



Alliance for Healthier Communities  
Alliance pour des communautés en santé

## Investing in Comprehensive Primary Health Care *the foundation of an integrated health system*

### Pre-Budget Recommendations *Ontario Budget 2023*

The Alliance for Healthier Communities (Alliance) represents a vibrant network of [111 community-governed primary health care organizations](#) serving communities across Ontario. Together we have a common vision towards *equitable health and wellbeing for everyone living in Ontario*, which we strive for by *advancing comprehensive primary health care and advocating for changes in Ontario's health and social systems to address inequities*. The Alliance for Healthier Communities stands for healthier people, healthier communities, a more inclusive society, and a more sustainable health care system.

Alliance members include community health centres, nurse practitioner-led clinics, community family health teams and Indigenous primary health care organizations that share a commitment to advancing health equity through the delivery of comprehensive primary health care. These organizations serve populations systemically marginalized and underserved by other parts of the health system; those who face the greatest barriers to health and the poorest health outcomes; including Indigenous peoples, Black populations and other racialized groups, Francophones, people who identify as 2SLGBTQ+, people living in rural, remote and northern communities, people with disabilities and mental health challenges, as well as recent immigrants and refugees.

**The evidence is clear, investments in comprehensive primary health care  
keep people in community!**



## Investing in Comprehensive Primary Health Care *the foundation of an integrated health system*

For the Ontario Budget 2023, we propose investments in three (3) key areas to help keep people in community and out of emergency rooms and hospitals while ensuring efficient use of healthcare funding for equitable health outcomes:

1. Keep people healthy and well in their communities and out of hospital *now* by sustaining community primary health care organizations through base funding increases.

**Budget Request** **\$35 million**

To invest in a base budget increase of 8% or \$35 million for community-governed comprehensive primary health care organizations so they can maintain and improve service levels, keep their lights on and meet the needs of their clients and the communities they serve who face the greatest barriers to care and poorest health outcomes.

2. Keep people healthy and well in their communities and out of hospital *in the future* by investing in new and expanded inter-professional primary health care organizations.

**Budget Request** **\$750 million over 10 years**

To invest in team-based primary care across the province plus mental health supports by expanding access through existing inter-professional primary healthcare teams. With a further investment of \$75 million over 5 years to support Indigenous Primary Health Care team expansion.

3. Address health inequities that impact hospital system use.

**Budget Request** **\$10 million**

• Invest in health equity and governance training for providers and governors.  
• To invest in developing Afro-centric Models of Care to improve patient pathway for Black populations, address the impact of anti-Black racism and other racially based health inequities that perpetuate health disparities.  
• Investing in more front-line mental health resources in French (capital and personnel).  
• To invest in hiring and training clinicians and providers to support gender affirming care in Ontario.  
• With an additional investment of \$37 million over three years to support a Provincial Indigenous Integrated Health Hub.

**TOTAL INVESTMENT: \$ 795 million**



## Investing in Comprehensive Primary Health Care: *the foundation of an integrated health system*

### Pre-Budget Recommendations *Ontario Budget 2023*

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1. Keep people healthy and well in their communities and out of hospital now by sustaining community primary health care organizations through base funding increases.

#### **Budget Request: \$35 million**

To invest in a base budget increase of 8% or \$35 million for community-governed comprehensive primary health care organization so they can maintain and improve service levels, keep their lights on and meet the needs of their clients and the communities they serve who face the greatest barriers to care and poorest health outcomes.

Community-governed comprehensive primary health care organizations need sustainable and adequate funding in order to maintain our capacity to deliver primary health care, mental health services, health promotion and community programs and services. They also provide the innovative services that help end hallway health care by keeping people in Ontario facing the greatest barriers to care and poorest health outcomes in our communities.

They divert people away from hospitals while ensuring they get the care they need, when they need it; they help alleviate pressures on the rest of the health system by managing clients in the community and close to home with services rooted in the determinants of health, anti-oppression and cultural safety. They serve communities who face the greatest barriers to care and that have been disproportionately affected by COVID-19, long-COVID, other respiratory illnesses, mental health and addictions, among others.

However, as the cost of doing business and providing services in Ontario continues to rise, we have not had a base budget funding increase in over 10 years. Increasing costs of utilities, insurance, property maintenance, and rent top the list of pressures, closely followed by cyber security and overhead/staff support for new initiatives. Comprehensive primary health care organizations **are now in the unfortunate position of having to make cuts to service delivery in order to pay our bills.** As demonstrated in the [Ontario Science Table's Briefs on Primary Care](#), primary care clinicians, such as those working in our teams, have played an integral and multi-faceted role in Ontario's pandemic response, taking on new roles related to COVID-19 prevention, assessment and management, while also continuing to provide primary care services like prevention, acute and chronic care — **all without additional resources.**

Community-based primary health care organizations like ours also need to be able to meet the mounting pressures of the **Health Human Resource (HHR) crisis**. Adequate funding is needed to ensure that our health care providers and staff are paid equitably to other health sectors across the system and in a way that



adequately reflect their scopes of practice. Healthcare workers and staff across the community-based primary health care sector are facing unprecedented burnout and low morale, particularly after nearly three years providing health care and social services to patients/clients during the COVID-19 pandemic, compounded by a time of social unrest and of economic instability. The current level of funding is inadequate and does not keep up with inflation or cost of living, which makes recruiting and retaining staff a challenge. The government must stop the appeal of the Ontario Superior Court of Justice's ruling that Bill 124 is unconstitutional. This Bill caps healthcare workers' salary increases at 1%, which does not even keep up with inflation. We call on the Government of Ontario to provide funding targeted to compensation so that community-based health care organizations can offer compensation packages that make it possible to attract and retain critical health human resources. We also call on the Government to stop the appeal and develop a comprehensive HHR strategy, with a focus on paying healthcare providers the salary that they deserve while keeping up with inflation and cost of living.

**Investing in community-governed comprehensive primary health care organizations can mean keeping people healthy and well in their communities and out of hospital.**

## **2. Keep people healthy and well in their communities and out of hospital in the future by investing in new and expanded inter-professional primary health care organizations**

**Budget Request: \$750 million over 10 years**

**To invest in team-based primary care across the province plus mental health supports by expanding access through existing inter-professional primary healthcare teams. With a further investment of \$75 million over 5 years to support Indigenous Primary Health Care team expansion.**

In team-based models, the patient is formally attached to a regular source of primary care (family doctors and/or nurse practitioners) but also include inter-professional health care providers (e.g., nurses, social workers, dietitians, pharmacists, physiotherapists, health promoters, etc.) who collaborate to serve patients' health and social needs. Evidence indicates that health care teams, aligned to the needs of the population, support the best health outcomes aligned with the Quadruple Aim as described in Ontario Health's Vision for Health Care in Ontario. On average, patients with access to team-based care have improved health outcomes, fewer emergency visits, better discharge and cost savings ranging from \$10-90 per patient, per month<sup>1</sup>. This supports the Plan to Stay Open but also ensures people are provided the best care outside of hospitals ensuring that they are available to people who need them most.

Throughout the pandemic, primary care teams have inherently had the flexibility and inter-professional resources to meet their patients' and communities' needs to a greater extent than have non-team-based primary care practices. This has included the redeployment of staff to perform outreach services to people with greater needs, such as those experiencing mental illness and homelessness, and the redesign of health promotion and social support programs to ensure their ongoing availability to the community at large. In

<sup>1</sup> Rayner, Jen, PHD. Alliance for Healthier Communities, *Concept Paper: Team Care*, October 2022.



view of the evidence to date on the benefits of teams, the increasingly complex needs of Ontario's aging patient population, and rising concerns around the added strain of the possible long-term, disabling effects of COVID-19 we need to ensure that every person in Ontario has access to inter-professional teams when required. This will ensure ongoing pandemic recovery, future preparedness, and ongoing health system functioning.

The Ontario Science Table also found that patients who were part of a comprehensive primary healthcare team had better access to care than patients without: "During the COVID-19 pandemic, patients who had a formal and continuous relationship with a primary care clinician had better access to virtual and in-person care."<sup>2</sup>

Alliance members provide comprehensive team-based primary care through the model of health and well-being or the model of wholistic health and well being. Whether in community health centres, nurse practitioner-led clinics, family health teams or Indigenous primary health care organizations, clinicians work together in teams to meet the needs of the community and tackle population health through a health-equity and community focus. Alliance members deliver team-based care as "teams of primary care physicians, nurses, specialists and social workers [who] could work together in one setting or travel together as mobile units to underserved communities"; with this model of care, "health care can then be collaboratively delivered in a much more time- and cost-efficient approach that benefits providers and patients"<sup>3</sup>.

The Ontario Science Table also found that: "multidisciplinary, team-based primary care practices (e.g., with multiple family physicians and/or nurse practitioners working along with inter-professional colleagues in nursing, pharmacy, social work, community health and other disciplines within primary care) were better able to support integration with other parts of the health system as well as community organizations."<sup>4</sup>

Alliance members are better able to provide services and supports to complex care patients and to prevent people from going to hospital through team-based care that provides supports to community to keep people well and out of hospital.

Alliance supports adopting an Indigenous Health in Indigenous Hands approach to primary health care, and supports the requests from the Indigenous Primary Health Care Council for expanding equitable access to primary health care with new IPHCOs as well as satellites in communities that do not have them. This will lead to the strengthening of a province where all Indigenous people can have access to Indigenous-led, culturally safe care that values the importance of culture as healing through a model of wholistic health and wellbeing. We support a recommendation for an **additional \$75M over five years** that is targeted for care for Indigenous Peoples in Ontario. The investment will build on a provincial network of Indigenous Primary Health Care Organizations, moving beyond the initial phase to a full provincial network. Equitable access to primary health care and specifically, Indigenous primary health care services, is critical to address disparities in Indigenous health outcomes. Improving access to primary health care across the province will also ease the burden on an overstretched hospital system.<sup>5</sup>

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<sup>2</sup> Ivers N, Newbery S, Eissa A, et al. Brief on Primary Care Part 3: Lessons learned for strengthened primary care in the next phase of the COVID-19 pandemic. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 3(69). <https://doi.org/10.47326/ocsat.2022.03.69.1.0>

<sup>3</sup> Amad, Ali. MacLean's. Our health care system is broken. Here's how we can fix it. August 15, 2022. <https://www.macleans.ca/society/how-to-fix-our-broken-healthcare-system/>

<sup>4</sup> Ivers N, Newbery S, Eissa A, et al. Brief on Primary Care Part 3: Lessons learned for strengthened primary care in the next phase of the COVID-19 pandemic. *Science Briefs of the Ontario COVID-19 Science Advisory Table*. 3(69). <https://doi.org/10.47326/ocsat.2022.03.69.1.0>

<sup>5</sup> Provincial Investments Needed to Meaningfully Advance Truth & Reconciliation Health Care Calls to Action for Indigenous People in Ontario, no matter where they reside, Indigenous Primary Health Care Council Pre-Budget Submission, January 2023.



**Investments in team-based primary care will help to reduce costs and strain on our acute care system.**

### 3. Address health inequities that impact hospital system use

#### **Budget Request: \$10 million**

- Invest in health equity and governance training for providers and governors.
- To invest in developing Afro-centric Models of Care to improve patient pathway for Black populations, address the impact of anti-Black racism and other racially based health inequities that perpetuate health disparities.
- Investing in more front-line mental health resources in French (capital and personnel).
- To invest in hiring and training clinicians and providers to support gender affirming care in Ontario.
- With an additional investment of \$37 million over three years to support a Provincial Indigenous Integrated Health Hub.

The community health care sector requires investment. Over 60% of population health outcomes are determined by social and environmental factors such as income, education, working conditions, housing and the environment. Poverty is the leading cause of poor health and health inequities. Alliance member community health organizations provide culturally competent primary care services along with a wide range of other health promotion and community development services that help address the social, economic and ecological determinants of health.

**Health Equity** - Promote the Alliance's Health Equity Charter and Governing for Health Equity training across Ontario's health system. There is a need for additional resources and training on health equity, anti-racism, and Indigenous cultural safety for providers. Health care providers need health equity and governance training in order to provide equitable health care across the system and provide culturally appropriate, and culturally safe care for Indigenous people and communities, Black communities, Francophone communities and 2SLGBTQ+ communities and the intersections between them.

- Support training for developing and implementing health equity strategies especially for Ontario Health Teams across the province. **\$1.25 million**

**Black health strategy and anti-racism** – COVID-19 has disproportionately affected the physical, mental, and economic health of Black Ontarians, especially those living in socially deprived areas. The pandemic has highlighted some of the underlying disparities across Ontario<sup>6</sup>. These inequalities replicate existing inequalities in mortality across Ontario and reinforce the importance of tackling underlying health inequalities as set out in Ontario Health's forthcoming Black Health Plan and the [Alliance and the Black Health Committee's Black Health Strategy](#). We must listen to Black communities regarding how to use data and targeted investments to reduce this stark health gap. Black Health leaders in community health organizations have been at the forefront of leadership on racial equity for many years, particularly during these years of pandemic inequities and the growth of the Black Lives Matter movement. They are experienced, connected experts who are well-positioned to help lead this work. The Alliance plays a vital role in addressing health inequalities by providing services, supporting

<sup>6</sup> Etowa, J., Demeke, J., Abrha, G., Worku, F., Ajiboye, W., Beauchamp, S., Taiwo, I., Pascal, D., & Ghose, B. (2022). Social Determinants of the Disproportionately Higher Rates of Covid-19 Infection among African Caribbean and Black (Acb) Population: A Systematic Review Protocol. *Journal of Public Health Research*, 11(2)10.4081/jphr.2021.2274



an increased focus on preventing chronic illness, strengthening the primary care pathway to prevent hospitalizations and improving our health system's capacity to deliver culturally competent care<sup>7</sup>. However, our role can and should go beyond the direct provision of care to create social value in local communities.

- Develop, fund and mandate anti-Black racism and cultural safety training for all healthcare practitioners, which is embedded in the implementation of Alliance and the Black Health Committee's Black Health Strategy.
- Implement the Afro-centric Model of Health and Well-Being among member centres serving Black populations and ensure this work is made culturally safe.
- Embed social prescribing for Black focused communities in the health care system, funding programs at member centres, as evidenced by the pilots in the Social Prescribing Black-Focused project.
- Invest in frontline services to better address the root causes of health inequalities and health disparities by strengthening the patient pathways for Black communities by embedding access to the mental health care and screening for chronic diseases. **\$3.5 million**

**Francophone health equity in Ontario** - In order to improve health outcomes for Francophone communities, the government must have better data to help inform French language health service planning. It can do so by ensuring that the Ministry of Health implements concrete actions so that the linguistic variable is integrated into the health card as soon as possible. Ensure an intersectional lens be applied to ensure a Francophone lens is applied across health equity strategies including those related to Black Health, 2SLGBTQ+ health, and digital equity.

- Investing in more front-line mental health resources in French (capital and personnel). **\$3 million**

**Gender affirming care** - Our members need funding for governance training and expansion of services for trans care. There is also a need for additional resources so new providers can support transition. The expansion of existing queer/trans health teams and increasing number of providers at Alliance members is necessary to meet the needs in the community. This expansion of primary care providers doing this work in addition to queer/trans specific services and organizations.

- Supporting members centres to hire clinicians and providers to improve access to trans care across Ontario. **\$2.25 million**

**Indigenous Health in Indigenous Hands** - The Indigenous population (First Nation, Inuit, Métis) is the fastest growing population in Ontario with over 85% living in urban settings. To respond to the growth in the population and address regional gaps, it is imperative to increase access to culturally safe, Indigenous-led primary healthcare, no matter where individuals reside in Ontario. The Alliance supports the

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<sup>7</sup> Dryden, O. S., & Nnorom, O. (2021). Time to dismantle systemic anti-Black racism in medicine in Canada. Canadian Medical Association Journal (CMAJ); CMAJ, 193(2), E55-E57. 10.1503/cmaj.201579



recommendation from the Indigenous Primary Health Care Council for a Provincial Indigenous Integrated Health Hub.

- **Invest \$37 million over three years to support a Provincial Indigenous Integrated Health Hub.** This proposed Hub will build capacity and supports to successfully integrate and involve Indigenous perspectives and peoples in the ongoing rollout of Ontario Health Teams. This Hub will also build the infrastructure, resources, and engagement strategies that are needed to ensure FNIM People are directly involved in self-determined planning, design, delivery, and evaluation of provincial health care planning for Indigenous People.<sup>8</sup>

**Investing in comprehensive primary health care means addressing health inequities that impact hospital system use.**

## Summary

### **The evidence is clear, investments in comprehensive primary health care keeps people in community and out of hospitals!**

The Institute for Clinical Evaluative Sciences (ICES) found that, even though community-based primary health care organizations serve people with more socially and medically complex needs, they do a significantly better job than other primary care models at keeping these people out of hospital emergency rooms and helping to end hallway medicine.

Increasing base funding for community-governed comprehensive primary healthcare organizations will ensure the sector is well positioned to continue to break down barriers to care for populations who have and continue to be systemically marginalized, as well as respond to the needs of their communities, and support the response to current and future health system pressures.

With a **total investment of \$795 million**, this government would support our sector in bringing transformative change to the health system by addressing the root causes of illness through a social justice and anti-oppressive lens; and to reduce inequities through change to social, economic, and environmental policies.

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<sup>8</sup> Provincial Investments Needed to Meaningfully Advance Truth & Reconciliation Health Care Calls to Action for Indigenous People in Ontario, no matter where they reside, Indigenous Primary Health Care Council Pre-Budget Submission, January 2023.