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IMPROVE HEALTH AND HEALTH CARE FOR ALL CANADIANS
Background to [online petitions](#) in Canada's Provinces and Territories



Canada is currently at a crossroads in the evolution of our universal, publicly-funded healthcare system, Medicare. In 2014, the current 2004 Health Accord – the deal that sets funding and healthcare service delivery agreements between the federal, provincial and territorial governments – will expire and must be renegotiated. This is a unique opportunity to improve health for **all** Canadians, including better access to appropriate, high-performing health care services across the country.

Recent polls show that 86 percent of Canadians support Canada's publicly-funded healthcare system. At the same time, the overwhelming majority of Canadians also consistently identify the need to reform the way many healthcare services are delivered *within* Medicare so that all Canadians have access to timely, patient-centred, coordinated and comprehensive health care. CACHCA joins with Canadians in declaring our firm and ongoing support for Medicare, but insisting that we can and must do better!

In supporting Medicare, CACHCA restates our fundamental experience and belief that our country and our provinces/territories are all stronger, healthier and more effective when Canadians work together, within common frameworks and agreements for the provision of health services across Canada. That said, we also believe that key reforms to the delivery of health services—for instance, in the area of primary health care—are not only long-overdue, but would greatly strengthen our shared healthcare system and lead to improved and more equitable health outcomes for Canadians.

The opportunity to negotiate a renewed 2014 Health Accord is one that we must embrace as a way to strengthen Medicare for **all** Canadians. Governments at all levels should be moved to recommit to the principles of the *Canada Health Act* and inspired to fulfill the clear desires of Canadians for a more inclusive, accessible and comprehensive health system.

CACHCA believes that the foundation for an effective 2014 Health Accord is that it be a joint agreement negotiated between the federal government and all provincial and territorial governments. We highlight this key point in light of current speculation that certain provincial and territorial governments may be tempted to pursue independent health funding agreements with the Government of Canada.

CACHCA joins a large and growing group of organizations across Canada in stating, unequivocally, our view that this would be a dislocated and short-sighted approach to future funding and planning of health care in Canada. It would yield a disastrous result: a tangled web of different governments, working in competition and at cross-purposes, missing opportunities to achieve economies-of-scale through joint initiatives on health, and with no guarantee to Canadians of standards and targets they might expect from their healthcare system. This sort of independent approach by provinces, territories and the federal government would turn the clock back on the globally-celebrated achievements that Canada has made in health care since Medicare was first introduced 50 years ago.

We also maintain that future health transfers to the provinces and territories *within* the jointly-negotiated 2014 Health Accord must not come at the expense of other social transfers to the provinces, such as transfers for housing, education and social services. As service providers that very often care for and support individuals, families and communities facing complex healthcare needs and significant social barriers to health, Community Health Centres (CHCs) across Canada know first hand the impact that diminished social investment has on the health of Canadians. The World Health Organization, the Public Health Agency of Canada and a vast community of Canadian and global researchers have also demonstrated that reduced investment in social supports and benefits leads to diminished health for individuals, families and populations.

Community Health Centres and their health system partners also know well the serious impact that social investment cuts have on our shared healthcare system. The negative impact comes in the way of increased visits to hospital emergency rooms, increased admissions to costly and scarce hospital beds, and preventable burdens on other health services. When we cut social supports and services, and when we neglect these positive inputs for health, we inevitably pay a much higher cost through increased demand for health care services. These are preventable costs that all Canadians must then bear.

Finally, CACHCA wishes to underscore our agreement with Canadians that it is essential for all provincial, territorial and federal governments to commit to action in reforming the way many health services are coordinated and delivered. Key health services reforms, grounded in evidence and innovation, are necessary in order to give Canadians the improvements in accessibility, timeliness and comprehensiveness that they want and deserve from their health system.

Health services reforms will **also** help Canada's health system evolve toward what Tommy Douglas and Medicare's other founders called the "second phase/stage of Medicare". In setting up Medicare, they argued that once the "first stage of Medicare" – a system of universal, publicly-funded health care coverage for Canadians – was achieved, it would be necessary for us to refocus our energies on reforming the way actual services are delivered so that we do a better job preventing illness in the first place, and providing more timely, coordinated and appropriate care when it is required. This means that while we continue to complete the "first phase/stage of Medicare" by bringing publicly-funded drug coverage (Pharmacare) and dental care to all Canadians, we also need to get to work in achieving Tommy Douglas's vision for the second stage of Medicare by reorganizing the way that health care services are coordinated and delivered!

One of the areas of health services requiring urgent reform and, coincidentally, one of the best places to move forward in achieving the second stage of Medicare, is the area of primary health care – frontline services that, essentially, are focused on health promotion, and early intervention, prevention and mitigation of illness. CACHCA believes that federal standards and targeted resources are required for primary health care across Canada in order to improve the distribution, equity, timeliness and coordination of these services.

In recommending action on primary health care, however, we also want to underscore our specific experience as an association of primary health care organizations (Community Health Centres) that very often support individuals *and* communities that fall into major gaps within the health system. Our core message is this: access to individual health care providers alone is not enough. We must move beyond clinical services alone and beyond a mere “headcount” of doctors, nurses and other health care providers, We must:

- Better coordinate all primary health care services at local level;
- Provide more Canadians access to integrated, interprofessional, team-based primary care;
- Ensure that health promotion and community health programs are a part of the primary health care “system” within every Canadian community;
- Give community members a greater say in identifying local health and health care priorities and participating in shaping appropriate, locally-relevant responses.

The need for this coordinated, holistic approach is particularly urgent for the millions of Canadians with complex care needs, as well as those who face increased social barriers to health such as low-income and poverty, lack of appropriate housing and other barriers. We must make primary health care services across Canada more responsive to diverse community needs and realities at a local level, ensuring that the right mix of primary health care services and organizations is available, including access to a Community Health Centre within all communities.

Community Health Centres alone offer, under a single roof, the sort of comprehensive, integrated health care, health promotion and community care services that are needed to improve individual, family *and* community health. These services and programs are extended out into the community as well, where this is needed, in order to reach vulnerable and isolated individuals and groups. This is critical so that the hospital emergency room is not the first or only point of contact for many individuals and groups, often once it is too late.

In view of these and other critical contributions by Community Health Centres (where they exist at this point in Canada), we believe that it is essential for provincial, territorial and federal governments to ***specifically*** develop plans to expand access for Canadians to Community Health Centre services — within all communities across Canada. We recommend, as a priority measure, expanding access first to those individuals, families and communities identified as being most urgently in need of the sort of integrated, comprehensive, community-oriented primary health care that Community Health Centres alone provide.

Sign the online petition calling on YOUR provincial/territorial government to take key steps that will improve health and health care! Visit www.cachca.ca/news/news.html



About Canada’s Community Health Centres (CHCs)

Community Health Centres currently provide care and support to roughly two million Canadians, 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 this “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 and 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. CHCs also integrate primary *clinical* care with health promotion programs, illness prevention programs and community 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. 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. For more information about CACHCA and Canada’s Community Health Centres visit www.cachca.ca

