



Alliance for Healthier Communities
Alliance pour des communautés en santé

Submission to the Standing Committee on Social Policy regarding Bill 74, The People's Health Care Act

From the Alliance for Healthier Communities

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Contact:

Kate Mulligan, Director of Policy & Communications
Alliance for Healthier Communities
500-970 Lawrence Avenue West
Toronto, Ontario M6A 3B6
Kate.mulligan@allianceon.org Tel: 416.236.2539 x 244

Introduction

The Alliance for Healthier Communities is the voice of community-governed primary health care in Ontario. Our vision is the best possible health and wellbeing for everyone. Members of the Alliance for Healthier Communities provide team-based health and social services, under one roof and close to home, for Ontario's most vulnerable residents. Our 106 members include Community Health Centres, Aboriginal Health Access Centres, Community Family Health Teams and Nurse Practitioner-Led Clinics who together serve approximately 5 per cent of the Ontario population.

The Alliance for Healthier Communities shares the government's interest in strengthening Ontario's health care system and promoting a patient-centred approach. We propose a number of amendments to Bill 74, *The People's Health Care Act*, which would help advance a health system that recognizes the myriad of factors that promote health and wellbeing beyond care and treatment.

Comments on Bill 74

We are pleased to see Ontario's diversity recognized in the preamble to Bill 74 and specific recognition of the unique needs and realities of Indigenous and Francophone people living in Ontario. The data shows that there is unequal access to health care and worse health outcomes for specific groups and communities in Ontario: Indigenous people, Francophones, people living on low incomes, people with disabilities and mental health issues, racialized people, new immigrants, people in rural and remote areas, and people who are LGBTQ. For example, black populations face higher risk for particular health issues, including diabetes, heart disease, HIV/AIDS and certain cancers. They also face multiple barriers accessing health services including cost, racism, socio-cultural and linguistic barriers, and lack of cultural competency among providers.

To further support the government's desire to serve all Ontarians across diverse geographies and populations, Bill 74 should be strengthened to ensure that the new Ontario Health Agency and Ontario Health Teams are mandated to promote equitable access to health care and the highest attainable standard of health and wellbeing. Furthermore, they should be held accountable for collecting the data needed to measure progress to ensure seamless and integrated care for people living with social and medical complexity.

We acknowledge efforts to better integrate primary care and community-based health and social services. To further support the government's intent to end hallway medicine and ensure integrated care, Bill 74 should also include explicit reference to health promotion. The evidence shows that 5% of Ontario's population requires 70% of health care funding. Many of these people live in poverty and are

socially isolated. A focus on health promotion and disease prevention has been demonstrated to have major impacts in reducing hospital utilization rates and costs.

Increasingly, research indicates that health systems and population health are best served by a strong foundation in primary health care. From mental health and addictions to care coordination to health promotion and prevention, the relationships and comprehensiveness of primary health care make sense as an anchor for building and sustaining community health and wellbeing. Given the important role of primary health care we believe that Bill 74 should stipulate that all new Integrated Care Delivery Systems (also known as Ontario Health Teams) must include primary care services. It should not be an option that a new Integrated Care Delivery System includes primary health care services; it should be a requirement that they include primary care and at least two other types of services.

To further support integrated health services and strengthen the capacity of primary care, we recommend that care coordination be part of primary care. The care coordinators currently working in the LHINs should be immediately transferred to interprofessional primary care teams, with their salary and benefits intact. Many Alliance members are ready to have RN care coordinators as integral team members to help people navigate the complexities of the health system.

Proposed Amendments to Bill 74

1. Add to preamble:

The people of Ontario and their government:

Believe that everyone living in Ontario should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

Acknowledge that health promotion and prevention are key to sustainable health systems.

2. Add to Part 1.1, Interpretation

Health is the highest attainable state of physical, mental and social wellbeing, including the ability to adapt and self-manage in the face of social, physical, and emotional challenge; it is not merely the absence of disease or infirmity;

Health promotion is the process of enabling people to increase control over, and to improve, their health.

Specific outcomes for diverse communities is the avoidable, unfair, or remediable differences in health outcomes and health access among individuals or groups of people, whether they are defined socially, economically, demographically or geographically or by other means of stratification.

3. Add to Part 2.6, Objects of the Agency

- (b) (ix) the development and implementation of strategies and accountability and reporting mechanisms for health promotion and prevention;
- (b) (x) the development and implementation of strategies and accountability and reporting mechanisms to reduce the avoidable and remediable differences in health outcomes and health access between groups of people in Ontario;
- (h) to respect the diversity of communities, including but not limited to Indigenous and Francophone populations, in the planning, design, delivery and evaluation of services;

4. Add to Part IV, Integration

(2) (a) the person, entity or group of persons or entities has the ability to deliver, in an integrated and coordinated manner, **primary care services** and at least two of the following types of services:

- (i) hospital services,
- (ii) mental health or addictions services,
- (iii) home care or community services,
- (iv) long-term care home services,
- (v) palliative care services,
- (vi) any other prescribed health care service or non-health service that supports the provision of health care services.

5. Add to Part VII, Regulations

Section 48 (g) requiring a health service provider, integrated care delivery system, or other person or entity that receives funding from the Agenda under section 21 to institute a system for collecting socio-demographic and race-based data in order to be able to report on progress toward specific outcomes for the diverse communities in Ontario.

Section 48 (h) requiring a health service provider, integrated care delivery system, or other person or entity that receives funding from the Agenda under section 21 to institute an accountability and quality improvement plan for health promotion and the prevention of chronic disease and injury.
