



Alliance for Healthier Communities
Alliance pour des communautés en santé

Submission to the Standing Committee on the Legislative Assembly regarding Bill 175, Connecting People to Home and Community Care Act, 2020

From the Alliance for Healthier Communities

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Statement on Bill 175 Proceeding to Committee during COVID-19

The Alliance for Healthier Communities is the voice of a vibrant network of over 100 community-governed primary health care organizations, including Community Health Centres, Aboriginal Health Access Centres, Nurse-Practitioner-Led Clinics and Community Family Health Teams. Members of the Alliance share a commitment to advancing health equity through the delivery of comprehensive primary health care.

The Alliance for Healthier Communities is pleased to see that with *Bill 175, Connecting People to Home and Community Care Act, 2020*, this government is working to modernize the home and community care sector, expanding a more person-centred approach based on client need. However, it is imperative that this modernization happens in conjunction with the transformations occurring in the health system, most notably through the lens of integrated care and Ontario Health Teams; as well as using the current landscape to shape the next steps.

In the months since this bill was first tabled, ensuring Ontarians can remain in their homes and in their communities to receive their care has become increasingly important. The home and community care and comprehensive primary health care sectors have been strongly focused on the response to the COVID-19 pandemic and ensuring equitable access to care based on the needs of their clients. The Alliance echoes our partners at the Ontario Community Support Association (OCSA)'s belief that the **timing is not right to move forward with this legislation.**

The COVID-19 pandemic has had a great impact on the health sector and has fundamentally changed how services are delivered. The passing of Bill 175 should be delayed until we are better able to better understand and incorporate key learnings from the pandemic response. This would enable open and transparent collaboration between the government, the home and community care sector, other key sectors such as primary care, and importantly with clients, families and caregivers, providers and front-line staff.

Summary of the Alliance’s recommendations in response to Bill 175

The Alliance for Healthier Communities supports the shift of embedding clinical and service delivery requirements from legislation (currently under the *HCCSA*) to regulation and policy, as is the case in other health sectors. This will enable adopting a regulatory system that is based on client needs, moving away from service maximums and the need for client assessments. This shift in legislation must happen in conjunction with local planning for integrated care.

We at the Alliance believe that the [Model of Health and Wellbeing](#) sets the foundation for an equitable integrated care system.





Home and community care services are integral in ensuring comprehensive integrated care that is person and community-centered in Ontario Health Teams. In looking ahead at the healthcare landscape in this province, prioritizing local sustainable home and community care innovations will allow for more equitable care and healthier Ontarians. We have 5 recommendations that could help enable this:

Create locally-based, equitable approach to Home and Community Care that is based on client needs and improved working conditions.

In order to ensure a more equitable and efficient delivery of home and community services, we must look to local approaches that prioritize the needs of clients and values the work of home care providers. One such example is in rural communities, where large geographic areas, travel times and centralized supplies in the current regional approach to home care delivery has failed clients and home care workers, most notably PSWs.

By ensuring a local approach, with an emphasis on local hiring and training, such as PSWs being staff members of a comprehensive primary care teams, will not only improve health outcomes of clients by reducing no-shows, it can ensure proper working conditions for PSWs by providing stable employment, reduced travel time and boost local economic development through local employment opportunities.

Commit to living wages and proper working conditions for Personal Support Workers (PSWs)

COVID-19 has further highlighted that PSWs are the backbone of many health care sectors including home and community care. Wages and working conditions, including insecure employment across multiple employers, further amplify existing inequities for these workers, who are most often women, many of whom are members of Black, racialized and/or recent immigrant communities. In addition, there are salary inequities among PSW roles across the healthcare system (ex. acute care vs. community) that further contribute to these disparities.

PSWs provide front-line services at numerous points of access within the system. PSWs support an already overburdened healthcare system to free up vital physician, nurse practitioner and other nursing resources. While pandemic response has led to temporary increases in PSW wages, in many settings, permanent solutions have not been put in place. We ask the government to commit to compensating PSWs adequately, ensuring at the bare minimum a living wage in proper non-precarious working conditions.

Embed care coordination within comprehensive primary care teams with broadened scope, including social prescribing.

Bill 175 presents a tremendous opportunity to embed care coordination within comprehensive primary health care teams. These teams, such as community health centres, share a large portion of the work in ensuring people across Ontario have access to adequate care outside of acute care setting and in their communities. Increasingly, research indicates that integrated system and population health outcomes are best met by having 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. This applies in the context of connecting people to home and community care and broader system services.

Care coordinators should connect clients to equitable and appropriate care rather than the current narrow focus on care qualification and patient eligibility. This includes taking the social needs and social determinants of health into consideration when coordinating home and community care. By using [social prescribing](#) to refer, navigate and track the impacts of social care in conjunction with clinical care, clients will benefit from reduced social isolation – often a significant determinant of health for clients receiving home care – and greater health outcomes. The Ministry of Health recognizes social prescribing as an important facet of integrated care and we would like to see that reflected in this bill.

To enable this equitable and comprehensive approach to care coordination, the care coordinators currently working in the LHINs (the proposed Home and Community Care Support Services) should be embedded into interprofessional primary care teams – key partners in Ontario Health Teams. Many Alliance members already have LHIN Care Coordinators (RNs) co-located and many more are also ready to have them as integral team members to help clients through coordination and navigation of the complexities of the health system. This type of integration into primary care teams and as part of Ontario Health Teams can further leverage capacity for system navigation with and by CSS and other community partners, that will benefit clients, communities and home and community care workers. Furthermore, by embedding care coordinators within these teams, equity considerations such as cultural competency and language will help ensure clients, such as those from indigenous and francophone communities, are receiving culturally and linguistically appropriate care.

Commitment to not-for-profit delivery of home and community care

COVID-19 has illustrated differences in care between for-profit and not-for-profit providers in long-term care and this should be considered when looking at the future of home and community care. While the immediate need for home and community care is being filled in part through private, for-profit delivery entities, the function of not-for-profit delivery services cannot be understated. These organizations care for populations in Ontario that are most vulnerable and marginalized. We ask that the government commits to adequately resourcing these organizations.

Renew commitment to health equity in home and community care, including the collection of socio-demographic and race-based data

The *Connecting Care Act, 2019* makes a commitment to ‘*equity and to the promotion of equitable health outcomes*’ for our public health care system. With Bill 175, we ask that this commitment to health equity is renewed and strengthened in all aspects of home and community care service delivery. This should be explicit in the legislation and not only in regulations. Additionally, collecting race-based and socio-demographic data is an essential component of the work of eliminating inequities in healthcare. We cannot address what we cannot measure. Collecting and analyzing data allows systems to measure differential experiences, account for disparities and develop evidence-based interventions. As part of COVID-19 measures, the province committed to the collection of race and socio demographic data, which must be urgently implemented and extended beyond COVID-19 policies.

Thank you for your consideration.