

2025 Member Toolkit

AFHTO has been pleased to be at the table with the Primary Care Action Team and Dr. Philpott. As seen in the announcement, the Ontario government has committed **\$1.8 billion to connect two million more people to a publicly funded family doctor or primary care team by 2029**. Through advocacy at the local and regional level, AFHTO members can continue to drive change and impact the implementation of key initiatives outlined by the government, including:

- Helping with the introduction and expansion of 305 additional teams,
- Consulting on future primary care standards legislation,
- Advising on team performance indicators, home and community care modernization, and enhanced digital tools,
- Supporting the expansion of teaching clinics, and
- Ensuring two million people are attached to primary care teams by 2029.

AFHTO has submitted our budget consultation to Ontario, in which we outlined our key asks to of the government to invest strategically in targeted current team expansion, address the health human resources (HHR) crisis by closing the wage gap, and strengthen the governance of Ontario Health Teams (OHTs) to empower Primary Care Networks (PCNs). A solid implementation plan for the \$1.8 billion investment from the government, helping to uplift our priorities outlined in the pre-budget submission, along with a continued focus on bringing AFHTO and its members to the table are our main goals. Continued collaboration with the provincial government is crucial to ensuring critical sector investments are fulfilled following the election.

This toolkit is designed to help you amplify the messaging put out by your Executive Director and team leadership.

This toolkit contains:

- AFHTO's 2025 Pre-Budget Submission Recommendations,
- A customizable letter for primary care team staff to send to their local MPP candidates supporting our recommendations,
- Instructions for social media engagement,
- Copy of one-pager, and
- Advocacy reminders.

A. AFHTO External Position Statements

<p>Primary care teams provide care to 3.5 million Ontarians, connecting physicians, nurse practitioners and other interprofessional health providers to address complex health, social, and mental health challenges.</p>	<ul style="list-style-type: none"> ● AFHTO and its members' integrated care and interprofessional programs, benefit patients across the quintuple aim framework: improving population health, enhancing patient experience, reducing cost of care, improving workforce wellbeing, and advancing health equity. ● Primary care teams' are easing the strain on the healthcare system, with research demonstrating that moving from fee-for-service models to a team-based capitation model significantly reduces emergency department (ED) visits and therefore downstream costs. ● Primary care teams are a critical part of the Ontario health system, working closely with Primary Care Networks (PCNs), Ontario Health Teams (OHTs) and the acute sector to care for Ontarians.
<p>Chronic underinvestment and bureaucratic funding, with significant red tape, continue to harm patient outcomes and undervalue primary care workers, contributing to burnout.</p>	<ul style="list-style-type: none"> ● Primary care teams in Ontario are consistently undervalued, with salaries for both health and administrative staff lower than those in other health and public sector organizations, such as public health organizations and university or college health services. ● Funding contracts from OH to FHTs lack the flexibility needed to adjust pay rates or change staff composition to fit individuals' qualifications or the shifting needs of the FHTs. Addressing these gaps in funding could help alleviate workforce challenges and ultimately improve patient care.
<p>A clear primary care vision, strategy, funding and flexibility are needed to care for Ontarians and foster a productive society.</p>	<ul style="list-style-type: none"> ● There is no clear, long-term vision for primary care and its integration into the broader health system in Ontario. ● To enhance effectiveness, primary care teams should be granted more autonomy to make decisions that best serve their patients, tailored to the unique needs of their communities. This includes the flexibility to adjust staffing compositions, pay rates, and roles based on market conditions and individual qualifications.

B. IHPs and primary care team members can send this letter to Local Members of Provincial Parliament by copying and pasting it into your emails and make sure to cc: jess.rogers@afhto.ca

[Date]

Dear [your MPP Candidates name]:

As your potential future constituent and someone who [supports/works for insert organization name], I'm writing to ask for your support in ensuring essential funding for the primary care sector in Ontario is properly implemented following the provincial election. These services are crucial for helping people like me or in our community, and thousands of others, receive the care they need.

The Association of Family Health Teams of Ontario (AFHTO) is focused on expanding access to primary care across the province through the expansion of Family Health Teams. Family Health Teams provide team-based primary care, bringing together doctors, nurses, social workers, dietitians, mental health professionals, and other experts to support patients. Using the recently announced investment of \$1.8 billion for primary care to expand existing Family Health teams will ensure primary care remains accessible in our community.

I urge you to advocate for the inclusion of community engagement and expansion of Family Health Teams in your election platform. By doing so, you will be helping to ensure that seniors, people with disabilities, and their caregivers can continue to live safely and with dignity in their communities. Thank you for your attention to this important issue, and I hope to see your support for these much-needed investments in the upcoming budget.

Sincerely,
[Signature]

C. Sample Social Media Engagement

We would strongly encourage you to retweet [@afhto](#) posts on Twitter/X, LinkedIn and Facebook and use the hashtags #ItTakesATeam, and #ONpoli, #ONhealth, #ONbudget hashtags as space permits.

If you would prefer to send out your own messages, we've provided some samples below that should fit Twitter's 280-character limit and longer messages for LinkedIn and Facebook. Please remember to tag us in your tweets, use the #ItTakesATeam hashtag, and tag your MPP as well. Information on how to find your MPP can be found at the end of this toolkit.

[Twitter/X](#)

- Family Health Teams provide comprehensive, team-based care that keeps Ontarians healthy. Investing in primary care means fewer ER visits & better patient outcomes. #ItTakesATeam @AFHTO #PrimaryCareMatters
- We need sustainable funding for Family Health Teams to expand access to nurses, social workers, dietitians, and mental health supports. Strong primary care = healthier communities! @AFHTO #ItTakesATeam
- 2.5 million Ontarians don't have a family doctor - but Family Health Teams help bridge the gap with interprofessional care. More teams = more access! Let's expand team-based care. @AFHTO #ItTakesATeam
- Too many Ontarians turn to ERs for care that could be managed in primary care. Strengthening Family Health Teams = fewer ER visits & shorter wait times. Let's invest in solutions that work! @AFHTO #ItTakesATeam
- Ontario's healthcare system is at a crossroads. Family Health Teams are part of the solution, providing high-quality, team-based care. Let's expand & strengthen them! Tag your MPP & tell them to support primary care! @AFHTO #ItTakesATeam

[Facebook](#) and [LinkedIn](#):

AFHTO Pre-Budget Recommendations "Ensuring Access to Primary Care: A Path Forward to Health Equity in Ontario"

Ontario's healthcare system has recently invested \$1.8 billion in primary care. This investment will help the system, but the Ontario government cannot take their foot off the gas. Over 2.3 million Ontarians don't have a family doctor, and emergency rooms are overwhelmed. But there's a proven solution - Family Health Teams.

Family Health Teams provide team-based primary care, bringing together doctors, nurses, social workers, dietitians, mental health professionals, and other experts to support patients. This approach:

- Reduces ER visits by offering comprehensive care close to home
- Improves access for people without a family doctor
- Provides essential mental health support
- Keeps Ontarians healthier through prevention & chronic disease management

But to keep delivering high-quality, accessible care, we need sustainable funding to expand Family Health Teams and strengthen primary care.

Tell your MPP to support investment in team-based primary care and ensure every Ontarian gets the care they need.

#TeamBasedCare #InvestInPrimaryCare #HealthCareForAll #ItTakesATeam #AFHTO

D. Copy of One-Pager

***To be used as a leave-behind document and as support for active discussions. Can be found on the next page of this toolkit*

The Association of Family Health Teams of Ontario (AFHTO) is dedicated to advancing team-based primary care across the province. Representing **190 interprofessional primary care teams serving 3.5 million people**, AFHTO advocates for an **accessible, equitable, and sustainable primary care system** that meets the needs of all Ontarians.

AFHTO is seeking support from the provincial government in the upcoming Budget 2025 to prioritize targeted expansion for primary care teams, close the wage gap to strengthen the primary care workforce, and ensure proper development and governance is given to Ontario Health Teams and Primary Care Networks. Championing these recommendations and priorities will help prevent further exacerbation of the health care system, promote a healthier workforce, and help drive business investments in the province. This will help to uplift the system and make primary care accessible to more Ontarians. Our recommendations for Budget 2025 are as follows:

Recommendation 1

Invest Strategically in Targeted Team Expansion

- Focus new primary care team investments in regions with a high number of unattached patients and significant community gaps. This can be achieved by creating a **coverage plan to create new primary care teams** in areas where there is a lack of interdisciplinary team based primary care available and **expanding funding within existing models** where possible.
 - A key consideration for rural and northern primary care, given the population distribution, Indigenous communities, and geographical distance to and from acute care and diagnostics services, is **strengthening the level of integration** to alleviate pressures faced in hospitals and maximize returns on investments made to the broader health system.
- **Invest in digital health infrastructure**, by providing seamless, integrated care across primary care teams and other care settings, like community pharmacies.

Recommendation 2

Close the Wage Gap to Strengthen the Primary Care Workforce

- Provide **\$430 million (\$86 million annually for 5 years) to close the wage gap and support workforce sustainability** in primary care and across the sector.
 - The Ontario government can **lead the establishment of a market value compensation strategy** for primary care and commit to a plan to achieve the compensation levels in the sector within a feasible time frame.
 - **Transition FHTs to global budgets**, as seen with CHCs to enable flexibility in addressing documented increases in operating costs as well as open the door for changes to compensation and recruitment strategies based on local needs.
 - Broadening the HHR strategy to include **scope-of-practice and rural incentives** would position primary care teams to better address diverse community health needs.

Recommendation 3

Support the Development and Governance of Ontario Health Teams to Ensure Primary Care Networks (PCNs) Represent All Primary Care Providers

- Formalize collaborative governance models to **ensure equal representation between primary care and acute care on OHT boards**, fostering collaboration in health planning.

E. Advocacy Reminders During an Election

Writ Process

The Writs of Election are formal documents issued by the Chief Electoral Officer and signed by the Lieutenant Governor to signal the start of an election in each of Ontario's 124 electoral districts. The election period lasts 28 days, with possible extensions for statutory or religious holidays. Elections Ontario oversees the process under the [Election Act](#) and [Election Finances Act](#) to ensure fairness and transparency.

Key Details:

- The Writ sets the nomination deadline, polling date, and the return date with the winning candidate's name.
- During the writ period, the government enters caretaker mode, meaning:
 - Ministers/MPPs running for re-election have limited influence.
 - The civil service ensures government operations continue.
 - No new spending programs are approved (except in emergencies).

Third-Party Advertising Rules

A third party is any person or entity (excluding political parties, candidates, or constituency associations) that engages in political advertising. Advertising rules are governed by the [Election Finances Act](#) (Sections 37.1–37.13).

- What Qualifies as Third-Party Advertising?
 - Comments on a political party or leader.
 - Calls to action urging voters to oppose a candidate.
 - Paid advertisements on TV or online.
- Registration & Financial Rules:
 - Registration is required if spending exceeds \$500 in the 12 months before a general election or during an election.
 - Third parties must appoint a CFO and maintain financial records.
 - If spending reaches \$5,000, an auditor must be appointed and reported to Elections Ontario.
 - Anonymous contributions are prohibited and must be returned or sent to Elections Ontario.
- Ineligible Contributors:
 - Sources outside Ontario.
 - Registered charities.
 - Non-Ontario corporations.
 - Federal political parties, MPs, or constituency associations from other provinces.

Blackout Period for Media

- Applies the day before and on polling day for all elections.
- No paid third-party political advertising is allowed.
- Broadcasters and publishers cannot run election ads during this period.

Eligible Contributors & Contribution Limits

- Contributions to political parties, constituency associations, candidates, and leadership contestants are eligible for tax receipts.
- Contributions to nomination contestants and third parties are NOT eligible for tax receipts.
- Who Can Contribute?
 - Individuals residing in Ontario (using personal funds).
 - Corporations carrying on business in Ontario (not registered charities).
 - Trade unions in Ontario.
- Contribution Limits (2025):
 - Individuals can donate up to \$3,400 per registered political party (indexed annually).

For more information about this toolkit, or for questions, please contact:

Michael Scarpitti

Director, Strategic Communications and Government Relations

michael.scarpitti@afhto.ca

Jess Rogers,

CEO

jess.rogers@afhto.ca