

# 2017 Ontario Budget Submission from the Association of Ontario Health Centres

January 2017

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## Contact:

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## **Summary of Recommendations for 2017 Ontario Budget**

- 1. Address staff retention and recruitment challenges faced by interprofessional primary health care organizations by committing to \$130 million annualized with an implementation plan over 2 years. This would bring all healthcare professionals in interprofessional primary health care teams up to the 2012 salary grid.**
- 2. 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.**
- 3. 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 \$12.5 million to address increased information management and information technology costs, and an annual increase in alignment with inflation.**
- 4. Make upstream investments to tackle the determinants of health by investing in poverty reduction.**
  - (a) Raise social assistance rates and increase the Ontario Child Benefit.**
  - (b) Invest \$10 million to support the first phase of a public program to extend dental benefits to low income adults, and lead efforts toward universal pharmacare.**
  - (c) Create new affordable housing, including investment in supportive housing for people with mental health and addictions challenges.**
  - (d) Ensure decent jobs and working conditions, including an increase in the minimum wage to \$15/hour and paid sick days for all.**
  - (e) Build sufficient public revenues to invest in poverty reduction.**

## Investment in Community Health and Wellbeing

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 107 member centres of AOHC include 74 Community Health Centres (CHCs), 10 Aboriginal Health Access Centres (AHACs), 10 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.

AOHC supports the health system transformation agenda of the Ontario government and the focus of the MOHLTC on health equity. Our members are at the forefront of efforts to reduce health disparities and advance health promotion initiatives.

But with no sector wide increases to base budgets since 2011 our members are delivering services under mounting financial pressures. The government's funding freeze means that a significant number of our members are being forced to reduce staff, hours and programs. These cutbacks harm the medically and socially complex people who benefit from the programs and services that CHCs, AHACs, NPLCs and CFHTs provide.

Our members need sustainable funding in order to play their full role in the health care system. Specifically, AOHC members require base funding increases to address their rising operating costs, information management costs, and staff retention and recruitment challenges. We need government to play its role in addressing the determinants of health through upstream investments in poverty reduction.

## Recommendations for 2017 Budget:

- 1. Address staff retention and recruitment challenges faced by interprofessional primary health care organizations by committing to \$130 million annualized with an implementation plan over 2 years. This would bring all healthcare professionals in interprofessional primary health care teams up to the 2012 salary grid.**

### **Rationale:**

To achieve its ambitious health system transformation goals outlined in the *Patients First Act*, the Ontario government needs to strengthen primary care as the foundation and enable mobility of healthcare providers between different parts of the system.

Research shows that interprofessional primary health care teams deliver the best health outcomes. But these teams are underfunded and face challenges recruiting and retaining key health providers, such as Nurse Practitioners, dietitians, Registered Nurses, and health promoters. CHCs, AHACs, NPLCs and CFHTs are struggling to retain and recruit qualified healthcare professionals - this impedes their ability to provide primary health care to their clients and communities.

The government made some progress on this issue with a commitment in the 2016 budget to invest \$31.7 million by 2017. But this funding is not sufficient to address the challenge.

The Ontario Government should provide an additional \$130 million annualized to bring over 7,500 health care professionals working in over 400 interprofessional primary health care teams up to 2012 recommended salary rates and help narrow the gap with hospitals, Community Care Access Centres (CCACs) and public health.

The Ontario government has lifted the freeze on public sector wages. In late 2016 it was announced that managers in the Ontario public service are being awarded salary increases worth \$125 million over the next four years. To put patients first the Ontario government needs to ensure fairness and equity by investing in interprofessional primary care teams in the 2017 budget.

- 2. 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 AOHC members are experiencing significant increased operating costs including utilities, plant costs, and 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 who they serve.

**3. 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 \$12.5 million to address increased information management and information technology costs, and an annual increase in alignment with inflation.**

**Rationale:** CHCs 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. Costs to date have 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.

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

**Rationale:** Poverty is 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 oral health care. We call on Ontario government to play its role in addressing the broader social and economic determinants of health with investments in the following areas:

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

- Raise social assistance rates for all recipients, with particular attention to single people on Ontario Works.
- Increase asset limits and earned income exemptions.
- Increase the Ontario Child Benefit by \$100 per child per year.

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

- Too many people do not have access to extended health benefits.
- The 2017 Ontario budget should invest \$10 million to support the first phase of a public program to provide oral health care to low income adults and seniors in the province.
- This funding should be flowed to maximize use of existing public investments in dental clinic infrastructure in Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs) and Public Health Units so that they could extend their services to low income adults and seniors.
- 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 as a first step in a provincial commitment to ensure OHIP for all residents of Ontario.

**(c) Invest in community infrastructure: Housing and Childcare**

- Create new affordable housing and expand investments in supportive housing for people with mental health and addictions issues.
- Create a portable 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.
- Ensure access to early learning and child care by continuing to invest in a universal high quality and affordable child care program.

**(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.

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