



Association of Ontario Health Centres
Community-governed primary health care

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

Submission to the Standing Committee on General Government regarding Bill 114, An Act to Provide for Anti-Racism Measures

From the Association of Ontario Health Centres

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Introduction

As Ontario's voice for community-governed primary health care, the Association of Ontario Health Centres (AOHC) is pleased to present our response to Bill 114, *An Act to Provide for Anti-Racism Measures*. AOHC has a strong commitment to health equity and our response is framed through this lens.

AOHC represents 107 community-governed primary health care organizations throughout the province: 74 Community Health Centres (CHCs), 10 Aboriginal Health Access Centres (AHACs), 10 Community Family Health Teams (CFHTs) and 13 Nurse Practitioner-Led Clinics (NPLCs). Our response to Bill 114 is shaped by the vision that unites our membership: the best possible health and wellbeing for everyone living in Ontario.

Our members are especially effective serving populations most vulnerable to poor health because they face barriers accessing health care services. This includes people living in poverty, new immigrants, Francophones, LGBT communities, Indigenous Peoples, the differently abled, people in rural and remote communities and people without health insurance. AOHC members provide primary care services along with a wide range of other health promotion and community development services that help address the determinants of health.

Racial discrimination can have a broad damaging effect on physical health. Racism can shatter a person's self-esteem, rob a sense of security and the feelings of belonging – which are all tied to health and wellbeing. So AOHC supports Bill 114 which creates a framework to promote equity for racialized groups across the province.

We are pleased with many elements of the proposed Act to provide for Anti-Racism Measures, including establishing the Anti-Racism Directorate in legislation; ensuring the sustainability and accountability of the government's anti-racism work by developing a multi-year anti-racism strategy; requiring annual reports on the strategy's initiatives, targets and indicators; and requiring a review of the strategy at least every five years with public consultation.

We support the requirement to establish an anti-racism impact assessment framework for all public sector policies and programs. We are also pleased that Section 6 of Bill 114 will enable the government to establish data standards for the collection, use and management of information, including personal information, to identify and monitor systemic racism and racial disparities. Regulations will require public sector organizations to collect this information in

relation to specified programs and services for the purpose of eliminating systemic racism. This requirement should be made mandatory in the Bill.

AOHC is very concerned that Bill 114 explicitly excludes health information custodians (that is, health service providers) from regulations requiring collection of data on the people they serve. We urge the Committee to delete clause 6(7) in its entirety and require health providers and agencies to be mandated to collect this data along with all other public sector organizations under this proposed law.

Concerns with Section 6 of Bill 114

The government recently passed *the Patients First Act, 2016*, which requires all Local Health Integration Networks (LHINs) to promote health equity, reduce health disparities, and respect the diversity of communities in the planning, design, delivery and evaluation of health services. The mandate letters sent to LHIN Board chairs this month ask them to build healthy communities informed by population health planning, including assessing local population health needs and how health service providers can collaborate to address health gaps. They are instructed to promote health equity by identifying high risk populations and working with primary care and local community partners on targeted interventions to improve health outcomes.

The LHINs cannot carry out these functions effectively if they do not have accurate, current socio-demographic data collected by health service providers on all of the people they serve. If Bill 114 excludes health service providers from the requirement to collect data that can help identify and monitor systemic racism and racial disparities in Ontario then the broad goal of a health equity approach to planning set out in the *Patients First Act* cannot be achieved effectively.

Racism is one of the determinants of health. It is well documented that Indigenous populations, as well as Black communities experience the worst health outcomes in Ontario. This is entrenched through systemic racism. It is virtually impossible to address systemic racism, and in particular anti-Indigenous and anti-Black racism as described in the preamble of Bill 114, without gathering race-based data. Excluding health service providers from the requirement to collect data, including race-based data, is inconsistent with the Province's own health equity mandate, and works to ensure ongoing inequity and entrenchment of systemic racism. Furthermore, because health and the correlated social determinants of health are

interdependent, excluding the collection of health data renders the efforts of the Anti-Racism Directorate to essentially be of no effect. The ramifications are significant, including negative impacts on employment, planning, research, access to health care and social services.

It is not clear what rationale there is for excluding health service providers from collecting data, including personal information to identify and monitor systemic racism. We do not support arguments that it is more difficult for the health sector to collect personal information due to stipulations under the Personal Health Information Act.

Community Health Centres (CHCs) are health information custodians and have been collecting race based and socio-demographic data for years – often with the most vulnerable populations served by our members. In the last few years, the Toronto Central Local Health Integration Network (TC LHIN) has mandated all health service providers to collect socio-demographic data, including race-based data. So we know that it is possible for health service providers to collect personal information without contravening privacy laws.

Recommendation

AOHC fully supports Bill 114, *An Act to Provide for Anti-Racism Measures*. But we strongly recommend to the Standing Committee on General Government that Section 6(7) of the Bill be deleted.

Health service providers and agencies should be required, along with all other public sector organizations, to collect personal information based on established data standards in relation to programs and services they offer for the purpose of eliminating systemic racism and advancing racial equity in Ontario.

We also recommend that the regulatory requirement for public sector organizations to collect personal information based on data standards be made mandatory. The wording in Section 6 (5) should be changed to reflect this requirement.
