

For immediate release

New report identifies a comprehensive network of Community Health Centres as critical to Canadian wellbeing

TORONTO (Oct 24, 2012) – The Association of Ontario Health Centres is calling on the provincial government to act on the Canadian Index of Wellbeing’s (CIW) recommendation and create a comprehensive network of Community Health Centres (CHCs). In a report released yesterday, the CIW said that expanding access to CHCs would have long-term health benefits for Canadians and reduce health disparities.

Currently Ontario’s 73 Community Health Centres serve just four per cent of the province’s population; in some parts of the province there is no access at all. The CIW says the result of creating a comprehensive network of CHCs that address the social determinants of health would be: “a better start for children, fewer avoidable hospital visits, better prevention and management of mental illness and complex chronic disease, and improved chances for seniors to age at home.”

“We hope the provincial government will quickly begin the population needs-based planning to develop the comprehensive CHC network the CIW is recommending,” said Adrianna Tetley, Executive Director of the AOHC which represents the province’s CHCs, 10 Aboriginal Health Access Centres (AHACs), as well as other community-governed primary care models throughout the province. “The province has promised better services through better value for healthcare dollars. Increasing access to CHCs is a way to deliver on that promise.”

CHCs stand out from other primary care models in the province because, along with AHACs, they deliver primary care in combination with a wide range of counseling, health promotion and community development services. In addition to physicians and nurses, CHCs’ salaried interprofessional teams include dietitians, therapists, social workers, health promoters, chiropractors and many other types of health providers. In its report, the CIW described this comprehensive approach as “the most effective, efficient, and arguably the most affordable means of delivering primary health care.”

The CIW recommendation to expand access to CHCs builds on other recent reports which point to CHC effectiveness. Studies conducted by the Élisabeth Bruyère Research Institute have found that, compared to other models, CHCs deliver superior chronic disease prevention and management, better health promotion services, and are also more effective orienting their services to community needs. Recently released research also demonstrates that CHCs ease pressures on the costly acute care system. According to the Institute for Clinical Evaluative Sciences, even though CHCs serve people with more complex needs, they do a better job than other models keeping those they serve out of emergency departments.

Despite their effectiveness there is a large unmet need for access to Ontario’s Community Health Centres, especially for populations who face barriers accessing care. These include: people living in poverty, new

immigrants and refugees, racialized groups, rural and remote populations, Francophone populations, Aboriginal populations, people with chronic complex care needs, lesbian, gay, bisexual and transgendered Ontarians as well as people with physical and mental disabilities.

“We urge the provincial government and the Local Health Integration Networks (LHINs) to start the research that is required to determine which parts of the province have the highest need and should be prioritized for increased access to CHCs,” said Tetley. She noted that in many high needs regions, community members have already been advocating with the Ministry of Health and Long-term Care, as well as their LHIN, to make CHC services available more widely.

In some areas access can be expanded by increasing the capacity of existing centres to serve more people and by breaking down barriers which currently prevent family physicians from joining Community Health Centre practices. In other parts of the province, where there are no existing CHCs, community members are calling on the government and the LHINs to invest in the creation of new centres.

Quotes:

“A comprehensive network of CHCs would serve Ontario very well. We are already seeing the benefits of it here in Eastern Ontario where CHEO has formalized agreements with the local CHCs and has strong working relationships. CHCs are highly effective at easing pressures on hospitals and helping people in the community more easily access the services they need to stay healthy.”

Alex Munter,
President and CEO, Children's Hospital of Eastern Ontario

“CHCs as well as other interprofessional models like Nurse Practitioner-led Clinics and Family Health Teams, are the key to improving health and wellbeing. As RAO recommended in our recent ECCO white paper, the provincial government should immediately establish a Primary Care Transitional Secretariat to create a series of primary care networks that will expand access to interprofessional teams across Ontario.”

Dr. Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT.
CEO, Registered Nurses' Association of Ontario (RAO)

“The CIW is very much on the mark with its prescription for a comprehensive network of CHCs. A comprehensive network will benefit the long-term health of people living in Ontario and strengthen our overall health system. The Mississauga Halton LHIN is very interested in establishing a comprehensive network of CHCs to meet the high needs in this region.”

Bill MacLeod, Chief Executive Officer, Mississauga Halton Local Health Integration Network (LHIN)

“The Community Health Centre concept has proven to be a valuable health services source in others parts of Ontario; having tailor-made health and wellness related services, fully able to meet cultural and linguistic needs. Markham is Canada’s most diverse city, with a highly multi-lingual, multi-cultural population. I believe we could benefit from a CHC. I applaud the Social Services Network for their diligence in researching and promoting the benefits of a CHC for York Region.”

Frank Scarpitti, Mayor of Markham

Quick facts:

- CHCs began as pilot projects in the 1980s. They've grown from a handful of centres to a network of 73 centres that serve approximately 425,000 people in 110 communities throughout Ontario. Some CHCs are new and not yet fully operational. When these CHCs are fully operational, a total of 440,000 people will be able to access the benefit of CHC programs and services.
- Governed by community members, CHCs give people a voice and a choice about the health services they receive. CHCs are also key connectors: interprofessional health teams partner with other health and social service agencies. All team members – including physicians – are salaried.
- By creating community-based hubs where a wide range of services are integrated under one roof, CHCs provide excellent value for money. The average capital cost to build one CHC as a hub with several services under one roof is \$6M. To build over 100 hubs across the province would cost much less than cost of construction for one hospital.
- AOHC is in the process of conducting population needs-based research to assess targets the province and LHINs should set to increase access to CHCs. In an AOHC 2011 report, [Ontario's Community Health Centres: Addressing the Great Health Divide](#), the Association called on the provincial government to double the number of people served by Community Health Centres and Aboriginal Health Access Centres to one million by 2020.

The CIW news release and report can be found at: www.ciw.ca

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