Report on Resolutions adopted by the membership at the 2006 to 2013 Annual General Meetings

This report does not include resolutions that focused on by-law changes.

2006 Annual General Meeting

ELIMINATION OF THE THREE-MONTH OHIP WAIT PERIOD

BE IT RESOLVED that the Association of Ontario Health Centres, immediately call on the Government of Ontario to eliminate the three-month wait for OHIP for new immigrants.

Context/Status:
• Since this resolution was passed, no real progress has been made. In late 2010, a postcard campaign was led by Access Alliance and the Right to Healthcare Coalition (RHC) and received some key endorsements, including by the Toronto Medical Officer of Health, David McKeown. Thousands of signatures were presented to the Minister.
• In April 2011, the OMA called for the elimination of the 3 month wait period.
• AOHC is a contributor to and ally of the RHC and continues to track this issue.

NATIONAL CHILDCARE PLAN

BE IT RESOLVED THAT The Association of Ontario Health Centres will act in concert with Code Blue For Child Care/Code Bleu pour les services de garde and other partners and call on the Government of Canada to:

(1) Honour the agreement to transfer almost $5 billion over five years (2004/05-2009/10) to provinces and territories to establish child care systems, and
(2) Introduce legislation which will enable universal access, provincial action plans and a commitment to community-based, not-for-profit early learning and child care.

Context/Status:
• In 2010 AOHC lent its support to the Code Blue Campaign, various petitions to all three levels of government, and provincially, called for a comprehensive child-care strategy in annual Budget submissions. In the 2010 Budget, the provincial government announced the protection of 8500 childcare spaces and 1000 childcare workers’ jobs, replacing $63.5 million in federal funds that were withdrawn from childcare spending; the movement of child care to the Ministry of Education as part of its Early Learning strategy.
• There was no progress in 2010-2011 other than the province’s filling the gaps left by the federal government. Child-care did not figure in the provincial Budget but it is an issue of some profile in the federal campaign, with the Conservatives’ $100 per month child-care subsidy coming under significant criticism.
• Under pressure from the NDP, the Ontario government included in the 2012 budget new funding for childcare amounting to $90 M in 2012-13; $68 M in 2013-14; $84 M in 2014-15. In 2013 they announced an additional $39 M in 2015-16 for child care.

2007 Annual General Meeting

MINIMUM WAGE IN ONTARIO: ACHIEVED

BE IT RESOLVED that the AOHC call on the Government of Ontario to increase the minimum wage to $10/hour, indexed to inflation as a necessary step to address poverty in Ontario.

Context/Status:
• As part of its 2008 Poverty Reduction Strategy, the provincial government promised to raise the minimum wage to $10.25 by 2010 and by April 2010, fulfilled that promise.
• However, while $10.00 seemed like a reasonable target in 2007, advocacy that urges the government to ensure that the minimum reaches a level sufficient to make it a living wage needs to continue.
• Minimum wage remains at $10.25 in 2012. Advocacy work will continue with partners to raise minimum wage to $11/hour with indexation.
• In January 2014 AOHC organized a press conference and publication of an Opinion Editorial with health service providers supporting the call for a $14/hour minimum wage. The Ontario government committed to raise the minimum wage to $11/hour effective June 1, 2014, and introduced Bill 165 which would increase the minimum wage by the rate of inflation each year and set up a process for reviewing the minimum wage every five years.

ADEQUATE FUNDING FOR SOCIAL ASSISTANCE IN ONTARIO

BE IT RESOLVED THAT AOHC make representations to the Provincial Government to raise the OW rate by 40%, and the ODSP rate by an appropriate amount pegged to current costs of living, to ensure that all social assistance rates are based on actual current representative costs.

Context/Status:
• The December 2008 announcement of the government’s Poverty Reduction Strategy included a commitment to review and rationalize social assistance.
• The AOHC’s 2009 Budget submission repeated the call for the end to a punitive and poverty-perpetuating system of social assistance régimes.
• The Social Assistance Review Advisory Committee was announced in 2009. However, their mandate was limited to defining the scope of a review, not actually doing the review. Their report was released in 2010.
• The 2010 Budget submission reminded the government of the need, especially during times of economic recession, to focus their attention on those most in need, especially Ontarians on social assistance - and the continuing need to rationalize the system and to put in place a Review that would have the desired impact.
• This issue has been strengthened and updated in the 2010 resolution on Social Assistance (see the resolution named Rationalization of Contradictory, Overlapping Rules and Regulations that keep poor people poor and ensure dependency).

GREEN LEADERSHIP FOR AOHC MEMBERS
BE IT RESOLVED that the AOHC encourage CHCs to implement “green office” strategies by coordinating the sharing of best practices among the association’s membership, with a view to reducing greenhouse emissions and becoming carbon neutral. Strategies may include reducing energy consumption, purchasing energy from renewable sources, investing in energy-efficiency upgrades and retrofits to office facilities, reducing waste through recycling and other means, encouraging the use of alternate transportation, and making sustainable purchasing decisions.

Context/Status:
• AOHC developed an environmental action committee to examine opportunities to ‘green’ AOHC as an organisation as a starting point to supporting a green and greening membership.
• Amongst the office initiatives within AOHC’s limited resources to more fully implement this resolution: the exclusive use of non-disposable dishes and utensils, exclusive use of 100% post-consumer recycled paper, fair trade coffee, recycling for all paper and plastics, the addition of plants, a scent-free policy, staff education around ways in which they can reduce their environmental footprint both at the office and at home. In planning conferences and meetings, AOHC requests no bottled water.
• AOHC has begun to develop an overarching “green office” policy.

NON-PRIVATIZATION OF HEALTH CARE

BE IT RESOLVED that the AOHC support the efforts of groups, coalitions and agencies nationwide that are campaigning for a freeze to further privatization of health care services in Canada, including public private partnerships.

Context/Status:
• AOHC has continued to advocate completion of the Second Stage of Medicare, which includes an explicit rejection of privatized health care delivery.
• AOHC also continues to support anti-privatization action groups including the Ontario Health Coalition
• In the context of renewed calls to ‘fix’ an ‘unsustainable’ health-care system, privatization is once again being raised as a solution that needs to be resisted. P3s have proven to be poor models for efficient and high quality health-care delivery.
• A national and provincial conversation is already under way with respect to the renewal of the Health and Social Transfers agreements between the federal and provincial governments. It provides both an important opportunity and a risky moment around which AOHC and our member centres need to remain vigilant and active. It also provides a moment for the federal government to reassert its role in setting and guaranteeing national standards that will challenge the presence and growth of private, for-profit health care.
• AOHC will partner with Canadian Association of Community Health Centres for a Federal-Provincial Health Accord which recommits to the 5 principles of Canada Health Act: universality, accessibility, portability, comprehensiveness, and public administration.

CONTROL THE FEES CHARGED TO RELEASE COPIES OF PERSONAL HEALTH RECORDS: ACHIEVED
BE IT RESOLVED that the AOHC ask the Government of Ontario to move quickly to regulate the fees being charged, control the practice and to adopt security and privacy standards for third party for profit file management companies.

Context/Status:
- This issue arose in 2006 and was ‘resolved’ to some extent with the following changes by the Privacy Commissioner:
  o required medical records storage companies to bring their privacy policies into line with the Personal Information Protection and Electronic Documents Act to clarify the difference between gaining access to a file - which is a patient’s right - at minimal/no charge and obtaining a copy of the file.
- The Ontario Medical Association (OMA) issues a physician’s guide to third party and other uninsured services, which sets out the recommended charges for photocopying and/or the transfer of medical records. The recommended fee is $30.61 for the first five pages, and $1.20 for each page thereafter. He or she is required to ensure that the record can be disclosed, that there is no third party or legal information that should be excluded, and that there is no potential harm to the patient.
- The cap only applies to physicians and not to private companies
- Hardship guidelines builds in the physician’s time spent on file review. He or she is required to ensure that the record can be disclosed, that there is no third party or legal information that should be excluded, and that there is no potential harm to the patient.
- This is considered a partial resolution.

EQUITY IN FUNDING AND SUPPORT FOR ABORIGINAL HEALTH ACCESS CENTRES

BE IT RESOLVED that the AOHC urge the Government of Ontario to fully implement funding and policy recommendations for AHACs, as submitted by the AOHC and the AOHC Network of AHACs in April 2007, to eliminate the second-class status of Ontario’s AHACs.

Context/Status:
- In the years since AOHC began to address this resolution, AOHC has advocated during the provincial election, during hearings and budget submissions, urging the government to eliminate the AHACs’ ‘second-class status’ and that of the clients they serve by providing $14.6 million in new annualized funding to Ontario’s ten AHACs.
- AOHC has also advocated for the inclusion of AHACs in several larger provincial initiatives including completion of a provincial network of CHCs and AHACs, and development of a plan to provide publicly-funded oral health care to low-income Ontarians through CHCs and AHACs.
- As of the first of April 2011, the AHACs completed their transition to the Ministry of Health and Long-Term Care. AHACs received modest increases to their base budgets in 2011-12.
- In 2012-13, AHACs received a 1.5% increase to their base budgets and physician compensation was funded as a separate and protected envelope and at parity with CHC rates. Additional nurse practitioner positions were funded. AHACs became eligible for MOHLTC community capital funding in April 2011. Wabano received capital funding in summer 2011. In April 2013, four AHACs received new capital funding. The remaining AHACs have been informed that they will receive funding as their proposals are completed.

ACHIEVING THE SECOND STAGE OF MEDICARE

BE IT RESOLVED that the AOHC carry forward a strategic initiative to work with other groups and organizations across Canada to develop a Second Stage of Medicare Action Plan, including
a series of realistic objectives that organizations, policymakers and governments must adopt to smoothly and swiftly transition all levels of the health system to the Second Stage of Medicare.

Context/Status:
- AOHC hosted a major conference focused on the Second Stage of Medicare and written, published and distributed an accompanying report for advocacy purposes.
- Used messaging about the Second Stage of Medicare in all new advocacy and public policy documents, including the 2007 Election Call to Action, the 2008-09 pre-budget submissions to the Government Standing Committee on Finance and Economic Affairs, and 2008 CHC branding launch.
- Developed a distinct Second Stage of Medicare webpage at www.aohc.org, including a variety of resource materials.
- Used the Second Stage of Medicare as the sub-theme for the 2008 AOHC Conference, focused on chronic disease prevention and management.
- The Second Stage of Medicare continued to be a key piece of messaging – which we are hearing in increasing use in the legislature, conferences such as the Students for Medicare, ECHO conference on Health Equity, etc.
- In 2013-14, we are exploring moving the language from the “Second Stage of Medicare” to “Community Health and Wellbeing”.

2009 Annual General Meeting

AOHC’s COMMITMENT TO POVERTY ERADICATION

BE IT RESOLVED that the AOHC commit itself to advocating for a vision of a poverty-free Ontario;

AND BE IT FURTHER RESOLVED THAT AOHC Board seeks to:

- Work with CHCs, AHACs, CFHTs and partners to advocate that the Government adopt a policy of poverty eradication guided by a strengthened vision of a poverty-free Ontario;
- Make poverty eradication a cornerstone for AOHC’s work by:
  - supporting the poverty-reduction/mitigation/eradication work of member Centres through advocacy, position papers, education materials that provide a poverty lens;
  - taking pro-active role in facilitating a shift in the culture of our member centres that positions our centres as advocates for the poor;
  - pressing for more CHCs and AHACs in low-income communities throughout urban, rural and remote Ontario;
  - pressing for more permanent, sustainable programme, staff and transportation resources in all Centres in order to expand anti-poverty work.

Context/Status:
- The AOHC Poverty Eradication Reference Group has a mandate to advise AOHC in the sector’s prioritizing of a poverty framework/lens for our work.
- On November 29, 2010, AOHC held a well-attended event at Queen’s Park around the theme of ‘Addressing the Great Health Divide’, a divide characterized by poverty and the intersections of racialization, minoritization, disability and newcomer status. The
Expanding Access Campaign/Addressing the Great Health Divide was the key plank in our input to the 2011 provincial election campaign.

- AOHC members have been active in the Put Food in the Budget campaign since 2009 to raise social assistance rates, and raised the issue during the 2011 provincial election campaign.
- Poverty Reduction work is part of AOHC’s Strategic Plan for 2012-2015. Activities in 2012 included member involvement in the oral health postcard campaign with over 50,000 postcards signed and meetings held with MPPs, and active participation in pre-budget campaigns calling for the Ontario government to allow low income people to earn more, keep more, and have benefits restored.
- Members participated in 2013 consultations to develop Ontario’s next 5 year Poverty Reduction Strategy. Successful advocacy work with partners led to the government announcing expanded access to more low income children for Healthy Smiles Ontario. AOHC helped Addictions & Mental Health Ontario develop and communicate to MPPs their Supportive Housing policy proposal.

2010 Annual General Meeting

RATIONALIZATION OF CONTRADICTORY, OVERLAPPING RULES AND REGULATIONS THAT KEEP POOR PEOPLE POOR AND ENSURE DEPENDENCY

BE IT RESOLVED that the Association of Ontario Health Centres urge the Government to strengthen the mandate of the newly-created Social Assistance Review Council1 beyond the creation of a ‘long-term vision’, work-plan milestones and a consultation strategy2; that AOHC urge the Government to shorten the timeline for real change at a time when the province’s history in which poor persons are bearing the brunt of the current economic fiscal crisis with a report to the provincial parliament no later than December 2010, with full implementation 1 April 2011;

BE IT FURTHER RESOLVED that AOHC urge the government through the social assistance reform process to reduce the Marginal Effective Tax Rates for adults with low incomes - an impact that can only arise out of the creation of a comprehensive strategy involving the full range of social programmes, payroll deductions3 -- to a long-term maximum of 50%;4

BE IT FURTHER RESOLVED that AOHC urge the government to put in place responsible, compassionate, effective rules that will provide graduated support to households in the process of moving towards self-reliance including the transition of children from childhood to adulthood;

1 The membership and biographies can be found at (accessed 11 February 2010): http://www.mcss.gov.on.ca/en/mcss/sacouncil/members.aspx
3 E.g., Ontario Works, Public Housing, child care, etc.
4 Detail: that Ontario Works ensure that the new Ontario Works’ Working Income Tax Benefit be passed through to all eligible OW recipients without penalty;
   That public housing authorities assess no additional rental payments as a result of receiving the WITB;
   That OW allow the Ontario Child Benefit to be passed through to all eligible Ontario Works recipients without penalty;
   That public housing authorities assess no additional rental payments as a result of the receipt of OCB.
BE IT FURTHER RESOLVED that AOHC urge the Government to include in the review process a revising of the mandates of social assistance watchdogs, auditors and ombudspersons.

Context/Status:
- As part of its 2008 Poverty Reduction Strategy (PRS), the Liberal government agreed to conduct a review of social assistance rules and protocols.
- A Social Assistance Review Commission was appointed in 2010 to do an 18-month period of review.
- A number of CHCs made submissions to the Social Assistance Review Commission whose report was released in October 2012.
- AOHC responded to the Social Assistance Review report and joined other organizations in the anti-poverty movement in meetings with Ministers and Opposition Party MPPs to provide policy advice on recommendations that should be immediately implemented.
- The 2013 Ontario budget made a number of positive rule changes for social assistance and increased rates by 1%, with an additional $14/month increase for single people on Ontario Works.

2011 Annual General Meeting

Commitment to Health Equity: Towards a Health Equity Charter

BE IT RESOLVED that the Association of Ontario Health Centres adopt the Commitment to Health Equity and use it as a guide to develop health equity educational and resources for our members.

BE IT FURTHER RESOLVED that our member centres be encouraged to adopt the Commitment to Health Equity as a guide and an inspiration to delivering even better care to our client populations;

BE IT FINALLY RESOLVED that the AOHC take the Commitment to Health Equity and develop it into a Health Equity Charter to be signed by each member centre as a commitment to both an ongoing process and an intentional integration of the principles of health equity at all levels of their respective organizations.

Context/Status:
- In May of 2006, the AOHC Board adopted the Anti-racism and Anti-discrimination Working Group report entitled Advice and recommendations to the board for policy changes and/or development to reflect AOHC’s commitment to the principles of anti-racism and anti-discrimination.
- In February of 2007, the Board approved the Board Governance Anti-Oppression Framework.
- In the fall of 2009, the AOHC and representatives of member Centres gathered at a think tank to discuss how we talk about what we mean when we attempt to mitigate the impacts of oppression - the intersecting ‘isms’ - that affect the work of Centres and about which Centres across the province had been talking, grappling with and addressing for years. The think tank did not approach agreement on language but rather affirmed the diversity that exists among member Centres; the language most common, useful or meaningful to the think tank participants included inclusion, cultural competence, welcome, acceptance, diversity, anti-discrimination, and anti-oppression.
• In June of 2010, the AOHC annual conference was entitled *Health Equity: Pushing the Boundaries.*

• With the adoption by the members of the Commitment to Health Equity, AOHC developed a Health Equity Charter that was adopted by the membership at the 2012 Annual General Meeting.

2012 Annual General Meeting

HEALTH ACCORD

**BE IT RESOLVED THAT** the Association of Ontario Health Centres work in partnership with the Canadian Association of Community Health Centres (CACHC) to champion a Federal-Provincial Health Accord which:

(a) recommits to the five principles of the Canada Health Act: universality; accessibility; portability; comprehensiveness; and public administration;

(b) includes provisions that reflect the following six principles for health care transformation as recommended by the Canadian Medical Association and the Canadian Nurses Association: patient-centred care; quality; health promotion and illness prevention; equitable; sustainable; accountable; and community-oriented care as recommended by the Canadian Association of Community Health Centres;

(c) includes a provision which recognizes that primary health care is the foundation of the health care system and establishes federal standards for primary health care; and

(d) includes a commitment to an expansion to Medicare to include oral health and pharmacare coverage.

Context/Status:

- AOHC and CACHC members are participating in advocacy work on the Health Accord with the Canadian Doctors for Medicare and the Council of Canadians, by attending meetings with MPs and articulating the principles we want to see reflected in the Health Accord. In 2013 AOHC members were involved in advocacy campaigns led by the Canadian Health Coalition calling for renewed federal leadership on a Health Accord. The current Health Accord expired as of March 31, 2014.

PHARMACARE

**THEREFORE BE IT RESOLVED** that the Association of Ontario Health Centres in partnership with the Canadian Association of Community Health Centres calls on

(a) the Government of Ontario to lead by developing a provincial universal pharmacare strategy; and

(b) calls on the Government of Canada to create a federal pharmacare plan where provinces and territories agree to a common set of standards to ensure equity across the country.
**Context/Status:**
- AOHC endorsed the recommendations of the Social Assistance Review report that calls for access to drug, dental, and vision benefits for all low-income people as a further step toward universal access.
- In 2014 AOHC led partnership work with Registered Nurses Association of Ontario (RNAO) and the Canadian Doctors for Medicare (CDM) to brief the 3 parties at Queens Park on new policy work led by Steve Morgan from UBC, which recommends how Ontario can take a leadership role to keep expanding public prescription drug coverage.
HEALTH EQUITY CHARTER

BE IT RESOLVED that the Association of Ontario Health Centres adopt the Health Equity Charter as a commitment to action to improve health equity.

BE IT FURTHER RESOLVED that our member Centres be encouraged to adopt the Health Equity Charter as a commitment to identify and redress health inequities within their agencies and within their communities.

Context/Status:
- With the adoption by the members of the Commitment to Health Equity in 2011, AOHC developed the Health Equity Charter that was adopted by the membership at the 2012 Annual General Meeting.
- In 2013, AOHC initiated health equity training for Member Centre boards and staff, and developed a Health Equity Charter Implementation Strategy, addressing Awareness, Understanding, Endorsement, Action and Change.

2013 Annual General Meeting

MEANS TESTING

BE IT RESOLVED that the Association of Ontario Health Centres calls on the Ontario government to pursue revenue raising measures within the context of a progressive tax system to ensure adequate public revenues to fund and expand high quality health, social and community care services which are universally accessible to all; and

BE IT FURTHER RESOLVED that means testing and user fees be opposed as an approach to help fund the delivery of health, social and community care services; and

BE IT FURTHER RESOLVED that cuts to health, social and community care services be opposed; and

BE IT FINALLY RESOLVED that AOHC write to the Premier and Minister of Health and Long Term Care to strongly oppose means testing, and that AOHC members be encouraged to do the same with a copy to their MPP.

The AOHC Board recommends concurrence.

Context/Status:
AOHC wrote to Premier and Minister on this issue. AOHC has ensured the call for revenue raising measures within context of progressive tax system is included in policy recommendations to government from the 25 in 5 Network for Poverty Reduction, and included this ask in AOHC presentations to the Finance Minister.
MODEL OF HEALTH AND WELLBEING

BE IT RESOLVED that the AOHC adopt the Charter on Health and Wellbeing as a commitment to action and to guide the policy work as it impacts CHCs and AHACs.

BE IT FURTHER RESOLVED that each CHC and AHAC be encouraged to adopt the Charter of Health and Wellbeing as a commitment to the full delivery model.

BE IT FINALLY RESOLVED that the AOHC and the CHC and AHAC ED Network develop and implement a strategy to ensure the MOHLTC and the LHINs understand and recognize the Charter of Health and Wellbeing as a framework for the work of CHCs and AHACs; and that the Charter of Health and Wellbeing be included in the MSAA and other relevant funding agreements, effective April 2014.

The AOHC Board recommends concurrence.

Status:

As of March 31, 2014 the following have signed the Charter for the Model of Health and Wellbeing:
- CHCs: 25% Boards and 89% of CHCs EDs.CEOs,
- AHACs: 10% of Boards and 60% of EDs
- 1 CFHT board and ED
- 1 NPLC Board and ED