. Among residents of the HKPR district, children under the age of 10 are most likely to visit the emergency with respiratory illnesses, while those 70 years of age and older are most likely to be hospitalized (Figure 17).<sup>47</sup>

**Figure 17. Age Distribution of Emergency Department Visits and Hospital Admissions due to Respiratory Illnesses (HKPR 2024/25)**

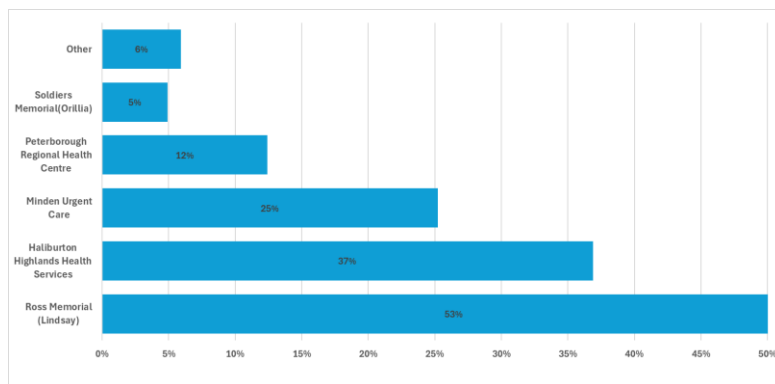


More than one-quarter of emergency department visits in Kawartha Lakes and Haliburton County are for less and non urgent reasons.



Contrary to what might be expected, OHT survey respondents *without* a regular primary care provider were not more likely to report – themselves or a family member – having gone to the emergency department in the past year. Moreover, those with a local regular primary care provider were significantly more likely to report emergency department visits than those whose primary care provider is outside our region (66% versus 55%).<sup>10</sup> This may be because – as reported above – relatively more of those with a local provider are older. A similar trend is found in the Primary Care Data Reports for those whose regular health care provider is based in Kawartha Lakes. There was no significant difference in rates of less or non-urgent emergency department visits (CTAS 4-5) between those who were attached and unattached to a regular primary care provider, and those with a local regular provider were significantly more likely than those without to have had emergent or urgent emergency department visits (CTAS 1-3).<sup>48 11</sup>

**Figure 18. Emergency Departments Most Commonly Visited (OHT Survey)**



As shown in Figure 18, among those who reported an emergency visit in the last year in the OHT survey, half (53%) went to Ross Memorial; 37% went to the Haliburton Highlands Health Services, 25% went to the urgent care clinic in Minden, 12% to Peterborough Regional Health Centre, and 5% to Soldiers Memorial in Orillia. Other emergency departments visited in the vicinity include those in Port Perry, Bracebridge, Newmarket, Barrie and Bancroft.

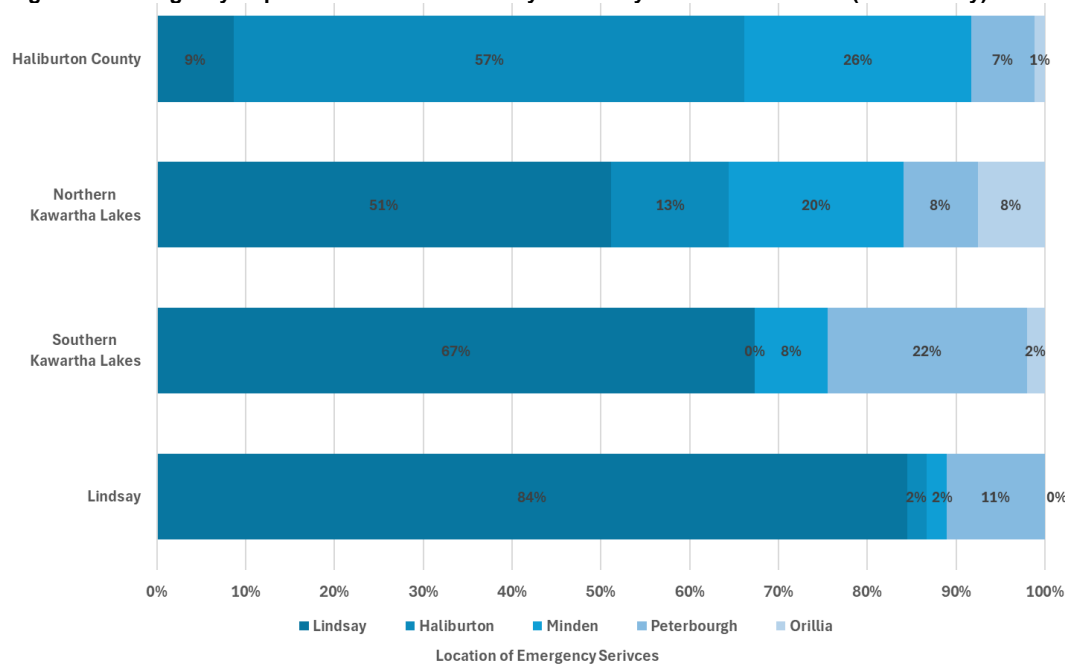
Among those who went to the emergency, 22% went to two different sites and 8% to three or more.

<sup>10</sup> p=0.08

<sup>11</sup> Two-tailed Chi-squared

Emergency department visit locations mainly depended on proximity to where one resided in the region, but not entirely. For example, while half of the residents of northern Kawartha Lakes went to the emergency department at Ross Memorial in Lindsay, 20% went to Minden, 13% to Haliburton, 8% to Orillia, and 8% to Peterborough (Figure 19).

**Figure 19. Emergency Departments Most Commonly Visited by Place of Residence (OHT Survey)**



## Hospitalization

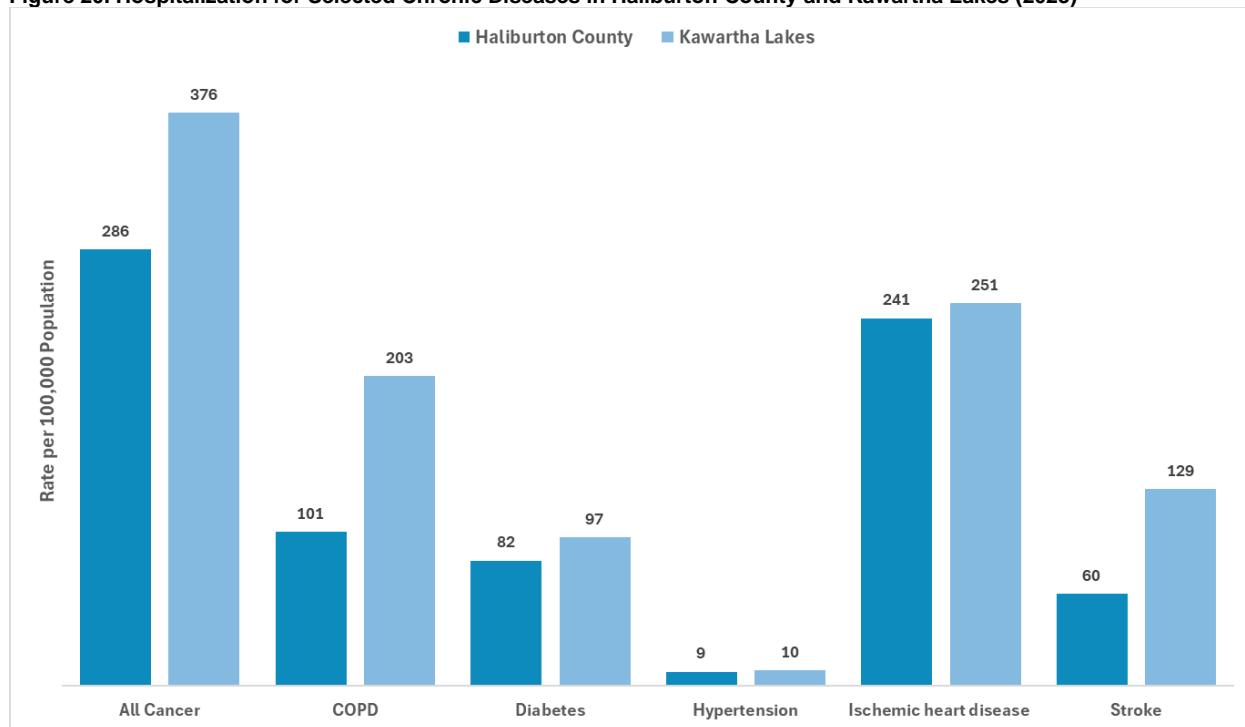
Table 7 describes the hospital utilization patterns among Kawartha Lakes and Haliburton County residents. Notably, there are higher rates of acute patient discharges, acute inpatient days, complex continuing care overnight cases, day surgery/cardiac catheterization, and ambulatory oncology visits than those across Ontario, with a longer average acute length of stay.<sup>49</sup>

**Table 7. Hospital Utilization by Residents of Kawartha Lakes and Haliburton County (2023/24)**

	Kawartha Lakes / Haliburton County	Ontario
Acute inpatient discharges per 1000 population	91	64
Discharges	7,889	897,323
Patients	5,902	673,979
ALC patients	227	65,640
Acute inpatient days per 1000 population	720	524
Average length of acute stay	7.7	6.4
Complex Continuing Care overnight cases per 1000 population	3	1.6
Complex Continuing Care days	19,129	1,825,816
Inpatient Mental Health case per 1000 population	2.1	2.1
Inpatient Mental Health days	12,031	2,083,910
Adult inpatient rehabilitation overnight cases per 1000 population	2.1	2.1
Adult inpatient rehabilitation days	15,801	1,366,051
Day surgery / cardiac catheterization visits per 1000 population	7	4
Ambulatory dialysis per 1000 population	104	95
Ambulatory oncology per 1000 population	127	101

Residents of Kawartha Lakes have higher rate of hospitalization than those in Haliburton County for cancer, COPD, diabetes, ischemic heart disease and stroke (Figure 20).<sup>50</sup>

Figure 20. Hospitalization for Selected Chronic Diseases in Haliburton County and Kawartha Lakes (2023)



Males have higher rates of hospitalization than females for diabetes in both Haliburton and Kawartha Lakes. Rates by sex vary by region for other conditions (Table 8).<sup>51</sup>

Table 8. Age-Standardized Rates per 100,000 Population of Hospitalizations Visits by Selected Condition and Sex

Condition	Haliburton County	Kawartha Lakes	Ontario
Diabetes			
Male	135	140	122
Female	27	55	79
Hypertension			
Male	16	9	20
Female	---	10	18
COPD			
Male	92	231	140
Female	112	177	126
Upper Respiratory			
Male	109	257	177
Female	119	214	165

As shown below, whether someone has a regular primary care provider does not appear to impact hospital-related measures among the “attributed” Kawartha Lakes population with a local regular primary care provider.<sup>52</sup>

**Hospital Utilization for the Kawartha Lakes “Attributed” Population (Attached versus Unattached to Primary Care Provider)**



Higher overall rates of hospitalization among those attached to a regular primary care provider (23% versus 14%)



No difference in rates of ambulatory care sensitive cases (ACSC) hospitalizations



Similar rates of any follow-up within seven days of discharge



Similar rates of hospital readmission within 30 days of discharge

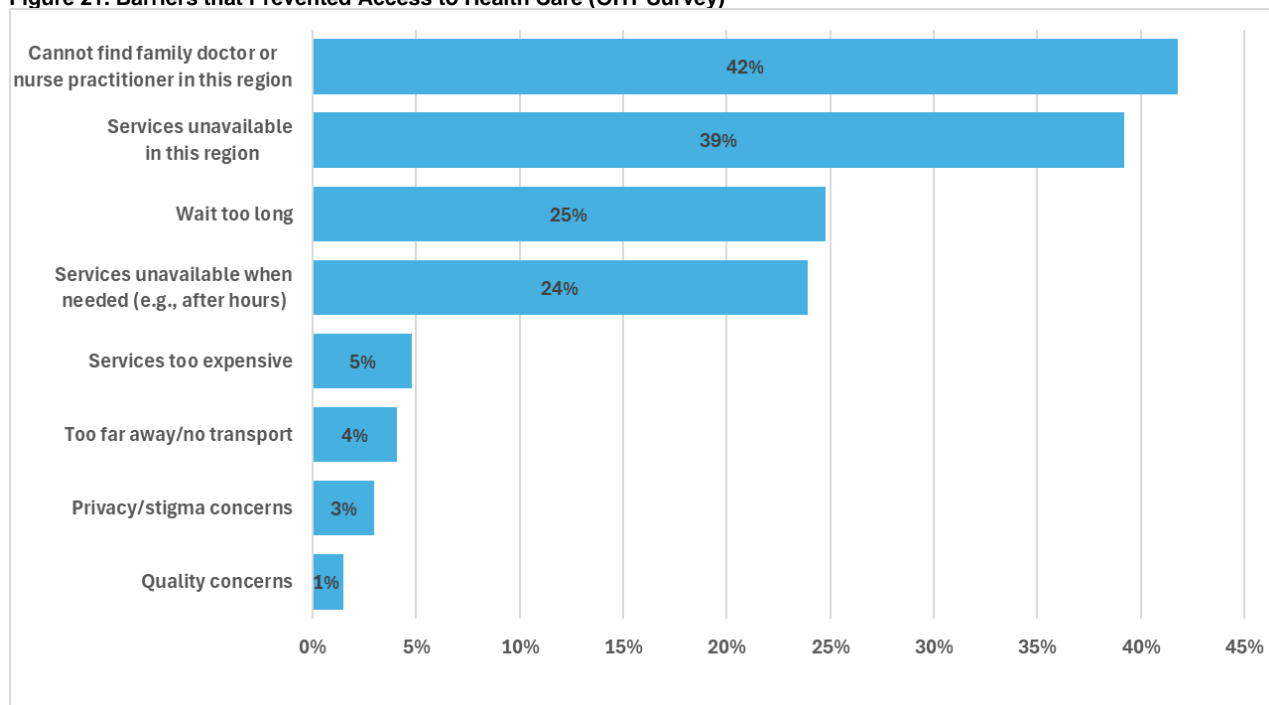
## Health System Needs

### Challenges and Barriers to Access

Regarding the main barriers experienced by OHT survey respondents preventing them from accessing health care in our region, 42% reported being unable to find a family doctor or nurse practitioner locally. For some, a lack of a regular primary care provider added additional barriers to care. *“Without a family physician or walk in, there is no way to get preventative care (bloodwork for example).”*

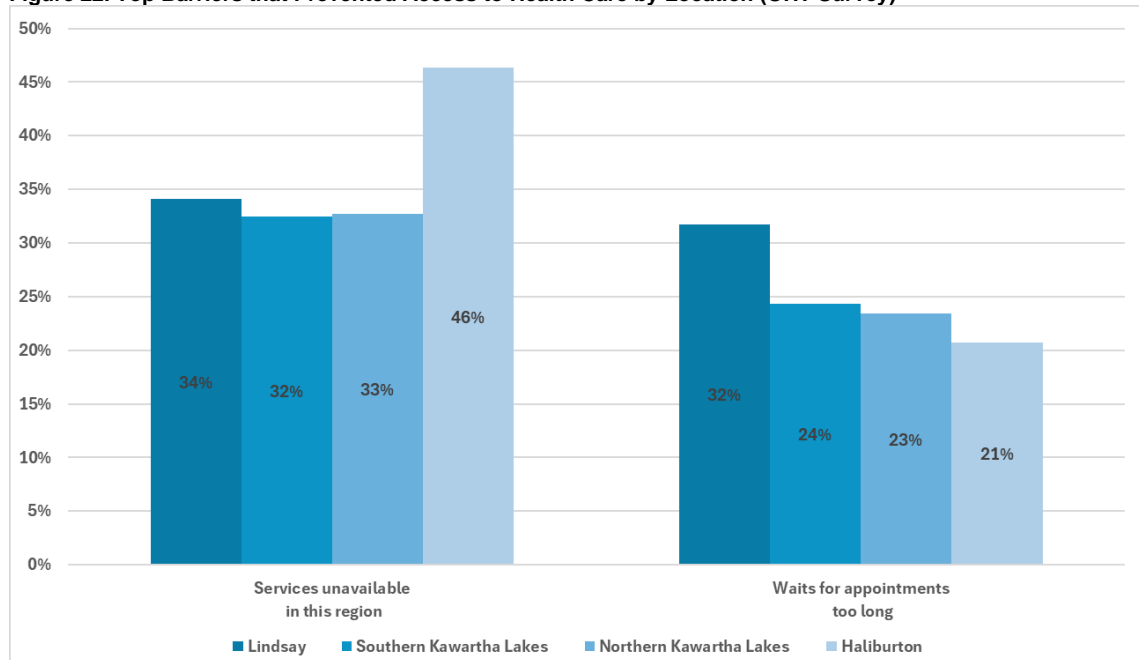
Almost four-in-ten (39%) reported that the services they need are not available in this area. One-quarter were prevented from accessing health care in our region because wait times are too long and health services are unavailable when needed (e.g., after-hours services). Several reported long wait times for hip and knee replacements. The cost of some services, distance and transport, and concerns about quality (e.g., privacy, stigma, culturally appropriateness, clinical quality, follow up/continuity of care) were additional concerns (Figure 21).

**Figure 21. Barriers that Prevented Access to Health Care (OHT Survey)**



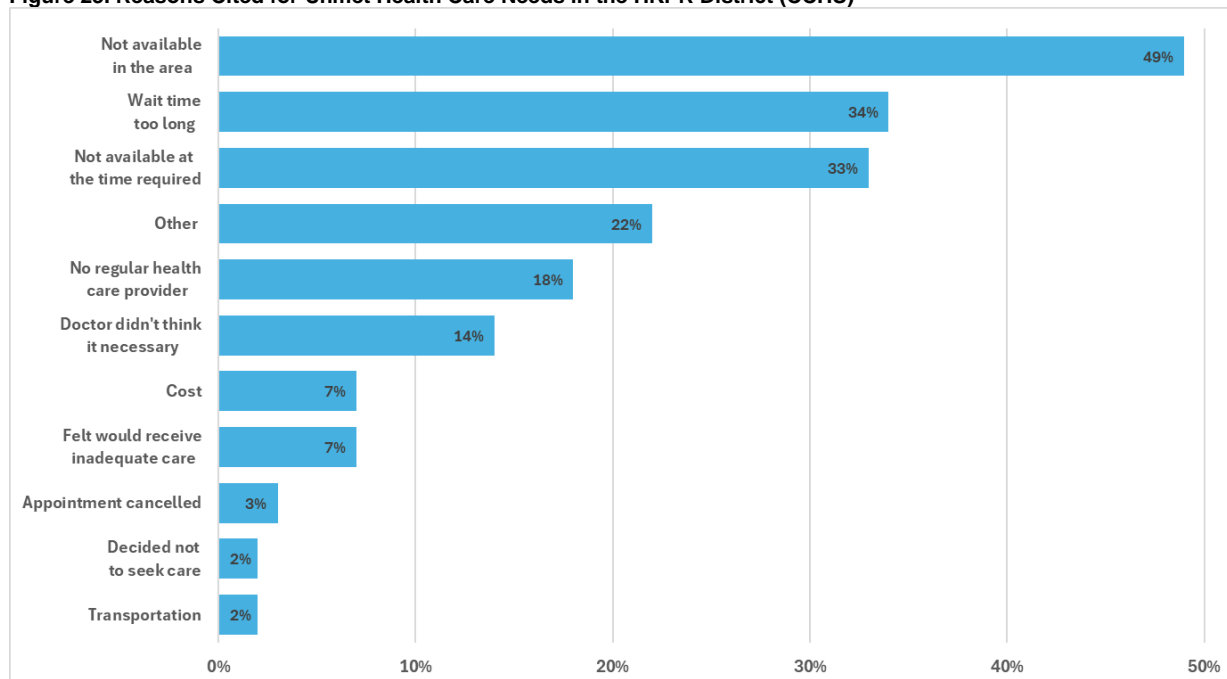
A higher proportion (45%) of those in Haliburton County than the rest of the region reported that the services they required were not available in their region. Lindsay residents were more likely to report long wait times as a barrier to accessing care than other residents (Figure 22).<sup>53</sup>

**Figure 22. Top Barriers that Prevented Access to Health Care by Location (OHT Survey)**

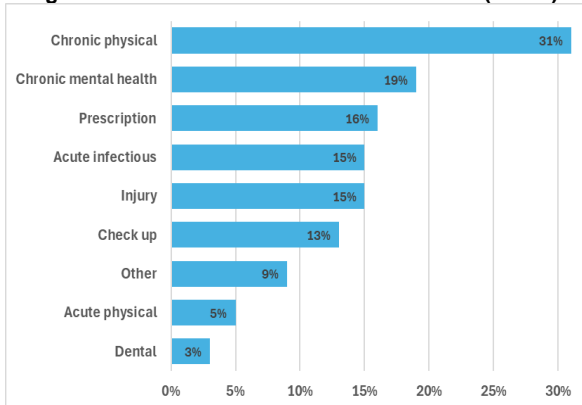


Similar to the OHT survey, the top reasons cited for not getting care cited in the Canadian Community Health Survey (CCHS) were services being unavailable in the area, long wait times, services not available at the time required, and having no regular health care provider (Figure 23). One-third (32%) of HKPR district residents reported that they could get an appointment the same day or next with their regular health care provider when they need immediate care for a minor health problem. One-quarter waited two to three days and 14% waited two weeks or longer.<sup>54</sup>

**Figure 23. Reasons Cited for Unmet Health Care Needs in the HKPR District (CCHS)**

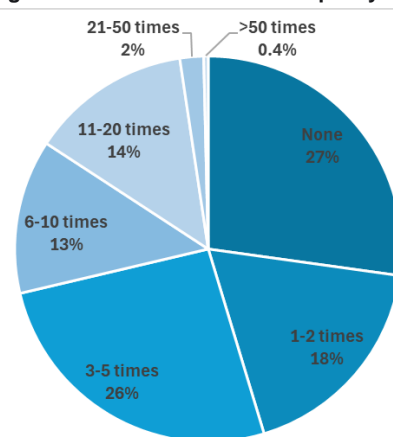


**Figure 25. Unmet Needs in the HKPR District (CCHS)**



Among those with unmet needs in the HKPR district, the greatest need was for chronic physical care, followed by chronic mental health services (Figure 25).

**Figure 24. Number of times respondent or a family member had to travel out of the region to get health care services in the past year**



As shown in Figure 24, 73% of OHT survey respondents reported that they or a family member travelled out of the region to get health care services in the past year; 29% travelled out more than five times. The median number of times travelled out of the community was three and the average was five.<sup>55 12</sup>

Table 9 outlines the challenges residents of Haliburton County and Kawartha Lakes face accessing health care. Overall, they underline that the region's growing population, particularly seniors and seasonal residents, has outpaced the available health care infrastructure. There are calls for more primary care providers and specialists, new hospitals, a reopened 24/7 emergency department in Minden, and expanded health care facilities to meet the demand.

The emotional and physical consequences of limited access and delays in care are apparent. Residents described how delayed or insufficient care led to worsened conditions, and experiences of anxiety and frustration from navigating a complicated, overwhelmed system. Many pointed to health inequities in the region. Vulnerable populations, such as seniors, individuals with disabilities and low-income families, are disproportionately affected by the lack of access.

**Table 9. Key Health Care Challenges Faced by Haliburton and Kawartha Lakes Residents**

Theme	Challenges
<b>Health workforce shortages</b>	Repeated mention of shortages, especially family physicians, nurse practitioners, and specialists. Recruitment has not kept up with the growing population and needs. The predominant concern is the lack of family physicians and nurse practitioners. Many do not have access to a primary care provider, and some have been on waiting lists for years.
<b>Limited Speciality Services Locally</b>	Frustration over the lack of specialists, requiring long distance travel for care (e.g., dermatology, cardiology, mental health, etc.), especially for those in rural areas. Limited specialized services, such as lymphedema treatments, detox programs, holistic care. Too few trained practitioners in key areas, such as women's health, geriatric care, nutrition, exercise physiology, palliative care. Too few local diagnostic facilities, such as x-rays, CTs and MRIs. Referrals outside the region for specialized care increase the burden on families.
<b>Timely Access</b>	Wait times for appointments often extend weeks or months, worsening health conditions. Long waits in in the emergency room. Many want more walk-in clinics with extended hours, particularly in rural and underserved areas. Some want urgent care clinics that can handle non-life-threatening emergencies to reduce strain on EDs. Months and years-long waits reported for surgeries (e.g., knee or hip replacements) Significant delays for tests (e.g., MRIs) Long waits for referrals and tests force residents to seek care out of region, increasing fragmented care.

<sup>12</sup> A few people travelling out of the region several times a month increased the average.

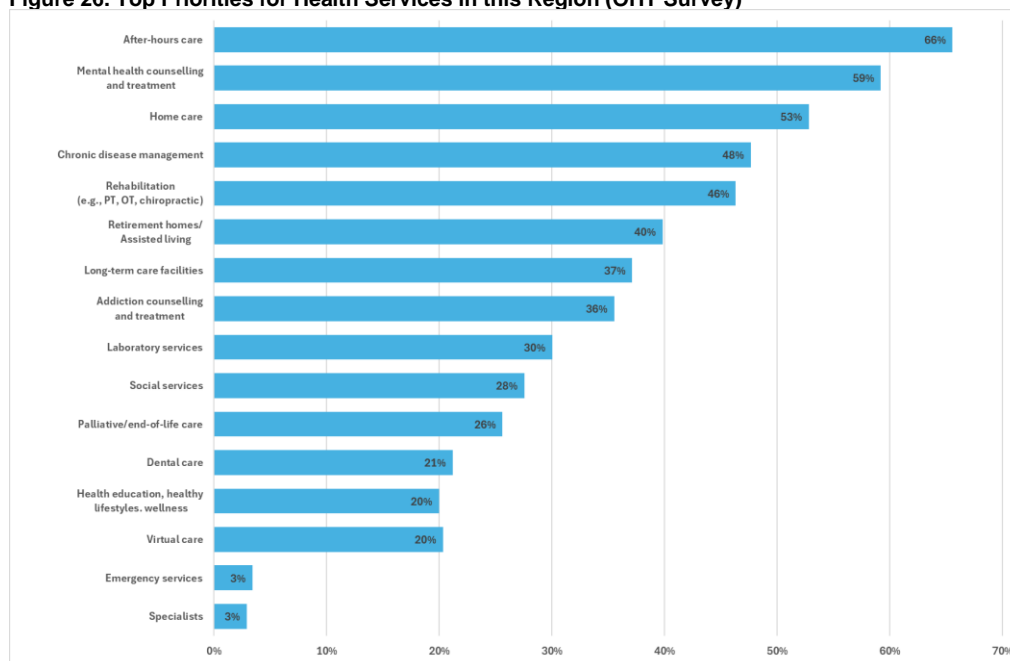
Theme	Challenges
Emergency Services	<p>Hospitals and urgent care centres are operating at full capacity, leading to delayed care or sometimes patients being turned away.</p> <p>Long waits leading to unnecessary anxiety, complications or delayed diagnoses.</p> <p>The only care option for some due to a lack of family physicians, nurse practitioners, walk-in clinics.</p> <p>Concerns about the long distances to the nearest emergency services.</p> <p>The closure of Minden emergency department forced patients to travel farther, creating delays and reducing timely access. There is a strong call for reopening the Minden emergency, with repeated mentions of the need for 24/7 emergency care closer to home.</p> <p>Need for better-equipped emergency departments.</p>
Home and Community Care	<p>The home care system in our region is in crisis. Many who require care are not getting it, and those who receive care are not getting enough.</p> <p>There is a strong need for improved home care services, including personal support workers (PSWs) and resources to help seniors who remain in their homes.</p> <p>Caregivers are overburdened, experiencing distress, and having trouble coping.</p> <p>Need for more affordable housing, long-term care, and hospice facilities.</p> <p><i>Also see Table 4 on page 17 above for greater detail on home and community care challenges</i></p>
Mental Health and Addiction Services	<p>Significant gaps in mental health and addictions supports, with many requesting more counsellors, psychiatrists, and addiction treatment services.</p> <p>Individuals, including youth and families, seeking counselling, addiction treatment or psychiatric care have to travel long distances or wait months for services, which worsens outcomes</p> <p>Need for 24/7 mental health services and harm reduction.</p> <p>The lack of primary care extends to mental health services. Without a regular primary care provider to provide referrals or oversee treatment plans, individuals struggling with mental health or substance use disorders are left without adequate support.</p>
Geographic Barriers and Transportation Challenges	<p>Patients often required to travel long distances to access care (e.g., from Haliburton or Minden to Lindsay, Peterborough, Toronto, or other cities).</p> <p>Transportation to services is a major barrier, especially without access to affordable transit and for seniors.</p> <p>Limited or unreliable transportation options for elderly or disabled patients.</p> <p>There are few volunteer drivers and often no public transportation options.</p> <p>Travel to access doctors, specialists, or emergency care can involve significant costs, especially for rural residents. (Some reported spending \$400–\$600 for transportation to appointments).</p> <p>Some low-income families, seniors, individuals with disabilities are prevented from getting health care entirely.</p> <p>Weather and parking issues further complicate access to care for those traveling out of town.</p>
Health Promotion and Preventative Care	<p>Cannot access routine or preventative care (e.g., screening and bloodwork) without regular primary care.</p> <p>Concern that access barriers will affect preventative health care, as residents become disengaged from regular health maintenance practices like vaccinations, screenings, or lifestyle counselling.</p> <p>Frustration with focus on prescriptions rather than addressing root causes of health issues.</p> <p>Limited options for holistic or alternative medicine in the region.</p> <p>Promotion of healthy lifestyles via fitness programs, nutrition education, and preventative health measures.</p> <p>Improved public education on available health services and how to access recommended.</p>
Health Inequities	<p>Vulnerable populations, such as seniors, individuals with disabilities, and low-income families, are disproportionately affected by the lack of access.</p> <p>Seniors living alone struggle to get home care and are unable to attend follow-up appointments due to the lack of local medical practitioners and transportation options.</p> <p>Sense of health care inequity, where rural residents are underserved compared to urban areas.</p>
Fragmentation and System Inefficiencies	<p>Calls for a more integrated and coordinated health care system</p> <p>System inefficiencies that prevent seamless access to care highlighted.</p> <p>Health care hubs frequently suggested</p> <p>Frustration with how the lack of coordination and system complexities create additional stress and delays:</p> <p>Patients frequently passed between providers or agencies without clear answers.</p> <ul style="list-style-type: none"> <li>• Duplicated procedures (e.g., repeated x-rays)</li> <li>• Due to poor integration of health services.</li> <li>• Mismanagement of referrals and follow-ups, leading to delays in care.</li> <li>• Inconsistency in care providers</li> <li>• A breakdown in trust in the health care system</li> <li>• Many feel abandoned, with some unable to seek or attain care at all due to the barriers</li> </ul>

Health care challenges are particularly acute for the elderly. The following outlines the key challenges experienced by seniors, their families and caregivers in the region.

Lack of primary care providers	<ul style="list-style-type: none"> <li>• Causes reliance on emergency departments or travel long distances for routine care</li> <li>• Chronic conditions like diabetes, hypertension, and arthritis remain unmanaged, exacerbating health complications</li> </ul>
Inadequate Home and Community Care	<ul style="list-style-type: none"> <li>• Insufficient health care and assistance with daily living tasks like bathing, meals and housekeeping</li> <li>• Family caregivers, often seniors themselves, report burnout due to a lack of respite care or home care</li> <li>• Lack of interim support to meet their needs while on waitlists for long-term care</li> </ul>
Transportation Barriers	<ul style="list-style-type: none"> <li>• Many challenges traveling to medical appointments due to the lack of affordable and accessible public transit options, especially those in rural areas</li> <li>• Volunteer driver programs are limited, and taxi services are too expensive for seniors on fixed incomes</li> <li>• Especially for those needing regular trips for specialist care or diagnostics far from their homes</li> </ul>
Limited Emergency and After-Hours Care	<ul style="list-style-type: none"> <li>• Long travel distances to the nearest emergency facility increase risks of delayed treatment, particularly for time-sensitive conditions, as seniors often require immediate medical attention for age-related emergencies (e.g., falls, strokes, heart attacks)</li> <li>• Closure of local EDs (e.g., Minden) disproportionately affects seniors</li> </ul>
Social Isolation and Mental Health Challenges	<ul style="list-style-type: none"> <li>• Many seniors live alone, contributing to loneliness and isolation, especially when access to community programs and social services is limited</li> <li>• The lack of accessible mental health services for seniors exacerbates conditions like depression and anxiety, often triggered by health deterioration or loss of independence</li> </ul>
Affordability Issues	<ul style="list-style-type: none"> <li>• Seniors on fixed incomes struggle to afford essential services, including dental care, vision care, and physiotherapy, which are often not covered by provincial health insurance</li> <li>• Housing costs, combined with the expenses of health-related transportation or private caregiving, pose significant financial burdens</li> </ul>
Need for Specialized Care	<ul style="list-style-type: none"> <li>• Access to geriatric care, palliative care, and hospice services is limited, especially in rural areas, forcing seniors to travel or forego care</li> <li>• Specialized services like dementia care or rehabilitation for strokes are notably absent or insufficient to meet demand</li> </ul>
Insufficient Residential facilities	<ul style="list-style-type: none"> <li>• Waitlist are too long for long-term care, increasing isolation, poor health and caregiver burden</li> <li>• Long-term care placements are too far from their family members and community</li> <li>• Retirement home are unaffordable for many seniors</li> </ul>

In addition to the importance of having a regular primary care provider, having expanded after-hours care, mental health counselling and treatment, home care, chronic disease management, rehabilitation (e.g., PT, OT, chiropractic), living facilities for seniors, addiction counselling and treatment, laboratory, and social services were the top ten priorities for residents in our region (Figure 26).

Figure 26. Top Priorities for Health Services in this Region (OHT Survey)



## In Summary

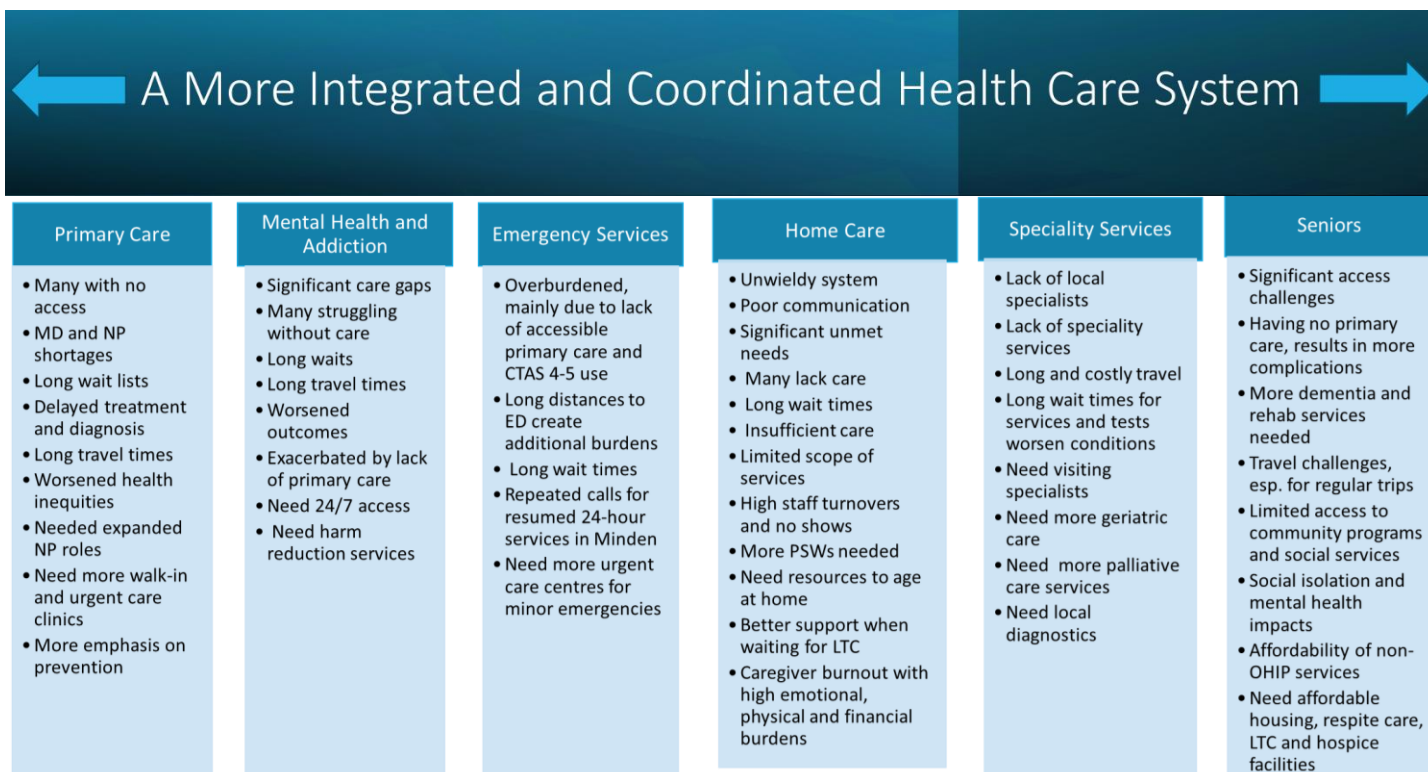
The residents of Kawartha Lakes and County of Haliburton have many pressing health care needs. The population of nearly 100,000 is older than the Ontario average. Fewer residents of working age are participating in the workforce, and compared to the province, more people of working age are self-employed, and their incomes are generally lower. Many live alone or in single-parent families. There are several pockets of high levels of poverty and deprivation, often obscured within region-level data, and these individuals are less likely to have access to primary and other health care. These social and economic factors contribute to high rates of illness and disability in the region. For example, life expectancy is shorter and there are high rates of hypertension, heart disease, respiratory illnesses, diabetes, cancer, chronic pain and overweight or obesity, with many having multiple conditions.

Half of residents indicated that the top reason for having unmet health needs is that the services needed are not available in the region. Moreover, wait times are too long or the services are not available when needed (e.g., after-hours). Two-thirds prioritized after-hours services as the most needed services in the region, followed by mental health and home care services.

Based on the availability and utilization of health services in the region, and the health care needs and priorities identified by residents, there is an obvious need for more local family physicians or nurse practitioners – as well as other health professionals in chronic care, rehabilitation, mental health and addictions, gerontology, palliative care, dental, etc. More local and timely access to specialist services are also desired.

These factors – insufficient local health care services and providers, limited after-hours care, and long waits for health services, including home care and long-term care – contribute to the high rates of emergency department visits and hospitalizations by area residents, many of which are for conditions that could have been better managed elsewhere or prevented. Having more care available closer to home – and better coordination of care with external services – could result in better access and health outcomes, and fewer unnecessary emergency department and hospital admissions.

Summarized below are the numerous challenges to accessing requisite health care, and suggested requirements, identified by residents of Haliburton County and Kawartha Lakes.



Among the many needs identified by the residents of Haliburton County and Kawartha Lakes, three stood: 1) primary care; 2) care in the home; and 3) mental health and addictions.

Many residents cannot find a family physician or nurse practitioner close to home; four-in-ten according to the OHT survey. Among those who have a regular primary care provider; more than half travel at least 30 minutes and 29% travel an hour or more to get care. Moreover, three-quarters reported that they or a family member had travelled out of the community to get various types of health care services in the past year. Some travelled several times. By not having a health care provider in the area, many peoples' health care needs go unmet; several reported that having services too far away and a lack of transportation were barriers to getting care. Many also reported that not having after-hours and walk-in services available in the community is a barrier to accessing health care when they need it.

Many residents are struggling to meet the health care needs in the home. Many require home care or are primary caregivers for someone who requires medical assistance and support with daily living. Nearly two-thirds of these individuals reported challenges getting the support they need. There are significant barriers to accessing timely, consistent, and affordable home care services, with caregivers bearing a significant emotional, physical, and financial burden when the system fails to deliver. These challenges are compounded when there is not a local primary care provider and the wait times for gaining access to home care and long-term care placements are generally longer than the provincial average. There is an urgent need for greater availability, affordability, and coordination of home-based services, especially in underserved regions.

There are also significant gaps in mental health and addiction supports. Many, including youth and families, who need counselling, addiction treatment or psychiatric care have to travel long distances or wait months for services, which worsens outcomes. Residents are requesting more counsellors, psychiatrists, and addiction treatment services, and 24/7 access to urgent services. Again, the lack of primary care impacts mental health services. Without a regular provider to provide referrals or oversee treatment plans, individuals struggling with mental health or substance use disorders are left without adequate support.

Overall, the impressions of residents are as follow.



## **Appendix A. Community Needs Assessment Survey Methods**

The OHT Health Need Survey was conducted in November to December, 2024 of residents of the City of Kawartha Lakes and the County of Haliburton. A convenience sample was recruited through distribution of the link to community partners and health services to promote and post online (e.g., primary care services, the City of Kawartha Lakes, the Chamber of Commerce), community email groups, word of mouth, and in-person recruitment at various places across the region. Respondents completed the survey online and on paper.

A total of 816 individuals respondents completed the survey. (The number of respondents for the Canadian Community Health Service in the Haliburton Kawartha Pine Ridge District is 809). Most of those who completed the survey were female (77%). Half were 65 years of age and older and 19% were between the ages of 18 and 49 years.

## References

- <sup>1</sup> Jennifer Rayner, Laura Muldoon, Imaan Bayoumi, Dale McMurchy, Kate Mulligan, Wangari Tharao, (2018) "Delivering primary health care as envisioned: A model of health and well-being guiding community-governed primary care organizations", *Journal of Integrated Care*, Vol. 26 Issue: 3, pp.231-241
- <sup>2</sup> Ford-Gliboe et al. How Equity-Oriented Health Care Affects Health: Key Mechanisms and Implications for Primary Health Care Practice and Policy. *The Milbank Quarterly*, Vol. 96, No. 4, 2018
- <sup>3</sup> Statistics Canada. 2023. Census Profile. 2021 Census of Population. Statistics Canada Catalogue number 98-316-X2021001. Ottawa. Released November 15, 2023.  
<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>
- <sup>4</sup> Statistics Canada, Census Profile, 2021
- <sup>5</sup> Statistics Canada, Census Profile, 2021
- <sup>6</sup> Statistics Canada, Census Profile, 2021
- <sup>7</sup> Statistics Canada, Census Profile, 2021
- <sup>8</sup> Statistics Canada, Census Profile, 2021
- <sup>9</sup> Statistics Canada, 2024, Canadian Community Health Survey, 2019-2020: Annual Component, Public Use Microdata File, <https://www150.statcan.gc.ca/n1/pub/82m0013x/82m0013x2024001-eng.htm>
- <sup>10</sup> Statistics Canada, Census Profile, 2021
- <sup>11</sup> Ontario Community Health Profiles Partnership. The Ontario Marginalization Index (ON-Marg), 2021
- <sup>12</sup> Public Health Ontario. Ontario Marginalization Index Updates and Products, September 6, 2023
- <sup>13</sup> Matheson FI, Dunn JR, Smith KL, Moineddin R, Glazier RH. Development of the Canadian Marginalization Index: a new tool for the study of inequality. *Can J Public Health*. 2012;103(8 Suppl 2):S12–S16. Published 2012 Apr 30.
- <sup>14</sup> 2018-2020 Canadian Income Survey (CIS). A measure based on 18 questions.
- <sup>15</sup> Public Health Ontario. Ontario Marginalization Index Updates and Products, September 6, 2023
- <sup>16</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>17</sup> Health Conditions by CIHI Grouper 2022 sourced in the Ontario Health eReport Portal OHT Reports
- <sup>18</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>19</sup> Cancer Care Ontario. In 2020, incidence was 70 per 100,000 person-years compared to 59 per 100,000 for Ontario.
- <sup>20</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>21</sup> Statistics Canada, Census Profile, 2016
- <sup>22</sup> HKPR Dashboard, sourced from IntelliHealth, 2022
- <sup>23</sup> NACRS 2023, Sourced in the HKPR Dashboard via IntelliHealth
- <sup>24</sup> Cancer Care Ontario, 2020. Sourced in the HKPR Chronic Diseases Dashboard
- <sup>25</sup> Rayner, et al. (2018) "Delivering primary health care as envisioned: A model of health and well-being guiding community-governed primary care organizations", *Journal of Integrated Care*, Vol. 26 Issue: 3, pp.231-241
- <sup>26</sup> Statistics Canada. Canadian Community Health Survey 2019-2020,
- <sup>27</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>28</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>29</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>30</sup> Ontario Community Health Profiles Partnership (OCHPP), Primary Care Data Reports (PCDR) for OHTs, 2022.
- <sup>31</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>32</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>33</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>34</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>35</sup> Ontario Community Health Profiles Partnership (OCHPP), Primary Care Data Reports (PCDR) for OHTs, 2022.
- <sup>36</sup> Ontario Community Health Profiles Partnership (OCHPP), Primary Care Data Reports (PCDR) for OHTs, 2022.
- <sup>37</sup> Matheson FI (Unity Health Toronto), Moloney G (Unity Health Toronto), van Ingen T (Public Health Ontario). 2021 Ontario marginalization index: user guide. Toronto, ON: St. Michael's Hospital (Unity Health Toronto); 2023. Joint publication with Public Health Ontario
- <sup>38</sup> Recalculated based on team roster sizes and the OCHPP Primary Care Data Reports (PCDR) for OHTs.
- <sup>39</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>40</sup> Ontario Community Health Profiles Partnership (OCHPP), Primary Care Data Reports (PCDR) for OHTs, 2022.

- 
- <sup>41</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>42</sup> Ministry of Health and Long-Term Care, Health Analytics and Insights Branch, 2017/18
- <sup>43</sup> National Ambulatory Reporting System (NACRS) 2023/24, Sourced in the Ontario Health eReport Portal OHT Reports
- <sup>44</sup> NACRS 2023, Sourced in the HKPR Dashboard via InteliHealth
- <sup>45</sup> NACRS 2023, Sourced in the HKPR Dashboard via InteliHealth
- <sup>46</sup> NACRS 2023, Sourced in the HKPR Dashboard via InteliHealth
- <sup>47</sup> NACRS 2023 and Discharge Abstract Database (DAD) 2024, Sourced in the HKPR Dashboard via InteliHealth
- <sup>48</sup> Ontario Community Health Profiles Partnership (OCHPP), Primary Care Data Reports (PCDR) for OHTs, 2022.
- <sup>49</sup> Discharge Abstract Database (DAD) 2023/24, Sourced in the Ontario Health eReport Portal OHT Reports
- <sup>50</sup> DAD 2023, Sourced in the HKPR Dashboard via InteliHealth
- <sup>51</sup> DAD 2023, Sourced in the HKPR Dashboard via InteliHealth
- <sup>52</sup> Ontario Community Health Profiles Partnership (OCHPP), Primary Care Data Reports (PCDR) for OHTs, 2022.CDR, 2022
- <sup>53</sup> Statistics Canada. Canadian Community Health Survey 2019-2020
- <sup>54</sup> Statistics Canada. Canadian Community Health Survey 2019-2020