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

2016 Ontario Budget Submission from the Association of Ontario Health Centres

January 2016

Contact:
Jacquie Maund, Policy and Government Relations Lead
Association of Ontario Health Centres (AOHC) /
Association des Centres de Santé de l'Ontario (ACSO)
Tel: 416.236.2539 x 234
jacquie@aohc.org

Summary of Recommendations for 2016 Ontario Budget

1. **Strengthen primary health care and models that prioritize at risk populations with an annual increase in base operating budgets in alignment with inflation for Community Health Centres, Aboriginal Health Access Centres, Nurse Practitioner Led Clinics and Community Family Health Teams.**

2. **Ensure the sustainability of a strong sector-wide information management system with high quality data to support decision making through an increase in base funding of $14.5 million to address increased information management and information technology costs, and an annual increase in alignment with inflation.**

3. **Address staff retention and recruitment challenges faced by many community based primary health care organizations by funding a four year strategy to bring all healthcare professionals in interprofessional primary health care organizations up to the 2012 salary grid.**

4. **Make upstream investments in poverty reduction which will improve health outcomes and save health system costs over the longer term. Invest in poverty reduction by:**
    - **(a) Raising social assistance rates and increasing the Ontario Child Benefit.**
    - **(b) Extending public dental benefits to low income adults by 2018 and leading efforts toward universal pharmacare.**
    - **(c) Identifying a timeline and plan to end homelessness, including new investment in supportive housing for people with mental health and addictions challenges.**
    - **(d) Ensuring decent jobs and working conditions, including an increase in the minimum wage to $15/hour and paid sick days for all.**
    - **(e) Building sufficient public revenues to invest in poverty reduction.**

A Call for Investment in Community Health

The Association of Ontario Health Centres (AOHC) is the voice of community-governed primary health care in Ontario. Our vision is the best possible health and wellbeing for everyone.

The 108 member centres of AOHC include 74 Community Health Centres (CHCs), 10 Aboriginal Health Access Centres (AHACs), 11 Community Family Health Teams (CFHTs), and 13 Nurse Practitioner-Led Clinics (NPLCs). We serve approximately 580,000 people in CHCs and AHACs.

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, people in rural and northern communities, Francophones, LGBT communities, Indigenous Peoples, the differently abled, and people without health insurance. Under one roof, our members provide culturally competent primary care services along with a wide range of other health promotion and community development services that help address the determinants of health.

At the local level our members help improve lives and communities. By doing so, they save health system costs. Evidence provided by the Institute for Clinical Evaluative Sciences (ICES) found that, even though CHCs serve people with more socially and medically complex needs, they do a significantly better job than other primary care models keeping these people out of hospital emergency rooms.

However, CHCs, AHACs, NPLCs and CFHTs are delivering these services under mounting financial pressures. There have been no sector wide increases to base budgets since 2011. Our member centres are making best efforts to optimize efficiencies but the government's funding freeze means that a significant number are now being forced to reduce staff, hours and programs. These cutbacks harm the medically and socially complex people who benefit from the programs and services our members provide.

AOHC supports the health system transformation agenda of the Ontario government and the focus of the MOHLTC on health equity and putting patients first. Our members are at the forefront of these change initiatives and want to participate to the greater degree required, but they fundamentally need sustainable funding in order to play their full role.

More specifically, AOHC members require base funding increases to address their increased operating costs, information management costs, and staff retention and recruitment challenges. We also need government to play its role in addressing the determinants of health through upstream investments in poverty reduction.

Recommendations for 2016 Budget:

1. **Strengthen primary health care and models that prioritize at risk populations with an annual increase in base operating budgets in alignment with inflation for Community Health Centres, Aboriginal Health Access Centres, Nurse Practitioner Led Clinics and Community Family Health Teams.**

   Rationale: All of our members are experiencing significant increased operating costs including utilities, plant costs, supplies, among many others. Members have not received an increase in base funding for five years. New funding is only available for new programs and cannot be applied to base operating expense increases. The freeze has forced a significant number of members to make cuts to staff, programs and/or hours, which harms people facing barriers whom they serve. Of course, the additional unmet needs of people in their communities who remain on waiting lists only grow each day.

   We are also seeking an investment of $4 million to fund traditional healing programs for the ten Aboriginal Health Access Centres in Ontario.

2. **Ensure the sustainability of a strong sector-wide information management system with high quality data to support decision making through an increase in base funding of $14.5 million to address increased information management and information technology costs, and an annual increase in alignment with inflation.**

   Rationale: Beyond general operating costs, CHCs, AHACs and many NPLCs have moved to a common electronic medical record at most sites, with increased associated costs for hardware, software and connectivity. In addition, CHCs have developed a high quality information management system which ensures quality data for continual service improvements and efficient and effective reporting at the client, sector and funder levels. AHACs and NPLCs require investment to be part of the information management system. Costs have, to date, been absorbed within existing budgets, but this approach is not sustainable. These costs have risen from 2% to about 5% of base budgets. An increase in base funding of $12.5 million is needed for CHCs and $2 million for AHACs to sustainably address these new costs.

3. **Address the staff retention and recruitment challenges faced by many community based primary care organizations by funding a four year strategy to bring all healthcare professionals in interprofessional primary health care organizations up to the 2012 recommended salary range.**

Rationale: CHCs, AHACs, NPLCs and CFHTs are struggling to retain and recruit qualified healthcare professionals such as Nurse Practitioners and Dietitians. This is impeding their ability to provide primary healthcare to their communities.

The problem stems from government established salary rates for interprofessional primary care, which are 10-35 per cent below market value. These rates are from 2006. For example, Nurse Practitioners in CCACs and hospitals earn at least $25,000 more than in CHCs. This leads to a "revolving door" effect.

Also, the government provides insufficient funding for CHCs and AHACs to provide staff with the healthcare sector pension plan, HOOPP. As a result CHCs, AHACs, CFHTs, NPLCs and FHTs are losing key parts of our healthcare staff who leave to work in higher paid jobs, with benefits that include a pension, in other, better-funded parts of the health care system, including hospitals, public health units and CCACs.

AOHC, along with the Association of Family Health Teams and the Nurse Practitioner Association of Ontario, are seeking a total of a 5 per cent annual increase in funding flowed to community based primary care organizations, spread out over four years, with a total cost of $122 million.

This is a modest, phased-in, affordable solution to the human resource crisis in primary care. This funding would bring healthcare professionals in interprofessional primary health care teams to the 2012 recommended salary range in 2019, and it would ensure staff could join the HOOPP pension plan.

4. **Make upstream investments in poverty reduction which will improve health outcomes and save health system costs over the longer term.**

Rationale: Leading healthcare organizations such as the World Health Organization, the Canadian Medical Association, the Ontario Medical Association and many others have identified poverty as the leading cause of poor health and health inequity. AOHC members see firsthand the impact of low income on health when too many of the people we see cannot afford nutritious food, secure housing, prescription drugs and dental care.

We call on Ontario government to play its role in addressing the broader social and economic determinants of health, including low income. As a member of the 25 in 5 Network for Poverty Reduction we echo their five key budget asks to the Ontario government:

(a) Ensure that people can live with financial security and dignity

- Raise social assistance rates for all recipients, and increase rates by $100 per month for single people on Ontario Works.
- Set up an expert panel that includes people with lived experience to provide advice on levels of income support required for people to live in good health and dignity on social assistance.
- Change the rules so that parents receiving social assistance can keep child support payments.
- Increase the Ontario Child Benefit by $100 per child per year and index future increases.
- Do not claw back any portion of the Canada Child Benefit from families on social assistance.

(b) All people in Ontario deserve to be healthy.

- Too many people do not have access to extended health benefits. We urge you to act faster on the promise to extend public dental benefits to all low income adults and make this a reality by 2018.
- Continue provincial leadership toward a universal Pharmacare plan that ensures access to affordable prescription drugs for all.
- Eliminate the three month wait for OHIP for newcomers.

(c) Invest in community infrastructure: Housing and Childcare

- Outline a timeline and budgeted plan this year to end homelessness in Ontario, including expanded investments in supportive housing for people with mental health and additions issues.
- Develop a plan for a monthly housing benefit for low income tenants to relieve the high costs of living and bring existing social housing stock up to standard by investing in critical capital repairs.
- Invest $300 million in an annualized fund to address childcare challenges, including municipal subsidy wait lists.

(d) Ensure decent jobs and working conditions

Adopt the recommendations of the $15 and Fairness Campaign by

- Raising the minimum wage to $15 to bring a worker's income 10 percent above the poverty line, and promote full time permanent jobs where workers can get enough hours to live on.
- Ensuring a minimum of 7 paid sick days for full-time workers, pro-rated for those working part time
- Ensuring respect at work so that workers can assert their rights and be protected from discrimination, workplace harassment, bullying and unjust dismissal
- Putting in place rules that protect everyone with employment standards that cover all workers and are enforced.

(e) Build sufficient public revenues to invest in poverty reduction

- Analysis of Ontario's first Poverty Reduction Strategy shows the Ontario government made progress toward reducing child poverty rates in 2008-2010 when it dedicated funding toward eliminating poverty. But when investment waned poverty rates rose. Continued progress requires the government to commit to a plan to build sufficient revenues to invest in poverty reduction.

********** **********