



MEDIA RELEASE

For immediate distribution

Canadian health centres applaud progress on health commitments; urge re-visioning of health care to put patients, communities first

September 21, 2011 – The association representing Canada's Community Health Centres (CHCs) today released responses from party leaders in Manitoba, Newfoundland and Labrador, Ontario and Prince Edward Island regarding key commitments to improving health and health care. Responses from Saskatchewan political parties are also expected soon. Parties were asked to respond to a set of questions focused on negotiation of the 2014 Health Accord, as well as addressing the critical gap in access for Canadian families and communities to Community Health Centres and the comprehensive team-based health care they deliver.

The survey of political parties, conducted by the Canadian Alliance of Community Health Centre Associations (CACHCA), is intended to help voters in each province make informed decisions about health and health care when they go to the polls in provincial elections this Fall.

CACHCA's Chairperson, Jane Moloney, expressed mixed reactions to the responses from parties across Canada but signalled that progress is being made.

"It's troubling that a number of political parties haven't taken the time to respond yet – voters deserve to know where their parties stand on issues as important as health and health care. However, from the responses we have received, we can report that there seems to be major support for negotiating a 2014 Health Accord as a partnership between the provinces, and in a way that won't merely accelerate health 'care' at the expense of actually improving 'health' for Canadians."

Moloney referred specifically to the nod being given by most parties to CACHCA's call for all provincial governments to collaborate in jointly negotiating the 2014 Health Accord with the federal government, and to abide by some key provisions. These provisions would include set funding increases from the federal government to the provinces each year over the life of the 2014 accord, as well as assuring Canadians that these new health care transfers will not come at the expense of other *social* transfers to the provinces – social investments that build health for Canadians, and reduce the overall burden on health care services. Other provisions would include re-committing to the principles of the *Canada Health Act*; making health care more community-oriented; and emphasizing primary health care as a priority area for action across Canada.

Over the coming months, CACHCA will be further partnering with the growing chorus of Canadians and health agencies that are focused on ensuring the 2014 Health Accord sets Canadians on course for improved health and wellbeing, building on the 2004 Health Accord.



The association's Chairperson also spoke candidly about the slow, but steady uptake that is being seen from political parties around improving frontline, primary health care in response to what Canadians want from their health system.

"We can best describe the sort of commitments we're seeing from political parties around progress in primary health care as a small step forward," Moloney stated. "We recognize that change is difficult and it is going to take time to move away from 'business as usual' across Canada, where we count heads and tell people how many physicians and nurses we're giving them, toward actually connecting the dots between these care providers and effective health care. But that's what Canadians want – health care solutions – not numbers."

Moloney referred to work that the association is doing across Canada to engage Canadians around improving access to the right type of health care, at the right time, from the right providers. She noted that while uptake from political parties on innovations in timely, team-based, prevention-focused health care is slow, there are signs of progress. She underscored that while not all parties may be ready to raise their hands in support of these health system reforms, they can be sure that Canadians are increasingly going to be demanding them, including via the model provided by Community Health Centres.

Moloney pointed to Ontario as an example, noting that on September 20th, CACHCA joined community groups from the under-served "905 Area" surrounding Toronto, where a critical lack of access to Community Health Centre services is having a particularly harmful impact on local residents, hospital emergency departments and other parts of the health system. The association was on hand to express support for community groups in York Region, north of Toronto, who gathered for the latest in a series of public calls on the government of Ontario to respond to their request for a new Community Health Centre. The event was just one in a larger grassroots movement across the province, where local communities are calling on all of Ontario's political parties to expand access to Community Health Centres for local residents.

"The major stirrings that we are seeing across Ontario right now are emblematic of a deeper current that we know is slowly building across Canada," said Moloney. "We are beginning to see it here in Nova Scotia, and we're seeing it begin to surface again in many other provinces. People are frustrated with being asked to adapt their health needs to what the *system* and individual health professionals want. They believe – and rightly so – that our health system can and should be doing a better job of providing services that meet *their* realities, *their* needs, and *their* local community priorities. This is what the Community Health Centre solution is all about."

As provincial elections continue to unfold throughout Fall 2011, CACHCA will be further engaging Canadians from coast to coast to help find local solutions to pressing health and health care needs. Individuals and community groups across Canada that would like to request information about how they can bring the Community Health Centre solution to their community are urged to contact CACHCA. Contact information can be found at www.cachca.ca.

Canadians can also get involved in standing up for major improvements to health and health care in their province or territory by adding their names to an online petition that has been set up in each province and territory. The petitions will be used to help work with provincial/territorial governments around steps to give local communities increased access to the health services that residents want.

Links to these online petitions, along with responses from political parties to the CACHCA questionnaire can all be found at www.cachca.ca/news/news.html

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About Community Health Centres (CHCs)

Community Health Centres currently provide care and support to Canadians in communities from coast to coast to coast, although access to CHCs varies greatly by province and territory, city and town. While they may be named differently from province to province—for example, Québec’s CLSCs or Saskatchewan’s Co-Operative Health Centres—several essential features are common to all CHCs. What distinguishes the “CHC model” most is that it brings diverse first-line health services and providers out from isolation and their traditional silos and connects high-quality health care with community and social interventions.

Together, within the Community Health Centre, family physicians, nurse practitioners, nurses, dietitians, health promoters, community health workers, other care providers and health program staff work as a team to deliver comprehensive health care and support under a single roof. This means the right care, by the right providers, at the right time. In order to truly be a CHC, however, a centre must also integrate primary *clinical* care with health promotion programs, illness prevention programs and community outreach/development initiatives.

CHCs also support their clients and communities to achieve health by addressing “social determinants of health” such as poverty and inadequate housing that lead to poor health outcomes and community destabilization. In this way, CHCs provide patient-centred care with community care.

Through their integrated health and health care approach, CHCs help keep Canadians healthy in the first place, they provide the right type of care by the right provider(s) when it is needed, and they act as spark-plugs for social and economic development at a local level. This is what Tommy Douglas referred to as the “Second Stage of Medicare”. For more information about CACHCA and Community Health Centres across Canada visit www.cachca.ca

