

Appendix B:

Summary of Brampton Consultation Insights, Fall 2021

Executive Summary	2
Background	3
Insights from the Consultation	4
"We are a diverse, young, growing population that has been left behind for too long."	4
"My hopes are that this school will change the face of health care and truly make health care about what the patients and community needs."	5
"Every [proposed School of Medicine] pillar is needed in this city."	8
"We need partners that want to impact positive change and really be meaningful to our community."	9
Conclusion	11
Detailed Description of Fall Consultations and Engagement	12

Executive Summary

In order to develop a School of Medicine that is accountable to community members' hopes and needs, the University conducted a series of Town Halls as well as an online survey for the Brampton and Peel communities in the Fall of 2021. Participants described the most urgent health challenges they believe Brampton and Peel are facing, focusing on care for aging populations, lack of doctors, mental health and addictions, non-medical factors that impact health (such as income and housing), and a lack of culturally appropriate healthcare.

Respondents were overwhelmingly positive about both the potential benefits of the proposed School of Medicine to Brampton and Peel as well as the alignment between the School's proposed pillars and community needs. Overall, 94% of survey participants and 100% of Town Hall participants, for whom we have data, saw the proposed School as very beneficial or moderately beneficial. Consultation participants also shared a strong vision for the impact they hope the MD program will have on health outcomes, opportunities for residents of Brampton and Peel, attracting more doctors to the area, and on economic growth.

Participants had a clear vision for the role of the proposed MD program and School of Medicine in their communities. They saw the School partnering with a variety of community organizations (such as schools, community organizations and hospitals) and continuing ongoing, reciprocal engagement with communities, including the development of community advisory bodies for the School. Key priorities included recruiting students locally, engaging them in community experiential learning, and encouraging them to practice locally. There was also a strong emphasis on equity, diversity, and inclusion (EDI), advocacy for health systems improvements, and contributing to leading edge research and innovation.

Background

In the March 2021 Provincial Budget, the Government of Ontario announced its financial support to the University for proposal development for a new institute of medical education in Brampton. The City of Brampton, through a unanimous Committee of Council vote, matched this support in July 2021. The University is proposing to establish a School of Medicine and a Doctor of Medicine (MD) program that will provide a new approach to medical education — one that is community-driven, intentionally inclusive, and that trains doctors whose medical skills include excellence in care that reflects cultural awareness and humility. Critical to this vision is a focus on community-engaged approaches to learning and to care.

Beginning in Spring 2021, the University initiated a number of consultation and engagement activities to support a community-engaged planning process. This report is a summary of findings from the Fall 2021 consultation process and focuses on two main sets of activities: an online survey and series of virtual public Town Halls aimed at members of the Brampton and Peel communities. Both the survey and Town Halls were designed to learn more about community members' hopes and concerns for the proposed School of Medicine and to better understand their thoughts on the most significant healthcare challenges in the region. The Town Halls also were a chance to inform community members about the approach to the proposed School and respond to questions. While the Fall 2021 Consultation was primarily focused on learning from the Brampton and Peel communities, it also included engagement with University community members and health professionals. Insights from these activities are not included in this report, although they are described in the consultation approach (see [complete consultation description](#)).

Overview of Consultation Approach

A total of 254 people took part in the anonymous online survey between November 1st to December 5th, 2021 with a 74% completion rate. The survey was designed for members of the Brampton and Peel communities, and it consisted of 14 questions and five optional demographic questions. Of participants, 83% were Brampton residents with the rest divided between people who work in Brampton, University community members, and people who work in health related fields. Of participants, 19% were affiliated with the University, primarily as students.

Not all participants chose to respond to the optional demographic questions. Of the 153 participants who did respond, 63% identified as women, 37% identified as South Asian, 18% as Black, 3% as East Asian and 29% did not identify as an equity-deserving ethnoracial group. Of these participants, 13% also self-identified as living with a disability and 6% as 2SLGBTQ+. To protect participant confidentiality, only categories with response rates of 5 or above are being reported here. As a result, data is only disaggregated in this report by the largest demographic groups (Brampton residents, health workers, South Asian and Black respondents, and people with disabilities).

A total of 122 individuals took part in the five virtual Town Halls and 6365 participated in the Tele Town Hall. Because of the open, virtual Town Hall format, demographic information is not available for participants. Both the survey and virtual Town Halls were promoted via internal University networks, University newsletters and City of Brampton information channels as well as geotargetted advertisements.

For more information, see [Detailed Description of Fall Consultations and Engagement](#).

Insights from the Consultation

“We are a diverse, young, growing population that has been left behind for too long.”

Consultation participants were asked to select the three biggest healthcare challenges in Brampton and Peel today from a multiple-choice list. In both the survey (Figure 1) and the Town Halls (Figure 2), participants identified challenges around the healthcare needs of aging populations and challenges finding a family doctor, although Town Hall participants were far more likely to choose lack of culturally appropriate care as a barrier.¹

Figure 1: What do you think are the biggest healthcare challenges in Brampton and Peel right now? (Survey)

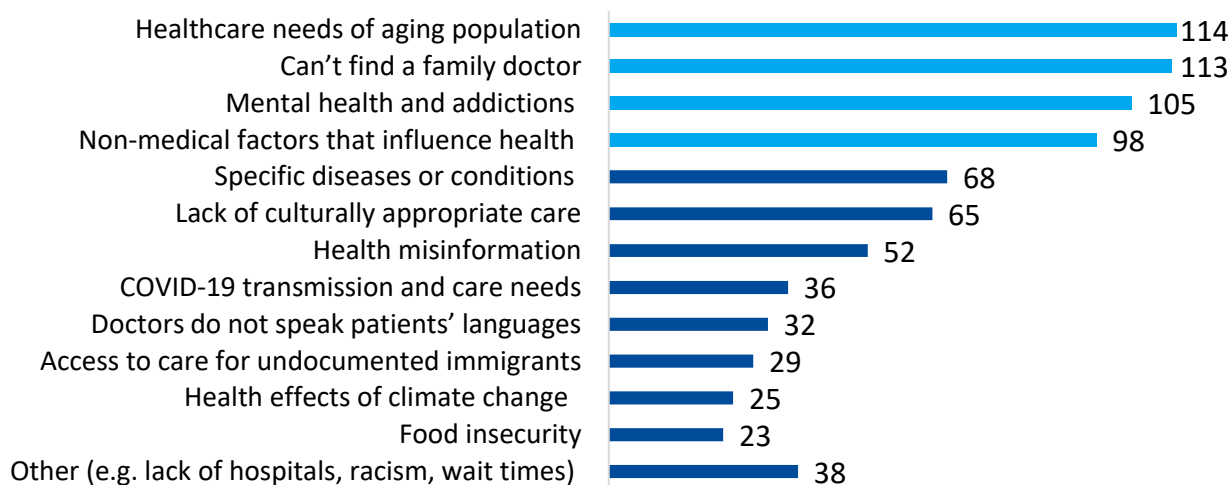
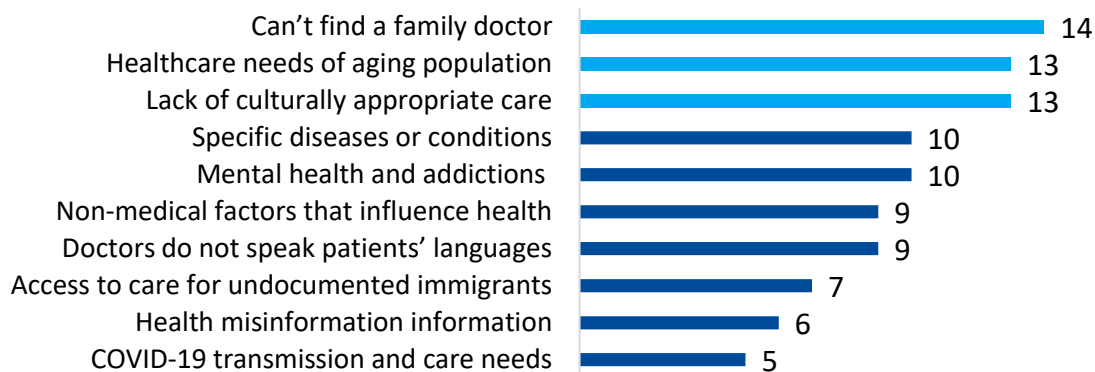


Figure 2: What do you think are the **biggest** healthcare challenges in Brampton and Peel right now? (Town Halls)



¹ While poll questions were asked at all Town Halls, only data from three of the events is available and presented here.

When invited to explain their answers or describe other challenges, survey participants described challenges around access to healthcare services. For instance:

- **Hospital capacity:** “Hospitals in Peel [are] too crowded, need another hospital.”
- **Wait times:** “Big waiting lines even in emergencies and hallway medicine.”
- **Access to specialists:** “Access to specialties, often have to travel outside Brampton to get reliable care for specialized services.”
- **Finding a family doctor:** “Finding a doctor that is not a walk-in.”
- **Finding an appropriate doctor:** “Availability of female doctors that I feel comfortable going to see.”
- **Quality of care:** “Lack of high quality doctors.”
- **Treatment of health workers:** “Health care workers under pay.”

“My hopes are that this school will change the face of health care and truly make health care about what the patients and community needs.”

In both the survey and Town Halls, participants were asked if the proposed School of Medicine would benefit Brampton and Peel. In the survey, 84% of participants thought it would be very beneficial with another 10% seeing it as moderately beneficial (see Figure 3). When disaggregated by the largest groups of respondents, 100% of respondents who self-identified as Black or having a disability felt the school would be very or moderately beneficial. The group least likely to think it would be beneficial were health workers, at 84% positive. (See Figure 4.) Townhall participants were even more likely to see benefits; 100% of participants for whom we have data see the proposed School of Medicine as being very or moderately beneficial to Brampton and Peel.

Figure 3: To what extent do you think a School of Medicine would **benefit** Brampton/Peel? (Survey)

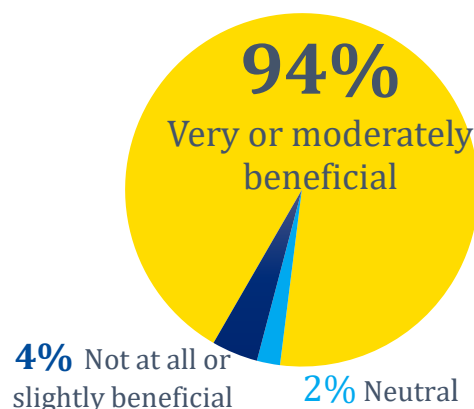
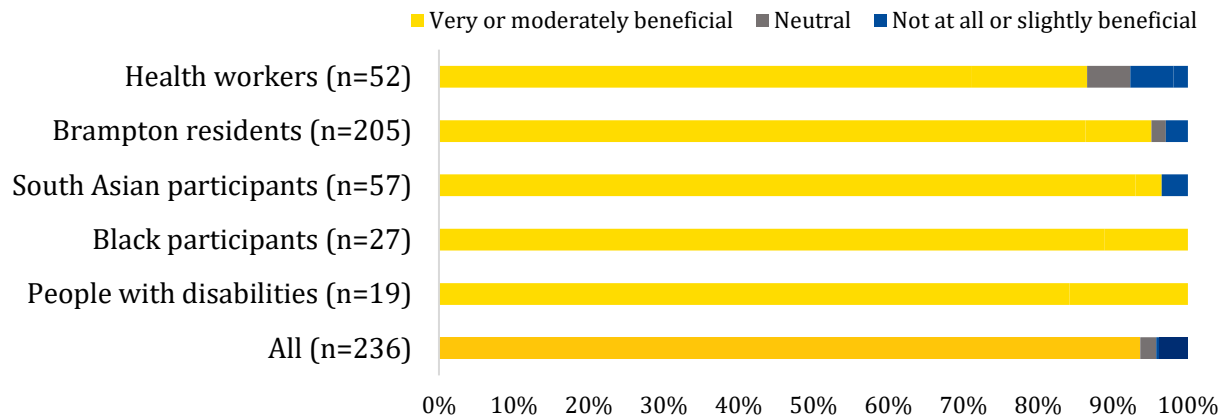
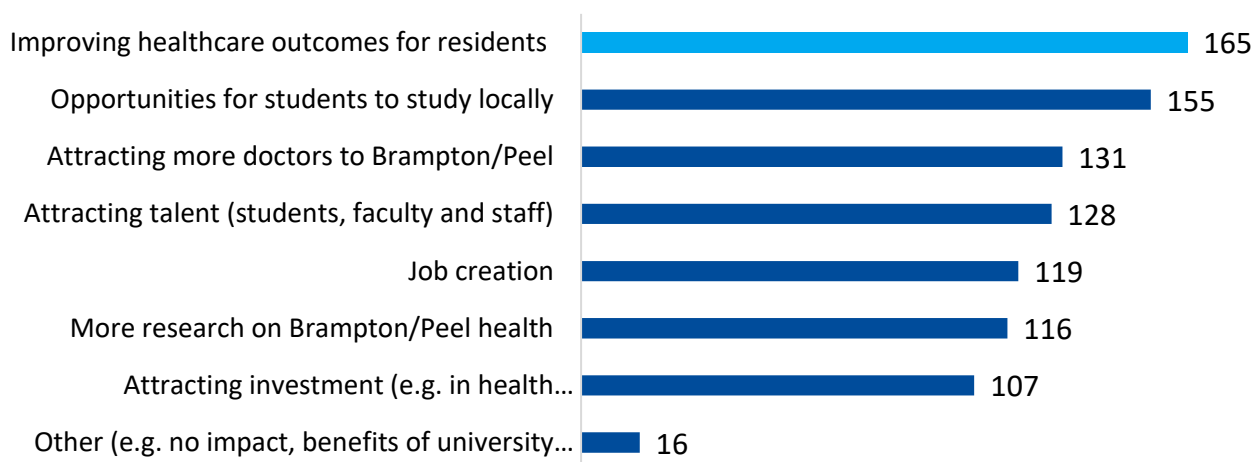


Figure 4: Benefits to Brampton and Peel by largest survey respondent categories (Survey)



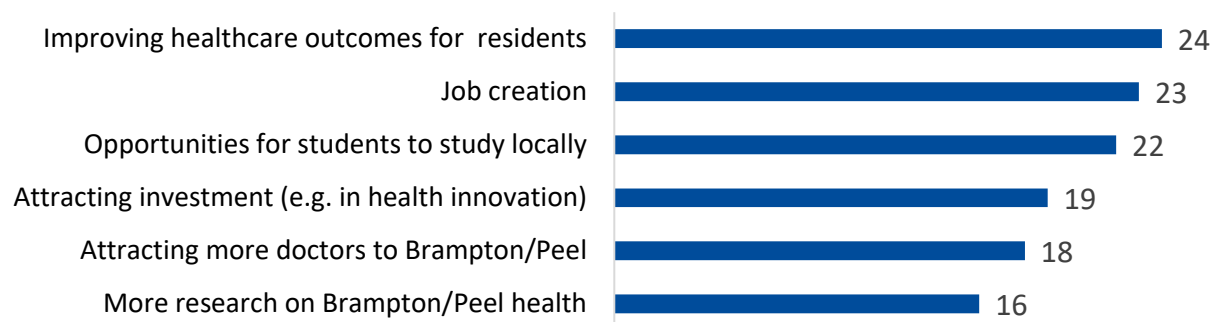
Participants were also asked about the kind of impact they would like the proposed School of Medicine to have on their communities. In both the survey (Figure 5) and Town Halls (Figure 6) the most frequently chosen response was “improving health outcomes for residents of Brampton and Peel”. The other two priority areas of impact for survey respondents were opportunities for students to study locally and attracting more doctors. At the Town Halls, opportunities for students to study locally were also a key priority, although participants were also excited about job creation.² In particular, regarding opportunities for International Medical Graduates (IMGs), a Town Hall participant identified opportunities for a “fast track pathway to utilize their professional experience.”

Figure 5: What **impact** would you like the proposed School of Medicine to have on your community? (Survey)



² In the Town Halls, the multiple-choice option “attracting talent” was not included in the list of possible options for this question. It is the only discrepancy between the survey and Town Hall instruments.

Figure 6: What **impact** would you like the proposed School of Medicine to have on your community? (Town Halls)



When asked to share more about their responses and the kind of impact they see a School of Medicine having in the community, some respondents explained their negative answers by pointing out that Brampton already has good healthcare and describing their own past challenges with University hospitals. Those with more positive responses reinforced the need for more health professionals in Brampton, the opportunity for students to study locally, and the need for doctors trained to provide culturally appropriate care.

The survey also asked about negative or unintended consequences of the proposed School of Medicine. A number of people (n=14) said they anticipated no negative consequences and reinforced the potential for positive impact. For instance, “There is an extreme need for more Medical Schools in Ontario”. The largest group of responses (44%) focussed on issues related to the anticipated population increase – for instance, traffic and the lack of affordable housing – and implications related to the future location of the proposed School (e.g., avoiding locations that are too far from the core or avoiding the downtown core). Similarly, the future location for the School was also the most frequently asked question in the Town Halls, with particular interest in ensuring transit accessibility and the environmental impacts of the School.

Other potential challenges identified by survey participants were:

- **Lack of residency positions:** “I am extremely concerned about availability of residency spots (postgraduate training) for graduates of a new medical school and implications for graduates of currently established medical schools.”
- **Student well-being:** “A new medical school, while overall beneficial to the area, runs the risk of creating intense burnout and difficulty in the lives of its students.”
- **Inclusive admissions:** “Local students not getting spaces to study due to out of town competition.”
- **Engaging local physicians:** “It may be challenging to encourage local physicians to precept students, some are used to community settings which are not academic and they may not be open to teaching.”

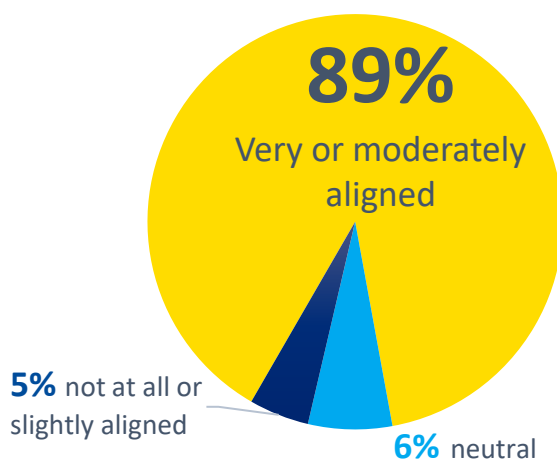
“Every [proposed School of Medicine] pillar is needed in this city.”

The proposed School of Medicine is being developed around five main pillars, which are foundational principles that informed the development of more specific vision, mission, and value statements. The pillars are:

1. Focusing on community centric primary care and the social determinants of health
2. Providing culturally sensitive and respectful care to communities
3. Leveraging innovation and technology in medical education to improve quality of care and patient outcomes
4. Providing future physicians with the skills to develop interprofessional networks of health care to achieve better outcomes for patients
5. Focusing on the aging and supporting seniors as a growing portion of our society gets older

In the survey and Town Halls, we asked if these pillars are aligned with the healthcare needs of Brampton and Peel, and 89% of respondents felt that they were very or moderately aligned. (See Figure 7.) The group most likely to see alignment were participants who self-identify as Black, all of whom saw the pillars as very or moderately aligned. Health professionals were somewhat less likely to see the alignment, although 87% thought the pillars were very or moderately aligned. In the three Town Halls for which we have data, 100% of the participants who responded to the question felt that the pillars were very or moderately aligned with the needs of Brampton and Peel. A Town Hall participant wrote in the chat that “it’s been amazing to learn about the 5 pillars and the overall vision that underlines this highly unique initiative, particularly culturally sensitive care, SDoH [Social Determinants of Health], and [...] digital health technologies. I believe that they are highly aligned with the needs of the people of [the] City of Brampton of 2021.”

Figure 7: To what extent do these pillars align with the healthcare needs of Brampton and Peel? (Survey)



When asked to explain their answers, the biggest gaps survey respondents shared were:

- **Mental health:** “I agree that the five pillars of healthcare outlined above are the basic requirements of a Medical School, but I feel there should be some mention of mental healthcare, included separately, as you have mentioned care focused on aging and senior care. So I would add a sixth pillar which would focus on mental healthcare.”
- **Women’s health and the health of gender and sexual minorities:** “Providing gender-based, sexually inclusive, gender-sensitive care to women, girls, female-identified folks, and the LGBT+ communities in Peel Region in a safe, evidence-based, and respectful way. Promoting women’s health and the health of gender minorities and sexual minorities in Peel Region.”
- **The health of children and young people:** “There also needs to be a core pillar focused on youth, children and women’s health care needs like gynecologists.”
- **Equity, diversity and inclusion:** “It does not address anti-Black racism in Peel”
- **Patient-centred approaches:** “Where does the individual patient fall into that? Medicine is, first and foremost, about the individual.”
- **Population health and prevention:** “Social determinants of health need to be stressed and taken care of better.”

One participant indicated that the pillars were difficult to understand (“It’s difficult for me to really understand what the above five pillars mean in real-life. Examples would be awesome to explain.”). Others shared that the pillars are well-aligned, for instance:

- “Pillars have been well researched and cover the current situation in Heath in Brampton.”
- “Great opportunity to leverage innovation and technology.”
- “I feel these goals are very aligned and indicative of the future of healthcare.”

“We need partners that want to impact positive change and really be meaningful to our community.”

In the survey, participants were asked what the University can do to be a good community member and partner. Responses were extremely rich, focussing on general support for community engagement. For instance, “I think a great school of medicine should have deep community engagement: helping to identify the health care needs and health goals of the people who live in the community and region, working with the community in a community engaged scholarship model through which we collaborate on creating solutions and approaches that will help people get to their goals.” There were also clear reminders that community engagement should not be tokenistic, but intentional and meaningfully integrated into the School. For instance, “Too many organizations say they support because they will do or are doing XYZ and what is actually happening is simply a check in an arbitrary box and it is not truly meaningful.”

Participants described key potential partners for the School of Medicine, such as local health organizations (“Provide volunteer opportunities for prospective medical students, research opportunities, partnership with local healthcare organizations”) hospitals (“Partner with William Osler”), and Schools (“The school could partner with local schools, community organizations. It could have

dual credit courses.”). This emphasis on meaningful partnership was also reflected in descriptions of how they saw the School including partners. The emphasis was on regular, two-way communication. For instance, “Continue with surveys and other forms of public communication. Continue to offer courses and education to the community. Share the latest developments in research and resources available to citizens in need of medical help.” There was also clear interest in having a community role in governance. One participant recommended that the University “create a community panel, share information, utilize local organizations whenever possible, engage with secondary schools’ boards.”

They were also interested in how the School should partner with the community, focussing on activities such as:

- **Amplifying current community health efforts:** “work with existing groups in the region to support and enhance their programmes. don't reinvent the wheel where it isn't necessary. provide opportunities for residents to participate as volunteers, clients.”
- **Recruiting local students:** “Seat allocation in the medical school for students who identify with demographics that are prominent in Brampton and peel to allow for better communication with residents (seat allocation for potential medical students).”
- **Engaging students in the community:** “Have students attend a community block party and talk to residents about their needs, volunteer at value village and learn about the population that shops there, work with immigration service agencies and learn from new immigrants what they are concerned about and engage in health promotion and public health initiatives to learn how to incorporate it into their work outside of a lecture hall.”
- **Encouraging graduates to practice locally:** “The doctors from the school stay within Brampton and service the community.”
- **Prioritizing EDI:** “It could commit to spots for Black, Indigenous and other marginalized students. It could co-create programs with communities. It could have an equity/anti-discrimination charter.”
- **Addressing major health concerns in Brampton:** “From the perspective of Health the school should address the underlying issue of Diabetes and heart disease so prevalent in Brampton and Peel.”

In addition, participants highlighted the importance of the School as an advocate for change. For instance, as one participant responded: “To advocate for better access to healthcare within Peel. Have programs within the School that create quality improvement initiatives in the community.” Similarly, “Most people in Brampton will listen to doctors above anyone else, I'd like to see the Medical School standing up for residents by highlight[ing] poor workplace practices that lead to poor health conditions.” Related to this advocacy role, participants expressed an interest in research, for instance “To encourage research and innovation. The new campus should be the new hub of research, studies, development and innovation of all things healthcare.”

Conclusion

Participants in the Fall 2021 proposed School of Medicine consultation process were very generous with their time and insights about the implications of the School for the Brampton and Peel communities. They were also extremely positive about the opportunity the School presents to make an impact in their communities as a partner in improving health outcomes. For instance, at a Town Hall, one participant said: “I just wanted to say it's wonderful news that we are actually getting a medical school in Brampton. I think that will change the trajectory of this city in a positive direction.” Overall, the preliminary directions for the proposed School of Medicine appear to be well-aligned with Brampton and Peel health challenges and priorities. While participants were very positive about the survey, Town Halls and other engagement activities, one clear message was that this engagement must be an ongoing part of the planning and work of the proposed School of Medicine.

“Community engagement shouldn't end with shovels
in the ground” – *survey participant*

Detailed Description of Fall Consultations and Engagement

In Fall of 2021, the University's School of Medicine Planning Committee began a second stage of consultation and engagement, building on a series of internal consultation activities with the University community in Spring 2021. There were three primary streams to this work:

- A Brampton and Peel community survey and series of five engagement sessions, all designed to directly inform the development of the Letter of Intent (LOI).
- Six virtual Town Halls aimed at Brampton and Peel community members, hosted by the City of Brampton and an additional Town Hall with the William Osler Health System.
- Targeted, small group engagements with clinicians and other medical experts, led by the University's Senior Medical Advisory Committee.

The approach was developed to ensure consultations could take place using several different virtual formats in spite of the limitations during the COVID-19 pandemic. In addition to these three engagement efforts, the University also worked to engage community members through a multilingual and multimedia engagement effort over radio, television and online advertisements. There has also been an ongoing effort to meet with individuals and community groups – for instance, over 167 organizations have been engaged so far.

Letter of Intent Focused Consultations

Fall Consultation Survey

A total of 254 people took part in the anonymous online survey between November 1st and December 5th, 2021. The survey had a 74% completion rate. The survey was designed for members of the Brampton and Peel communities, and it comprised 14 questions and five optional demographic questions. The questions focussed on understanding the health challenges in Brampton and Peel, the potential impact of a School of Medicine on the community (both positive and negative), the alignment between the preliminary focus for the Medical School and Brampton and Peel community priorities, and expectations for the School as a community partner. The survey was reviewed for relevance, alignment with Ryerson's equity, diversity, and inclusion data collection preferences, and to ensure it met data privacy requirements. Questionnaire data, including qualitative and quantitative, were analyzed in Excel and results where $n < 5$ were excluded from analysis to preserve confidentiality. The survey was promoted during all other engagement activities, such as the Town Halls and Engagement Sessions, the School of Medicine website, the Fall engagement sessions, a geo-targeted digital campaign, and promotion on multilingual radio and television programs.

Fall Engagement Sessions

The University hosted five online engagement sessions from November to December of 2021. Each session addressed a different section of the LOI and they were designed to inform University community members about the draft content for the LOI and invite feedback. The session topics were:

1. General Planning Update
2. Societal Need
3. Admissions
4. Curriculum/Teaching and Learning
5. Equity, Diversity and Inclusion and Social Accountability

The engagement sessions were promoted through a Ryerson Today news story posted on November 25th 2021, through the various committees (such as Academic Program Development Committee and Student Advisory Council), and the Office of the Vice President of Research and Innovation newsletter. Sessions were hosted on Zoom and facilitated by Dr. Steven Liss (Vice President of Research and Innovation and Chair of the School of Medicine Planning Committee) and Melanie Martin-Griem (Executive Director, Office of the Vice President Research and Innovation) with additional guest speakers. Between 8 and 33 people registered for each session, though overall attendance was quite low, averaging 25%. As a result, there was only limited input into the content of the LOI.

Town Halls

Five initial Town Halls were planned with the different wards in Brampton as part of the University's collaboration with the City of Brampton. The purpose of the Town Halls was to update interested community members about work on the proposed School of Medicine, learn more about expectations and priorities for a new School of Medicine, including health challenges, and answer community members' questions. There was no pre-registration required and the event could be accessed via the proposed School of Medicine and City of Brampton websites using the WebEx platform. Participants were also able to join over the phone. All Town Halls took place on weekday evenings. Each Town Hall was hosted by a pair of Brampton Councillors. Dr. Mohamed Lachemi, the President and Vice Chancellor of Ryerson University attended all of the sessions as did Nauman Khan, the Director of Community Engagement for the University. Participation ranged from 12 to 70 participants.

Building on interest in the Town Halls, and evidence that their timing may have been challenging for many Brampton residents, the City of Brampton also hosted a Tele Town Hall. It took place on Saturday, December 4th and was hosted by Mayor Patrick Brown. Mohamed Lachemi and Dr. Naveed Mohammad, the President and CEO of William Osler Health System, also attended and spoke. The Tele Town Hall uses a format Brampton developed during the COVID-19 pandemic, which involves calling residents directly to invite their participation in an information session. More than 15,000 people were called and 6365 took part. Due to the format of the sessions, only a limited number of questions could be asked of participants and poll data are only available for three of the virtual Town Halls. Nonetheless, questions and discussion were very rich. Insights from the virtual Town Halls and Tele Town Hall were anonymized and are integrated, along with the survey data, in this report.

Targeted Engagement with Physicians and Other Health Experts

During Fall 2021, members of the University's Senior Medical Advisory Committee – a group of highly-experienced physicians and medical educators providing advice to the University in the planning process – met with medical leaders across Canada. They also held a series of conversations with clinicians and senior leaders at the William Osler Health System. This engagement allowed the Senior

Medical Advisory Committee members to examine different aspects of undergraduate medical education and the future of medicine and healthcare in Canada, Brampton and Peel, so that the University's proposed MD program and School of Medicine are tailored to local circumstances and with the support of the community.