

# EXECUTIVE DIRECTOR

JANUARY 2026



Brenda Vollmer  
Interim  
Executive  
Director

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# MESSAGE FROM THE EXECUTIVE DIRECTOR

I am honoured to share my first Executive Director's report as I step into the role of Interim Executive Director for the KW4 Ontario Health Team. It is a privilege to build on the strong foundation and to work alongside a committed staff team, dedicated members, and system partners who continue to advance integrated, person-centred care across our region.

This past month has been one of both reflection and momentum. As we approach the end of the 2025–26 fiscal year, our collective focus has been on setting the direction for the year ahead while continuing to deliver on current priorities. The development of the 2026–27 Annual Business Plan marks an important milestone for KW4 OHT. Guided by clear planning and operating budget principles, this work reflects our shared commitment to strategic alignment, member-led initiatives, fiscal responsibility, and flexibility in a complex and evolving health system.

Improving access to primary care remains a critical priority for our community. The continued advancement of Supported Attachment, led locally by Community Healthcaring KW in partnership with the KW4 Primary Care Network, demonstrates the strength of collaboration across organizations and sectors. This initiative is an important step toward ensuring that residents—particularly those currently unattached—can benefit from having access to ongoing primary care.

Across our portfolio, we continue to see meaningful progress driven by collaboration and shared accountability. From the Mental Health and Addictions System Transformation Table to Primary Care Network clinical facilitation, this work reflects a growing emphasis on system alignment, equity-informed decision-making, and practical solutions that respond to local needs. Our engagement with Indigenous partners through the West Region Indigenous Health Strategy further reinforces the importance of Indigenous-led approaches, relationship-building, and a wholistic vision of health and well-being.

# MESSAGE FROM THE EXECUTIVE DIRECTOR CON'T

Community engagement remains central to everything we do. Through targeted outreach, strong communications, and the ongoing leadership of our Community Advisory Committee, we continue to amplify community voices and strengthen transparency, trust, and shared understanding across the system.

As Interim Executive Director, my focus is on ensuring continuity, supporting our partners and staff, and maintaining momentum as we move into the next fiscal year. I am grateful for the collaboration and leadership demonstrated across the KW4 OHT, and I look forward to working together as we continue to maximize our collective impact for those accessing services in our community.

**Brenda Vollmer**

Interim Executive Director  
KW4 Ontario Health Team

# ANNUAL BUSINESS PLAN – PROCESS, PRINCIPLES

As we approach the end of the 2025/26 fiscal year, KW4 OHT staff, in collaboration with the KW4 OHT Governance Table, Operations Committee, and Members, have begun developing the 2026-27 Annual Business Plan (ABP). This plan will define priorities and guide the organization's work for the upcoming fiscal year.

The following seven planning principles and seven operating budget principles have been developed in partnership with the KW4 OHT Governance Table and the KW4 OHT Operations Committee to guide the development and effective implementation of the ABP:

<b>ABP Planning Principles</b>	<b>Operating Budget Principles</b>
<p><i>Commitment to ensuring that the development of the ABP and the recommended initiatives:</i></p>	
<p>Support the KW4 OHT 2024-2028 Strategic Plan priorities and goals</p>	<p>Ensure the Strategic Plan and ABP priorities are driving the budget verses the budget driving priorities, recognizing this is an iterative process</p>
<p>Allow KW4 OHT to meet our Transfer Payment Agreement (TPA) obligations, provincial performance expectations, as well as considers local nuances and priorities</p>	<p>Be bold and realistic understanding that funds available may limit the scope of initiatives and require prioritizing what matters most</p>
<p>Align with our vision and mission of advancing an integrated health and social care system</p>	<p>Use all Ministry funding before 2026/27-Member funding</p>
<p>Are codesigned with community, OHT members, KW4 Primary Care Network (PCN), and partners</p>	<p>Reserve funds to create a backstop for appropriate or unexpected initiative over-runs and to create a fund for new strategically aligned initiatives that may arise during the year</p>

# ANNUAL BUSINESS PLAN – PROCESS, PRINCIPLES CON’T

ABP Planning Principles	Operating Budget Principles
Reinforce shared accountability, by ensuring initiatives are Member-led and OHT-supported	Be courageous but strategic in investing in seed initiatives that offer a sound business case, a realistic and actionable sustainability plan, and align with the mandate of the OHT
Maximize collective impact by considering return on investment and system relevance	Be cautious about investing in initiatives that will require funding beyond 2026/27 as this is the final year of the 3-year funding agreement for Ontario Health Teams
Build in flexibility and adaptability to allow us to pivot as new information becomes available	Ensure processes are in place to regularly monitor the overall budget and to adjust as required, which may include but is not limited to reducing the scope or deferring initiatives, expanding existing initiatives, adding new initiatives, or increasing the reserve for 2027/28

A draft ABP and budget will be presented to the Governance Table and KW4 OHT Members in February for feedback as we work towards final approval in March.

# SUPPORTIVE ATTACHMENT

On October 15, 2025, the Ministry of Health announced more than \$22 million over two years (2025–26 and 2026–27) to support Ontario Health Teams (OHTs) and their Primary Care Networks (PCNs) in connecting patients to primary care.

Primary care clinicians have identified Supported Attachment—also known as central primary care intake or centralized patient onboarding—as an effective approach to making it easier for new patients to join a primary care practice. This approach helps ensure patients are connected to care in a timely way and remain attached to a primary care provider over the long term.

With support from the KW4 Ontario Health Team and the KW4 Primary Care Network, Community Healthcaring KW will lead the implementation of a local Supported Attachment initiative. This work will involve creating a dedicated resource or team to support the onboarding of patients into primary care practices and will focus on the OHT's attributed population, with priority given to patients on the HCC waitlist, while laying the groundwork for sustained attachment to primary care.

In December 2025, all Ontario Health Teams received additional funding to further advance the implementation of Supported Attachment initiatives. Key deliverables include:

Implementing Supported Attachment services in alignment with provincial guidance and local needs; and

Establishing processes to measure and report on the impact of Supported Attachment, including the number of patients served (both those on and off the HCC waitlist) and the number of clinicians—such as physicians, nurse practitioners, and primary care teams—who use these services.

We extend our sincere thanks to the team at Community HealthcaringKW for their continued leadership and commitment to improving access to primary care for everyone in our community.

# HEALTH CARE CONNECT OUTREACH UPDATE

Health Care Connect (HCC) outreach continued through a coordinated mix of broadcast, digital, and community-based efforts, with a strong emphasis on paid radio advertising. This includes an eight-week radio campaign across the Kitchener-Guelph-London region, with advertisements airing eight times daily on 96.7 CHYM FM and six times daily on 91.5 The Beat, reaching listeners during peak commute and daytime programming to maximize awareness. Printed materials were also placed in high-traffic community locations to further extend reach and increase public awareness.



Outreach was further pursued through strategic partners and community networks.

Food4Kids Waterloo Region confirmed that HCC resources will be shared with up to 129 schools across the region (with redistribution at each school's discretion) and emailed to approximately 700 Food4Kids families in February. Engagement with shelters and food banks generated strong uptake, with partners circulating information within their networks, resulting in an estimated 300 additional views. HCC was also featured in the Immigration Waterloo Region newsletter, reaching schools and newcomer families. Collectively, these efforts contributed to more than 5,000 visits to the HCC webpage from November 2025 to present.



# COMMUNITY ENGAGEMENT METRICS

In 2025, the KW4 Ontario Health Team achieved strong growth across our social media platforms, expanding our reach and deepening community engagement.

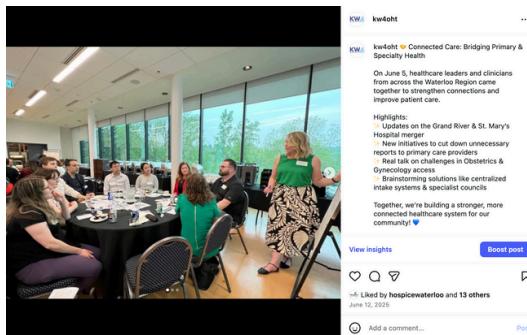
Our **LinkedIn** presence saw significant engagement, with



On **Instagram**, our audience grew to 382 followers.

## MOST LIKED POST

Highlighted our Summer Summit that earned **14 likes**



## HIGHEST REACH

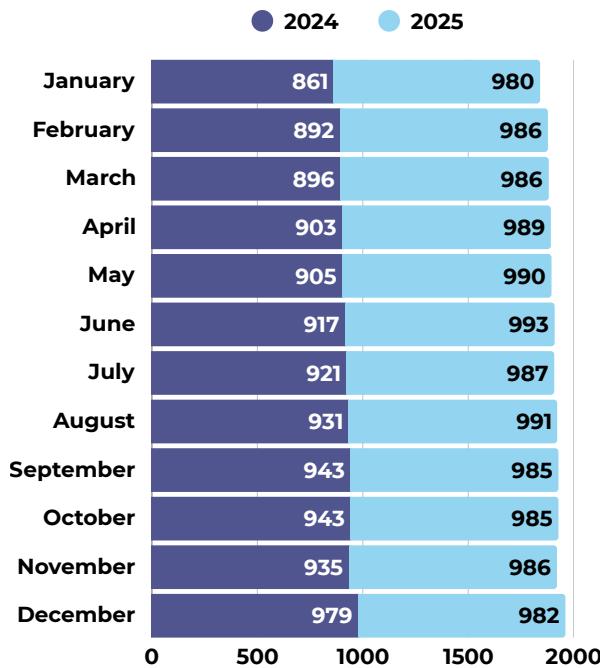
HCC post garnered an impressive **517 views**



# COMMUNITY ENGAGEMENT METRICS CONT'D

Our **Newsletter** saw significant growth in yearly subscribers. If you haven't subscribed yet, join our growing community today: [Subscribe to our newsletter!](#)

## YEARLY SUBSCRIBER GROWTH



## MOST CLICKED LINK

In our March Community Newsletter Culturally Relevant Approaches with First Nations, Inuit and Métis Peoples Living with Diabetes earned **116 likes**

**Culturally Relevant Approaches with First Nations, Inuit and Métis Peoples Living with Diabetes**

[A Free Virtual Workshop for Health Care Providers and Educators](#)

Participants will learn about specific characteristics of diabetes in the First Nations, Inuit and Métis community and how their social determinants of health impacts diabetes risk, management, and quality of care.

Date: May 8, 2025  
Time: 12:00pm-1:00pm  
[Register Here](#)



**Facilitator:**  
Crystal Bomber  
Training Lead at the  
Indigenous Diabetes  
Health Circle



Registration is required. This program is being held virtually on Zoom. You must provide a valid email address to register. Spaces are limited.

For more information or to register, visit [www.selfmanagement.ca](#) or call 1-866-337-3318



Our new website, launched in April 2025, includes blog posts on community news and resources, from Health Care Connect and immunizations to the Primary Care Network and local resource guides.

Our website attracted **32,325**, with the 'Health Care Connect' blog leading the way at **4,587** views and the 'About Us' page coming in second with **2,973** visits.

# MENTAL HEALTH AND ADDICTIONS SYSTEM TRANSFORMATION TABLE (MHA STT)



## OBJECTIVE:

The MHA STT was created to align MHA cross-sectoral work across Waterloo Region to prevent duplication, optimize resources, and improve impact through integrated and coordinated MHA care. The Team leads the identification of opportunities to collaborate, integrate, innovate, and improve social care, and MHA services for residents along with health system partners. Using hospital and community data, the team applies an equity lens to prioritize system improvement initiatives to be implemented based on populations/neighborhood(s) of highest need while also considering the rural-urban dynamic in our region. The work of the MHA STT is currently focused on the Frequent Emergency Department Visits for Mental Health and Addictions Care indicator.



## OHT MEMBERS INVOLVED:

MHA STT membership includes individuals engaged with the system of MHA in Waterloo Region with a goal of bringing together diverse perspectives and views, including;

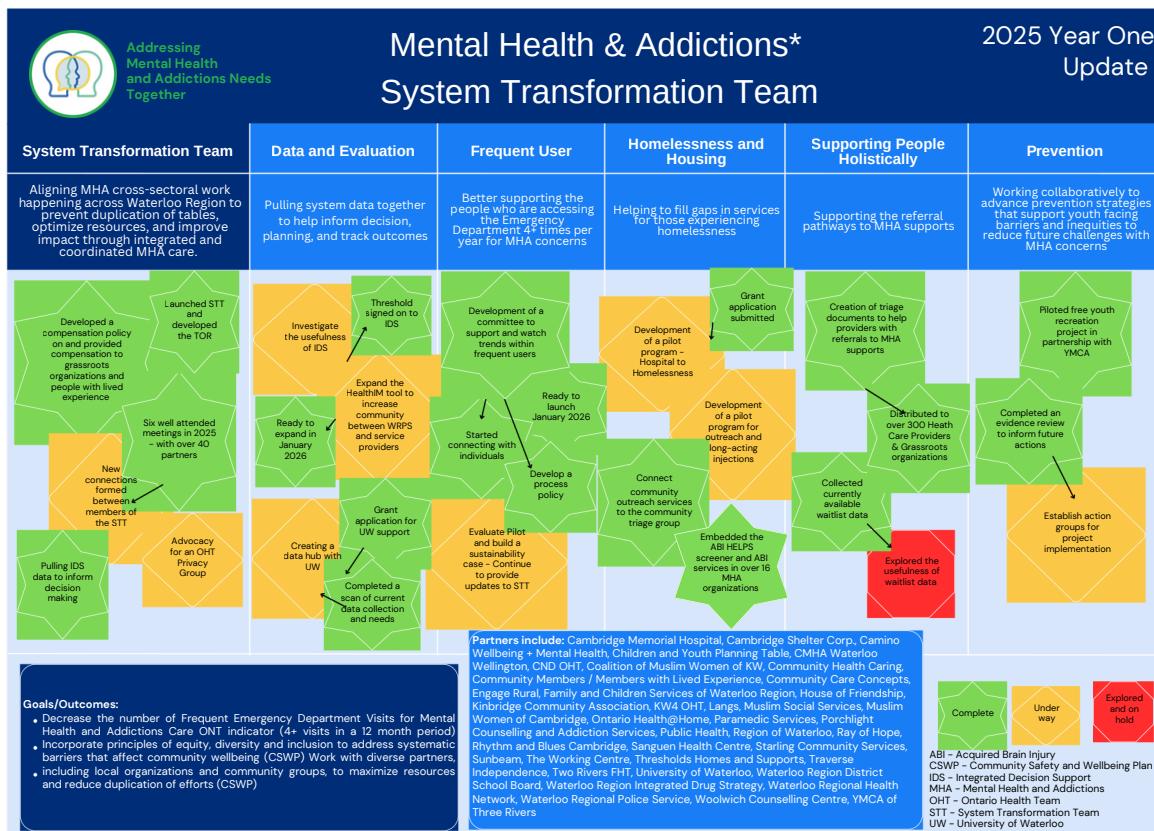
- Senior leaders from organizations in community MHA services, social services, equity serving organizations, the municipalities, paramedic services, police services, primary care, and acute care
- Patients, families, and care partners with lived and living experience as well as others who are interested in system improvement.
- Supporting members of the CND and KW4 OHTs

# MENTAL HEALTH AND ADDICTIONS SYSTEM TRANSFORMATION TABLE (MHA STT) CON'T

## UPDATES:

The MHA System Transformation Team met on January 15, 2026, to review and celebrate the accomplishments of the STT and its Mobilization Teams in 2025, as well as to identify work that is underway and opportunities for improvement in 2026 (see infographic below). During the meeting, the team examined the six dimensions of system transformation and discussed how the work of the Mobilization Teams is advancing these dimensions.

The team also began strategic planning for future Mobilization Teams by identifying regional MHA priorities. These priorities will be refined in upcoming meetings to identify work that will be done and guide the development of new Mobilization Teams.



# **KW4 PRIMARY CARE NETWORK (PCN): CLINICAL FACILITATION**

## **OBJECTIVE:**

The KW4 PCN seeks to provide value add to KW4 OHT PCN Members by facilitating peer-to-peer virtual and in-person sessions focused on topics such as tips for improving practice efficiencies, increase awareness of supports available to primary care and their patients, etc. This project also aims to build awareness of the KW4 PCN and demonstrate the value of a PCN to potential members.

## **UPDATES:**

The project has held three events since June 2025 – two virtual webinars and one in-person conference. The events include topics relevant to primary care providers and knowledge sharing to improve practice efficiencies. The events have hosted approximately 100 attendees and 10 different speakers. Topics covered include supportive programs for primary care providers such as SCOPE, electronic medical record (EMR) tools, and discussions with local Obstetrics and Gynecology to improve collaboration and patient experience. The final event for 2025/26 fiscal year will be an in-person conference planned for March 2026.

# WEST REGION INDIGENOUS HEALTH STRATEGY

The Indigenous Health Strategy serves as a roadmap for the next three to five years. It brings together priorities identified by Indigenous communities across the West Region and aligns them with current provincial priorities and directions. This strategy is intended to guide the work of the Ontario Health West team and health service providers operating within the region. The strategy was developed through extensive engagement with Elders, Knowledge Keepers, health service providers, frontline workers, and individuals with lived experience from across the West Region.

Guided by the Indigenous Health Strategy Leadership Circle which includes community voices alongside the Indigenous Leaders Model team from the West Region, Ontario Health's Provincial Indigenous Health Unit, and the Equity, Inclusion, Diversity, and Anti-Racism team; the strategy emphasizes relationship building, collaboration, and Indigenous-led approaches.

Rooted in an Indigenous vision of wellness and well-being, the strategy is framed using a flower petal model, with each petal representing a key area of focus. Together, these petals offer a wholistic approach to advancing Indigenous health across the West Region:

**Petal 1** - Taking Relational Approaches to Advancing Indigenous Health

**Petal 2** - Braiding Indigenous & Western Health Systems

**Petal 3** - Investing in Indigenous Health in Indigenous Hands

**Petal 4** - Improving Indigenous Data Collection, Analysis, Quality & Governance

**Petal 5** - Advance Métis Health in the West Region

# WEST REGION INDIGENOUS HEALTH STRATEGY CONT'D

This strategy will help to guide the approach to understanding the needs of Indigenous communities across the West Region as regional and provincial priorities continue to be harmonized to improve care and health outcomes for Indigenous Peoples. The Indigenous Health Strategy document can be viewed here: [West Region Indigenous Health Strategy\\_Final\\_EN.pdf](#)



# VISION 1 MILLION: ARE WE READY

In January 2026, Ron Gagnon and Patrick Gaskin presented at the Greater KW Chamber of Commerce's "Vision 1 Million: Are We Ready (Part 2 of 4)". The session was an important opportunity to engage the local business community, focused on healthcare in our region.

Topics discussed in the panel discussion, moderated by Ian McLean, included challenges and opportunities facing the system, collaboration to deliver patient-centred services, an update on the new hospital, planning to meet the needs of diverse communities, how the business community can support healthcare, and a look to the future.

The session was held in person and also live streamed.



**VISION 1 Million - ARE WE READY?**

**PANEL DISCUSSION: THE FUTURE OF HEALTHCARE IN WATERLOO REGION**

**MODERATOR**  
**IAN MCLEAN**  
Greater KW Chamber of Commerce

**PANELIST**  
**RON GAGNON**  
Waterloo Region Health Network (WRHN)

**PANELIST**  
**PATRICK GASKIN**  
Cambridge Memorial Hospital (CMH)

# COMMUNITY ENGAGEMENT & COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee received a consolidated update on the **Mental Health & Addictions System Transformation Table (MHA STT)** from **Brenda Vollmer, Steve Keczem, Pamela Fehr, and Stephanie Mancini**. Their presentation outlined ongoing regional collaboration across six cross-sector teams working to align mental health and addictions initiatives, with targeted implementation in neighbourhoods experiencing higher needs. System navigation continues to strengthen through the adoption of standardized access pathways designed to simplify entry points and triage across providers. Mobilization teams have shared finalized navigation tools with nearly 500 regional providers, and next-phase work includes resource translation and integration into eReferral platforms to reduce barriers and improve consistency for clients and clinicians.

Priority efforts also focus on youth mental health and the intersection between mental health and homelessness. The Youth & Prevention team is advancing the Free Rec Pilot and planning for readiness-based youth hubs centred on belonging, early intervention, and coordinated social supports. Housing-related priorities include exploring a long-acting injection pilot and assessing a time-limited transitional housing model with clinical supports for individuals discharged from hospital into homelessness. These initiatives reflect the table's broader mandate to close persistent system gaps and strengthen coordinated, person-centred MHA care across KW4.

# UNIVERSITY OF WATERLOO – SOCIAL PRESCRIBING SERIES

In January, the KW4 Ontario Health Team was invited to present and participate in the University of Waterloo's Social Prescribing Series, co-hosted by the School of Public Health Sciences and GreenHouse as part of the HLTH 480 capstone course. The OHT engaged with highly motivated and thoughtful students through interactive, small-group discussions focused on need-finding and the role of social prescribing in addressing social determinants of health in Waterloo Region. Students demonstrated strong interest in cross-sector collaboration and a clear understanding of community-based approaches to care.

We look forward to continuing its involvement in the next phase of the series in February, where students will share emerging ideas and co-create potential solutions informed by community and system partner feedback.

