Association of Ontario Health Centres
Community-governed primary health care

aohc acso

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

# ONTARIO ELECTION 2018 | HEALTH EQUITY AT THE CENTRE

**Inequality is a major risk to Ontario's wellbeing, health system, and economy.** High levels of income inequality are linked to economic and social instability. Less equal societies have higher debts and inflation, lower social mobility, lower trust, lower civic participation and even lower levels of self-reported happiness.

Inequality also shows up in our bodies. Living in an unequal society causes damaging levels of stress and anxiety. In more equal societies people live longer, are less likely to be mentally ill or obese and there are lower rates of infant mortality. A sense of belonging is more critical to a long and healthy life than smoking, exercise, and body weight.

**Access to comprehensive primary health care can help bridge Ontario's inequality gap.** But 1 in every 5 people still faces barriers to accessing their neighbourhood health care services.[1] Indigenous Peoples, Francophones, people with disabilities and mental health challenges, racialized groups, recent immigrants and non-permanent residents (e.g. refugees, migrant workers), people who are LGBTQ, and people living in rural and remote areas face the biggest social, environmental and health system barriers to health care.

At the Association of Ontario Health Centres our mission is to change that – to champion transformative change that improves the health and wellbeing of people and communities facing barriers to health. We do this by empowering communities to take charge of their own health and wellbeing. We are 73 Community Health Centres (CHCs), 10 Aboriginal Health Access Centres (AHACs), 10 Community Family Health Teams (CFHTs), and 14 Nurse Practitioner-Led Clinics (NPLCs) in 144 communities across the province.

**Ontario needs to embrace social inclusion and equity – not just for individual health but to address avoidable risks to the health and sustainability of our province.**

We need political leadership to help our province achieve health equity through comprehensive primary health care – starting with three recommendations:

1. **Commit to comprehensive primary health care as the foundation of the health system**

   *Primary care, health promotion, illness prevention and community wellbeing at the centre of our health system*

2. **Support our growing role leading community-based, comprehensive primary health care**

   *Population needs-based planning leads to our doors – we need support to keep them open*

3. **Build a healthier and more inclusive society in Ontario**

   *Health is socially determined. It's time to broaden our definitions of health and healthcare and provide the conditions for healthy living*

# COMMIT TO COMPREHENSIVE PRIMARY HEALTH CARE AS THE FOUNDATION OF THE HEALTH SYSTEM

**Primary health care is the entry point to Ontario's health care system for most people in the province.[2] But only 30% of Ontarians have access to interprofessional primary care teams, which evidence shows deliver the best health outcomes.[3]**

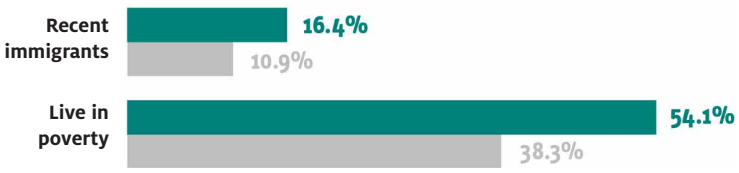
Comprehensive primary health care – not hospitals and emergency rooms – should serve as the bedrock of the health system in Ontario.[4] People in Ontario need a comprehensive primary health care system with a commitment to health equity, team-based care, health promotion and community involvement. The Local Health Integration Networks must fulfill their mandate to embed health equity throughout their health system planning and close gaps to accessing care.

*According to the World Health Organization, comprehensive primary health care addresses the main health problems of the community, providing promotive, preventive, curative and rehabilitative services to maximize health and wellbeing.*

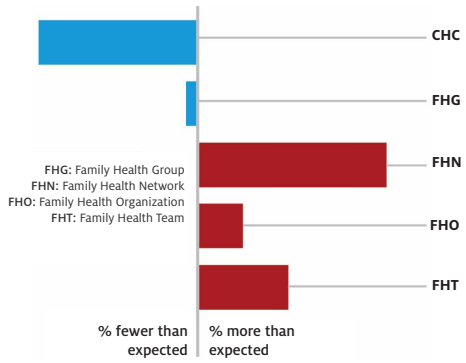
AOHC members are ready and willing to do this work. Our community-governed model of health care delivers both primary health care and community development services based on the needs of the people they serve. We nimbly address the barriers to health care by prioritizing people with socially and medically complex needs and providing services that address income, language, discrimination, transportation and other barriers to access.

We are succeeding. For example, research shows Community Health Centres serve more complex clients and do a better job than other primary care models in keeping people healthy and out of emergency rooms.[5]

CHCs serve a higher proportion of people with **social & economic complexities** that create barriers to accessing health care compared to other primary health care models.




Nevertheless people served by CHCs visit emergency departments much less often than expected: **21 per cent less.**




**The next Ontario government can help by:**

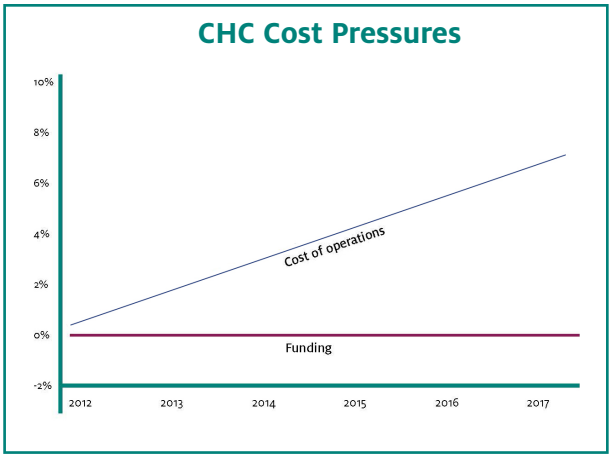
- Supporting and expanding access to interprofessional primary care teams.
- Committing to health equity measures that reduce barriers and address the specific needs of the most health disadvantaged populations in Ontario.
- Working with primary health care organizations to develop and implement health promotion strategies that keep people healthy and out of hospitals, and save system costs.
- Expanding access to community-governed primary health care models – Community Health Centres, Aboriginal Health Access Centres, Community Family Health Teams and Nurse Practitioner-Led Clinics.

# SUPPORT AOHC MEMBERS' GROWING ROLE LEADING COMPREHENSIVE PRIMARY HEALTH CARE

Most AOHC members have received no increases to fund increased operational pressures since 2012. Yet the cost of operations has gone up by over seven per cent in the past five years.[6] Many are facing mounting financial pressures due to increasing operational costs, information management/information technology costs, staff retention and recruitment challenges and interpretation expenses related to serving refugees and other newcomers. Many of our members can be nimble when requested to take on new programs and services, but they need additional administration funding.

As a result a number of our members are facing deficit budgets. Some are having to cut programs and services to vulnerable people or lay off staff. In addition, many are struggling to deliver quality health and community programs in cramped and out-dated facilities while they await promised capital funding from MOHLTC. Approximately 35 CHCs and AHACs have been waiting for years for promised capital funding to flow so that they can expand their current sites, or move into new sites.

AOHC members need sustainable resources to lead and deliver as models of comprehensive primary health care in action.




**The next Ontario government can help by:**

### Supporting Core Needs

- Make a 5% one-time base funding investment to address the operational budget freeze
- 5% increase would address operational costs, information management/information technology costs, and administration support
- Commit to annual budget increases in line with inflation
- Shorten timelines for capital projects to a maximum of 12 months

### Supporting Expansion

- Direct interprofessional team expansion funding to the people and communities who need it most. AOHC members are well equipped to serve vulnerable populations and willing to step up to the plate, but need the resources to do so.
- Fund newcomer health, addictions programs, harm reduction initiatives including supervised inject services, mental health and trans health in comprehensive primary health care. Our members are ready to meet the needs of these communities.

# BUILD A HEALTHIER AND MORE INCLUSIVE SOCIETY IN ONTARIO

Over sixty per cent of population health outcomes are determined by social and environmental factors such as income, education, working conditions, housing and the physical environment we live in.[7] Poverty is the leading cause of poor health and health inequities.[8]

Systemic racism has led to substandard health care and health inequities for Indigenous people.[9] Racism, violence and other social determinants of health are taking a toll on the health of Black communities in Ontario.[10] Racialized communities, immigrants and refugees in Ontario experience multiple barriers to health services due to discrimination, cost, gaps in health insurance, language and cultural barriers.[11]

AOHC members witness first- hand the impact of these social determinants of health. We provide health care services to many people living on low incomes who often cannot afford healthy food, secure housing, prescription medicines and dental care. But as health care providers there is only so much that we can do to address the root causes of poor health.

It's time to broaden our definitions of health and healthcare and provide the conditions for healthy living.

**The next Ontario government can help by:**

- Implementing strategies that address systemic racism, including anti-Indigenous racism, anti-Black racism and Islamophobia. Collect socio-economic data to inform policies and programs that address racism as a determinant of health and promote health equity.
- Expanding universal health care to ensure access to affordable prescription drugs for everyone.
- Extending public dental programs for children to low income adults and seniors by investing in a two phase program over the next four years as outlined by the Ontario Oral Health Alliance.
- Take a first step to OHIP for all by eliminating the three month wait for new immigrants, returning Canadians and temporary foreign workers.

## Evidence of health disparities

**4.5** fewer years of life if you live in low income areas of Ontario compared to high income areas[12]

**4X** more likely to suffer from Type 2 diabetes if you are an adult in a First Nations community than if you are a non-Indigenous Canadian[13]

**25%** of people over age 12 in northern Ontario have chronic conditions, compared to 20% in Ontario overall[14]

**2X** as high a risk for diabetes for people identifying as Black in Ontario as those identifying as White[15]

**2X** as likely to report fair/poor health if you are Franco-Ontarian who doesn't speak English than if you are an English-speaking Ontarian[16]

**45%** of low wage workers in Ontario do not have drug and dental benefits.[17]

# BUILD A HEALTHIER AND MORE INCLUSIVE SOCIETY IN ONTARIO

**33%** of food bank users in Ontario are children[19]

**171,360** households are on the wait list for rent-geared to income housing[20]

Ontario has the **most expensive** child care costs in Canada[21]

An annual income increase of **$1,000 for the poorest 20%** of Canadians would lead to nearly 1,000 fewer chronic conditions[22]

Poverty is the leading cause of poor health and health inequities. Ontario is developing a low-wage economy where 33 percent of workers have low wages.[18] Too many jobs are precarious where people work for low wages in part-time, temporary or contract positions without benefits. People on social assistance are struggling on incomes below the poverty line. Too many families are on wait lists for affordable housing and childcare spaces. Targeted investments to increase low incomes would lead to improved health outcomes and cost savings over the longer term.

**The next Ontario government can help by:**

- Making employment a pathway out of poverty by raising the minimum wage to $15/hour, and promoting full time, permanent jobs where workers can get enough hours to earn a decent living. Ensuring a minimum of seven paid sick days for all workers.
- Ensuring that people can live with dignity and financial security by raising social assistance rates and increasing asset limits and earned income exemptions for people on Ontario Works and ODSP. Explore a Basic Income program as part of a comprehensive poverty elimination strategy complemented by strong public and social services.
- Investing in affordable housing and expanding the childcare system with enough spaces to meet the needs of all Ontario families.

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