As the world continues to shift in unpredictable and unsettling ways, Canadians are looking for opportunities both nationally and internationally to open new doors and build sustainable partnerships to support different aspects of our economy. In the last edition of *Healthcare Quarterly* (*HQ*), we reflected on the importance of building greater resilience into our society and our systems, including in healthcare. We are continuing this thread with the launch of our latest theme on integrated care, supported by our colleagues at the International Foundation for Integrated Care Canada.

While many jurisdictions around the world may have been quicker out the gate to create more integrated health systems, Canada is catching up, and our editorial team is excited to showcase some leading examples. We recently announced the Call for Papers in the Longwoods e-letter and on social media to invite contributions from across the country on the topic of advancing greater integration. The intent is to expand our focus to include a more holistic, people-centred approach to health, enabled by greater connection across healthcare and social care. We are interested in perspectives and examples that run the gamut from unique partnerships and healthy community initiatives to articles that explore the enablers of integration, including realignment of funding, policy, leadership and digital supports.

In this edition of *HQ*, we continue the series on mental health with a focus on interventions to support youth mental health. We also have articles centred on the intertwined themes of resiliency, patient safety, population health and community well-being and leadership development. These contributed articles are followed up by our regular columns from the Canadian Institute for Health Information (CIHI), ICES and Neil Seeman. We encourage our readers to provide us with feedback, ideas and suggestions related to our special topics, including our ongoing theme on mental health and the new theme on integrated care.

Supporting the Mental Health of Canadian Youth

The Integrated Youth Services (IYS) model is gaining support from federal and provincial governments in Canada, moving toward nationally accepted policy and practice similar to Australia's IYS (Headspace) and Ireland's (Jigsaw). British Columbia's version of IYS – Foundry – has been part of the British Columbia government's policy since 2019. Initiated 10 years ago in downtown Vancouver, Foundry has expanded to 17 centres, with an additional 18 in development, along with a provincial virtual service. As Wuerth et al. (2025) explain, it is based on a partnership among multiple service providers offering a single point of access for health concerns, including mental health and substance use, with a focus on early intervention and prevention for ages 12–24 years.

Recent data highlighted in the article by Saxton et al. (2025) support the common understanding that more young people are struggling with their mental health, resulting in higher usage of emergency departments and hospitals for mental healthcare. The authors describe the adaptation of a "Stepped Care" model co-designed with youth to enable young people to make informed decisions about the level of care they receive. While there are other frameworks and care models for mental health, this nine-step model leverages a flexible, patient-centric approach that meets youth where they are at. The model is currently being used in several provinces and territories to plan and develop more integrated and digitally enabled community-based mental healthcare.

For many young people, post-secondary education campuses are one of the first true arenas where they begin to navigate the complexities of adulthood. Students arrive carrying the lasting effects of their formative years, shaped by genetics and life circumstances. According to Norman (2025), 75% of diagnosable mental illnesses emerge by the age of 24 years, placing a considerable burden on campuses to fulfill their commitment to students' mental health and well-being. One promising initiative is the Campus Community Partnership Project's collaborative care model of partnering up with community mental health organizations. This approach is resource-efficient and helps fill the mental health service gaps on campus, reinforcing that there are effective solutions when organizations come together for the greater good.

Addressing Supply Chain Challenges

The fragility of our healthcare supply chains became readily apparent during the COVID-19 pandemic. Snowdon et al. (2025) show us that disruptions to Canada's healthcare supply chain remain a persistent challenge impacting timely access to care and placing undue stress on front-line teams. Our supply chains are now at even greater risk due to our high reliance on globally sourced products, which are being impacted by shifts in geopolitical relationships. The authors make a strong argument for a "Canada first" approach to strengthening self-reliance and supply chain resilience, including using a communities of practice strategy with multiple working groups to design sustainable solutions. The authors present a sobering view of the vulnerabilities within our current supply chain and explain how a national forum provides the opportunity for us to follow a collaborative, evidence-based path to a more reliable system.

Health Quality 5.0

In the latest addition to the Quality 5.0 series, Leslee Thompson has teamed up with co-author Ross Baker for a powerful "re"call for patient safety (Thompson and Baker 2025). Thompson and Baker (2025) remind us that the

challenges of patient safety have not gone away but were merely overshadowed by the COVID-19 pandemic and a host of other subsequent crises. The authors provide current evidence about the economic and societal impacts and connect the dots between worker safety and patient safety. They offer distinct calls to action targeting five audiences – government, health system leaders, providers, patients and families and academic researchers – and note that outcomes will only improve when all players are actively working together to eliminate preventable harm.

Creating Healthy Communities

As we collectively move past the COVID-19 pandemic, we have reflected this mental shift with a decreasing focus on articles related to this topic. On rare occasions, we make exceptions, particularly when what we read takes us far beyond the pandemic. The article by Williams et al. (2025) is one of these exceptions. This study looks at the impact of Ontario's High Priority Communities Initiative, a government-funded initiative that leveraged community partnerships to reach deep into equity-deserving communities hit hardest by the COVID-19 pandemic. This initiative provided funding to support lead community agencies working across 17 neighbourhoods in the Greater Toronto Area, Ottawa and Windsor. This hyper-local strategy was hugely successful in reaching the people most in need and demonstrates how community structures established for one purpose are now being leveraged to address a host of other challenges crucial to population health.

As our population ages, we can expect an associated rise in the number of individuals with dementia. This situation will prove even more challenging in rural and remote areas of Canada. Miller et al. (2025) describe a social return on investment evaluation of the Connecting People and Community for Living Well initiative launched in 2020 to support people and caregivers affected by dementia in rural communities in Alberta. The program itself was co-designed within five rural communities and included a range of supports such as therapy-based day programs, support groups, exercise, memory care and caregiver education. The evaluation focused on assessing social value and suggests that the investment in this model in rural communities generates important value for multiple interest groups, including the government.

Leadership Development

Continuing education for healthcare professionals is both accepted and expected. In contrast, ongoing development for healthcare leaders is perhaps not so common. In the article by Lyon et al. (2025), a homegrown leadership development program within St. Joseph's Care Group in Northwestern Ontario is described. This program is unique as it is non-hierarchical and is centred on practical approaches to common challenges faced by leaders. As the authors state, "all teach, and all learn" in this approach. Outcomes from this program include real-time solutions to specific problems, creation of supportive relationships and the establishment of a model that can be taken up by other healthcare organizations.

Assessing Health Needs

An increasing number of Canadians are experiencing complex health and social needs. This has created challenges in providing care to such individuals, particularly when community supports are insufficient, yet formal long-term care is not really needed. To fill the gap, residential care facilities (RCFs) have been trialled in Ontario. These are a type of congregate housing for adults needing some supervision and support with activities of daily living. The article by Harris et al. (2025) provides valuable insight into the medical and social characteristics of individuals living in RCFs. Such understanding will help in the optimization of services within RCFs in order to support them as an innovative option for providing care to individuals while maximizing personal autonomy.

Quarterly Columns

In a powerful study by Bronskill et al. (2025) on behalf of ICES, more than 160,000 individuals with dementia were matched with non-dementia controls and then followed longitudinally for up to seven years. Healthcare costs attributable to dementia were then characterized. Not surprisingly, healthcare costs were greatest in the latter stages of dementia, largely due to institutionalization. Knowing the prevalence of dementia, along with anticipated costs, will help with health system planning. But moreover, as the authors note, community-based interventions, such as the one described by Miller et al. (2025) in this issue, can help maintain individuals in their homes and communities and delay the need for institutional care, thereby meeting the wishes of individuals and simultaneously reducing healthcare costs.

Canadians are inundated almost daily with reports of concern regarding aspects of Canada's health workforce. Understandably, data are needed to inform these concerns. In this issue's report by CIHI (Pirie et al. 2025), data collected through the introduction of the Health Workforce Information Minimum Data Standard in 2022 is presented (CIHI n.d.b). The highlighted data report on changes in remote/rural versus urban workforce levels from 2014 to 2023, emphasizing disparities. The data also show the prevalence of internationally educated healthcare workers as part of the overall workforce. With such data, health system planners will be able to better address gaps and trends in the health workforce into the future.

In his regular column, Neil Seeman provides some sobering reflections on society's obsession with length of life versus quality of life (Seeman 2025). He notes the disproportionate expenditure and focus, largely driven by private investment, on "miracle cure" life extensions. As he discusses, the public system, seeking to provide care rather than a cure for aging, remains under-resourced. He also points out that it is the more affluent in society who would likely benefit from life extension technologies, in accordance with the inverse care rule. This essay serves as a reminder that the elderly need basic, affordable care in the present rather than wishful promises of miraculous cures.

References

Bronskill, S.E, L.C. Maclagan, L. Mondor, L. Fu, J. Guan, I.J. Sewell et al. 2025. Is Ontario Ready for the Health Costs Associated With Dementia? *Healthcare Quarterly* 28(1): 7–11. doi:10.12927/hcq.2025.27638.

Canadian Institute for Health Information (CIHI). n.d.b. Health Human Resources Minimum Data Set – Data Dictionary. Retrieved June 8, 2025. <https://www.cihi.ca/sites/default/files/document/health-human-resources-minimum-data-set-data-dictionary-en.pdf>.

Harris, H., M. Lynch, M. Vaccaro and C.-L.J. Sinn. 2025. Understanding the Population Health Needs of Tenants in Residential Care Facilities (RCFs) in Hamilton, Ontario. *Healthcare Quarterly* 28(1): 85–92. doi:10.12927/hcq.2025.27626.

Lyon, A., S. Freemantle and T. Drawson. 2025. Ongoing Leadership Development in a Northwestern Ontario Healthcare Organization: Implementing a Leadership ECHO Pilot Project. *Healthcare Quarterly* 28(1): 79–84. doi:10.12927/hcq.2025.27627.

Miller, A., K. Chan, B. Wold, B. Krekowski and H. Lightfoot. 2025. Collaborative Community Support for People Impacted by Dementia: A Social Return on Investment (SROI) Analysis. *Healthcare Quarterly* 28(1): 73–78. doi:10.12927/hcq.2025.27628.

Norman, S. 2025. Campus Community Project: Coming Together to Support Student Mental Health. *Healthcare Quarterly* 28(1): 40–45. doi:10.12927/hcq.2025.27632.

Pirie, T., A. Logvin, R. Pervez, S. Weir-Seeley, L. Salter, G. Feng et al. 2025. Strengthening Canada's Health Workforce: The Role of Pan-Canadian Data. *Healthcare Quarterly* 28(1): 12–15. doi:10.12927/hcq.2025.27637.

Saxton, K.G., A. Jaouich, M. Bartram, M. Hood, J. Dawson, H. Lee et al. 2025 *Stepped Care 2.0: A Framework to Facilitate Leadership in Youth Mental Health System-Building. Healthcare Quarterly* 28(1): 30–40. doi:10.12927/hcq.2025.27633.

Seeman, N. 2025. Our Aging Disconnect: Billions for Longevity, Pennies for Dignity. *Healthcare Quarterly* 28(1): 16–19. doi:10.12927/hcq.2025.27636.

Snowdon, A., A. Wright, S. Ghadiri and C. Ly. 2025. Stronger Together: A Collaborative Approach to Solving Canada's Healthcare Supply Chain Crisis. *Healthcare Quarterly* 28(1): 47–56. doi:10.12927/hcq.2025.27631.

Thompson, L.J. and G.R. Baker. 2025. Health Quality 5.0: Putting Patient Safety Back on the Front Burner: The Time is Now. *Healthcare Quarterly* 28(1): 56–63. doi:10.12927/hcq.2025.27630.

Williams, A.P., S. Hu, J. Lum, H. Leung, F. Chavez, S. Sule et al. 2025. Evaluating Ontario's High Priority Communities Strategy: Integrating Care, Redressing Health Inequities and Improving Population Health "From the Ground-Up". *Healthcare Quarterly* 28(1): 64–72. doi:10.12927/hcq.2025.27629.

Wuerth, K., K. Tee, S. Mathias and S. Barbic. 2025. Foundry, the British Columbia Integrated Youth Services Initiative: Sharing Lessons From a Decade of Innovation. *Healthcare Quarterly* 28(1): 22–29. doi:10.12927/hcq.2025.27634.

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