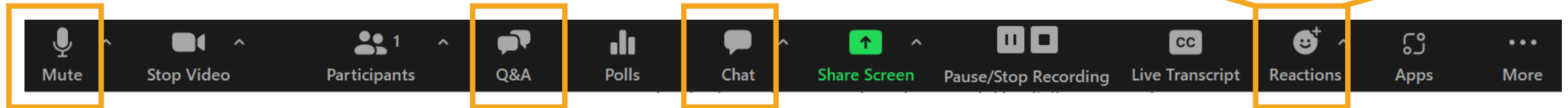
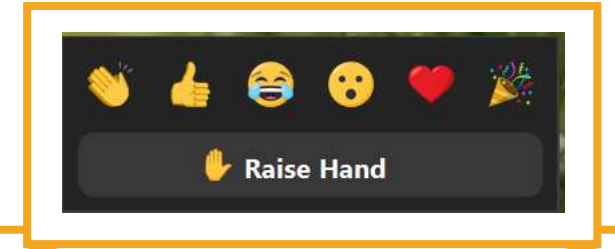


Lunch 'n' Learn

Health Care Reform: It's not just about healthcare

Special Guest: Russ Ford, PhD Candidate,
McMaster University

Housekeeping



- Microphones are muted by default.
- You may enter questions through the Q&A panel at any time.
- Please use the “chat” function for technical assistance.
- During the Q&A period, you may use the “raise hand” function (under “reactions”), and we’ll unmute you when we call on you.

Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities and our members takes place across what is now called Ontario, on traditional territories of Indigenous people. They have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories, needs, and assets as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding our responsibilities to all who now live on these lands, the land itself, and the resources that make our lives possible.

Today's Guest



Russ Ford

PhD Student, School of Social Work, McMaster University
Former Executive Director, Stonegate CHC and LAMP CHC

The Big Questions

Why so much reform and so little results?

There are no results. Many countries and provinces have undergone similar processes, and there is not one example of where it has improved services to people or improved healthcare in any way.

Why is health care seen as evidence based yet reform agendas are often contrary to evidence?

The reform agenda is rooted in ideology and there is no evidence to support the reform

Why is reform is limited in scope?

The dominant ideologies are neoliberalism and the medical model both deny the existence of social determinants. Healthcare is what doctors and hospitals do.

Is it really about healthcare?

No, it is about power.

What The Survey Told Us...

- 1) You are old. 58% have worked at a CHC/AHAC for nine or more years
 - 2) An increase in the need to build communities (all agreed it is what we do)
 - 3) Strong support for diversity (everyone ranked it high)
 - 4) A large majority believed in providing community space
 - 5) Very divided on civic engagement. Strong opinions on both sides
 - 6) Some Increase in support for the Centre advocating for Centre issues
 - 7) Significant increase in coalition work around public policy
 - 8) Much more willing to take risks
-

What The Survey Told Us...

- 9) Service demands have increased significantly and many are over capacity
 - 10) You Do a lot of evaluation but some of you see it as having less value
 - 11) The populations you serve are more diverse but you always have served a diverse population
 - 12) Efficiency is more important as budgets decline
 - 13) Board functions have not changed but some say boards are more legalistic
 - 14) Most want to increase clinical and non clinical services but more want to increase nonclinical
 - 15) Less contact with the funder by most but more contact with a few
-

What You Told Me - OHT Process Issues

We do not know what the “end state” is. How will we know when we have achieved it?

OHTs work well if the participants had a good previous relationship.

Nothing is being accomplished, but we are doing the work and are at the tables.

Hospital leadership has a big impact on the functionality of the OHT.

The hospital has no interest in equity so the OHT does not address it.

I have no trust in the other members of the OHT.

Will clients see a difference?

How do you create a system without doctors?

OHT has been successful because our team knows each other.

What You Told Me - Ministry/LHIN issues

There is no one to contact to get permission.

Government knows nothing about CHCs other than docs get a salary.

The government's intention is to assimilate First Nation, French language services and services to the Black community.

What You Told Me - CHC issues

This is not our agenda.

This is all about hospital indicators.

Health promotion is what makes us different.

They are going to merge us into a hospital and that will be the end of health promotion.

Why are we producing useless data which only harms us?

Why can't we produce data that does tell our story?

Civic engagement is our highest priority or we do not do that kind of work.

Our lack of advocacy is a big issue. The alliance needs to do more.

We are no longer a sector.

We do not have the same values.

What is the Problem?

❑ Government:

Healthcare costs are soaring.

We must change the way we are working.

We are not integrated.

❑ Bureaucrats:

There is no management of the system. We need more rules and regulations.

❑ OMA: problem.

Doctors must be charge of any changes. Government underfunding is the

Comparative Health Care System Performance Scores

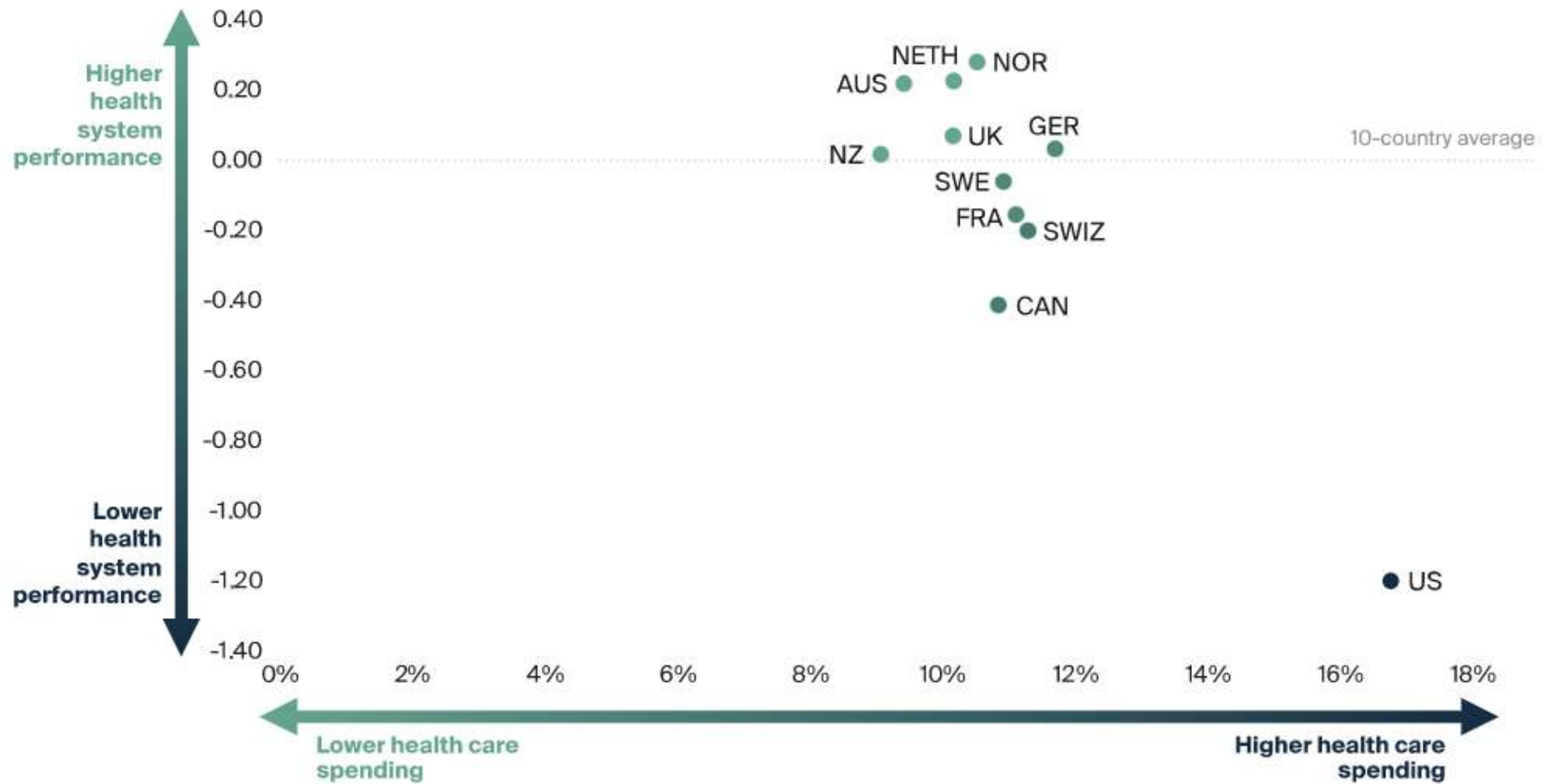


Note: To normalize performance scores across countries, each score is the calculated standard deviation from a 10-country average that excludes the US. See [How We Conducted This Study](#) for more detail.

Data: Commonwealth Fund analysis.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).
<https://doi.org/10.26099/01DV-H208>

Health Care System Performance Compared to Spending



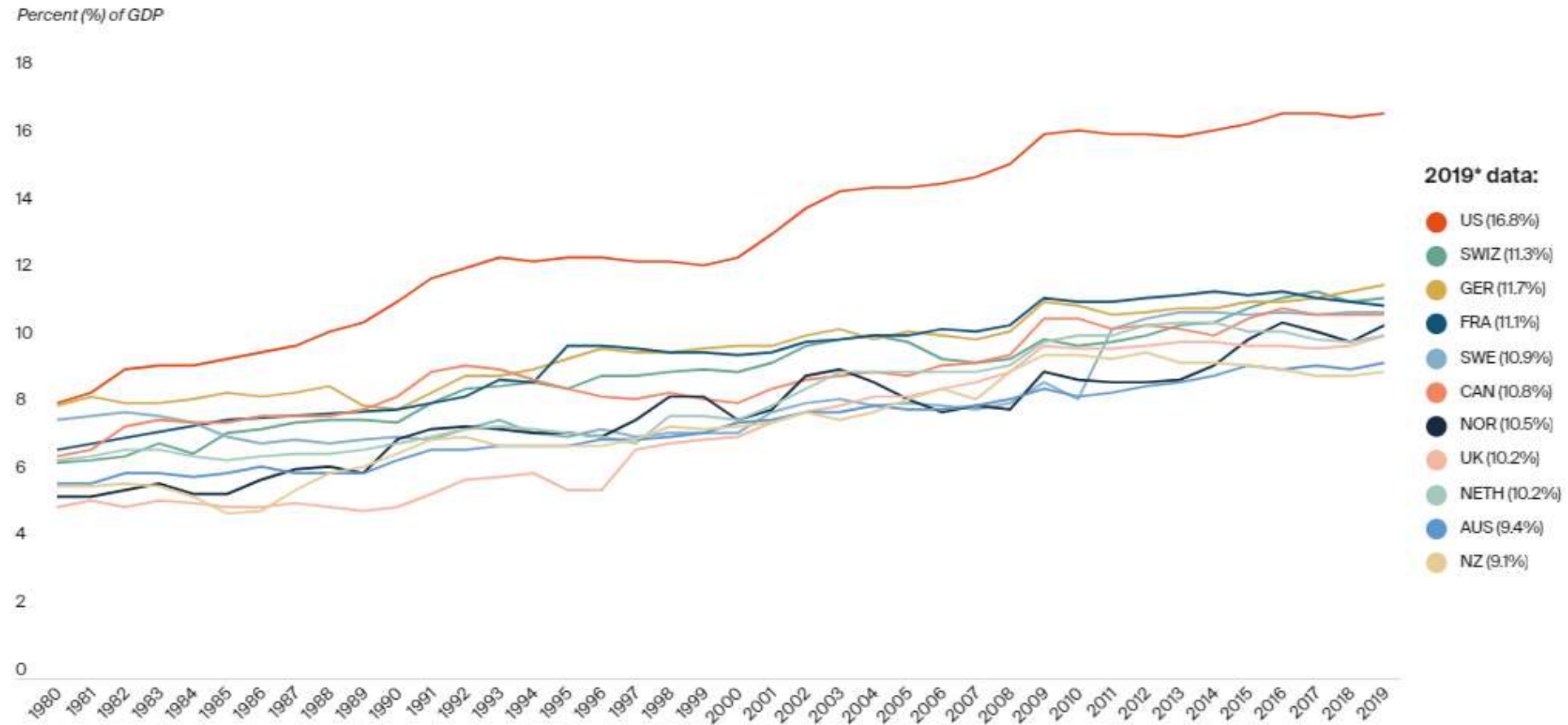
Note: Health care spending as a percent of GDP. Performance scores are based on standard deviation calculated from the 10-country average that excludes the US. See [How We Conducted This Study](#) for more detail.

Data: Spending data are from OECD for the year 2019 (updated in July 2021).

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

<https://doi.org/10.26099/01DV-H208>

Health Care Spending as a Percentage of GDP, 1980–2019



Notes: Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP refers to gross domestic product.

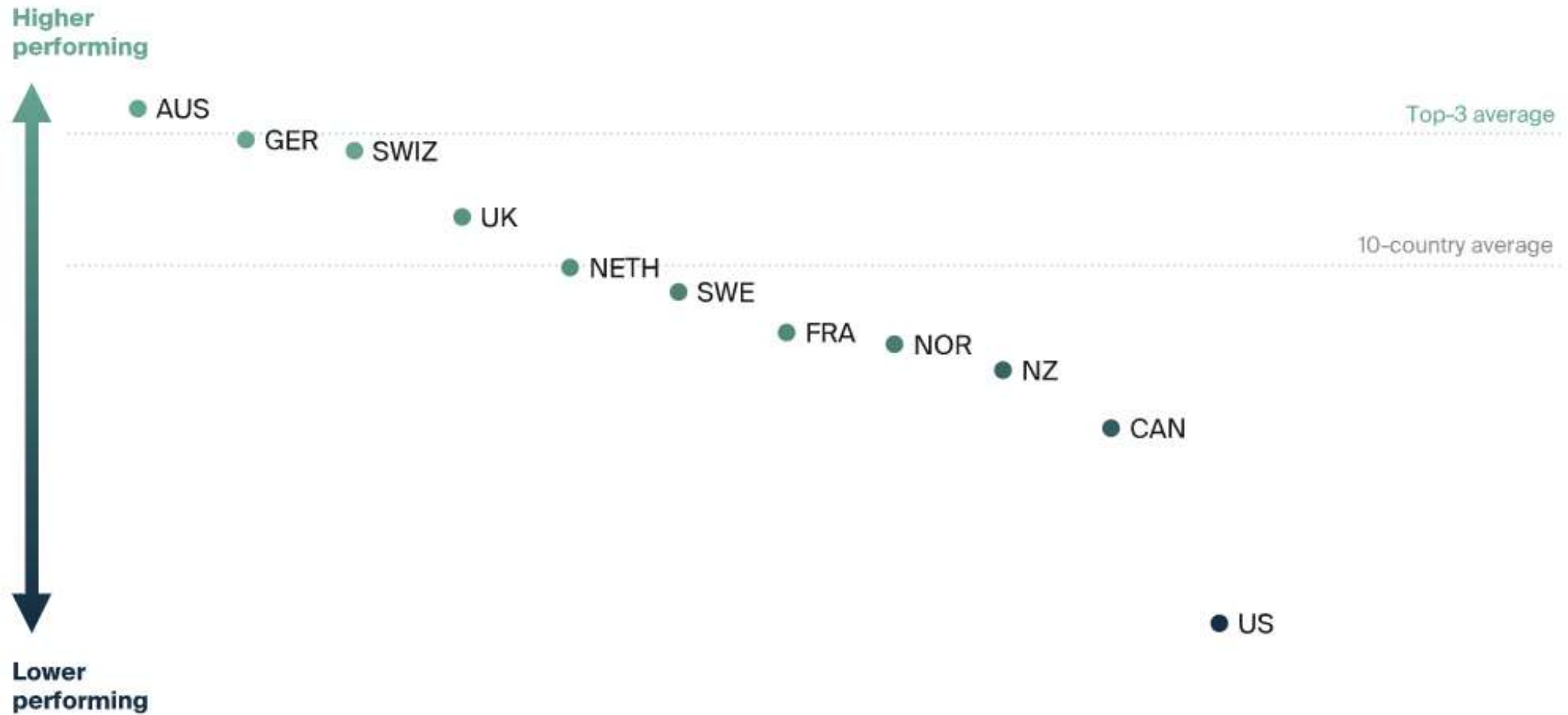
* 2019 data are provisional or estimated for Australia, Canada, and New Zealand.

Data: OECD Health Data, July 2021.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

<https://doi.org/10.26099/01DV-H208>

Health Care System Performance Scores: Equity



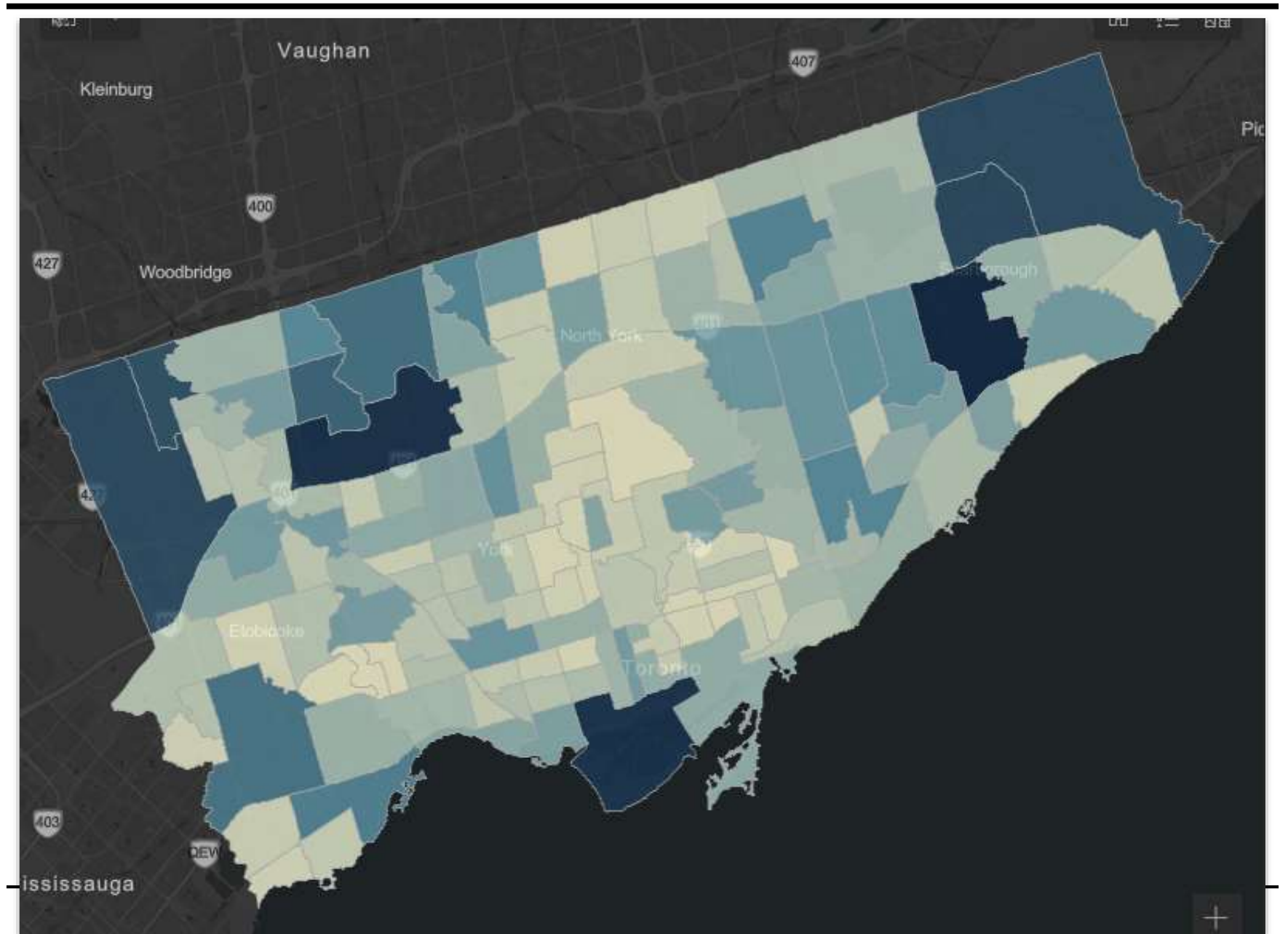
Note: To normalize performance scores across countries, each score is the calculated standard deviation from a 10-country average that excludes the US. See [How We Conducted This Study](#) for more detail.

Data: Commonwealth Fund analysis.

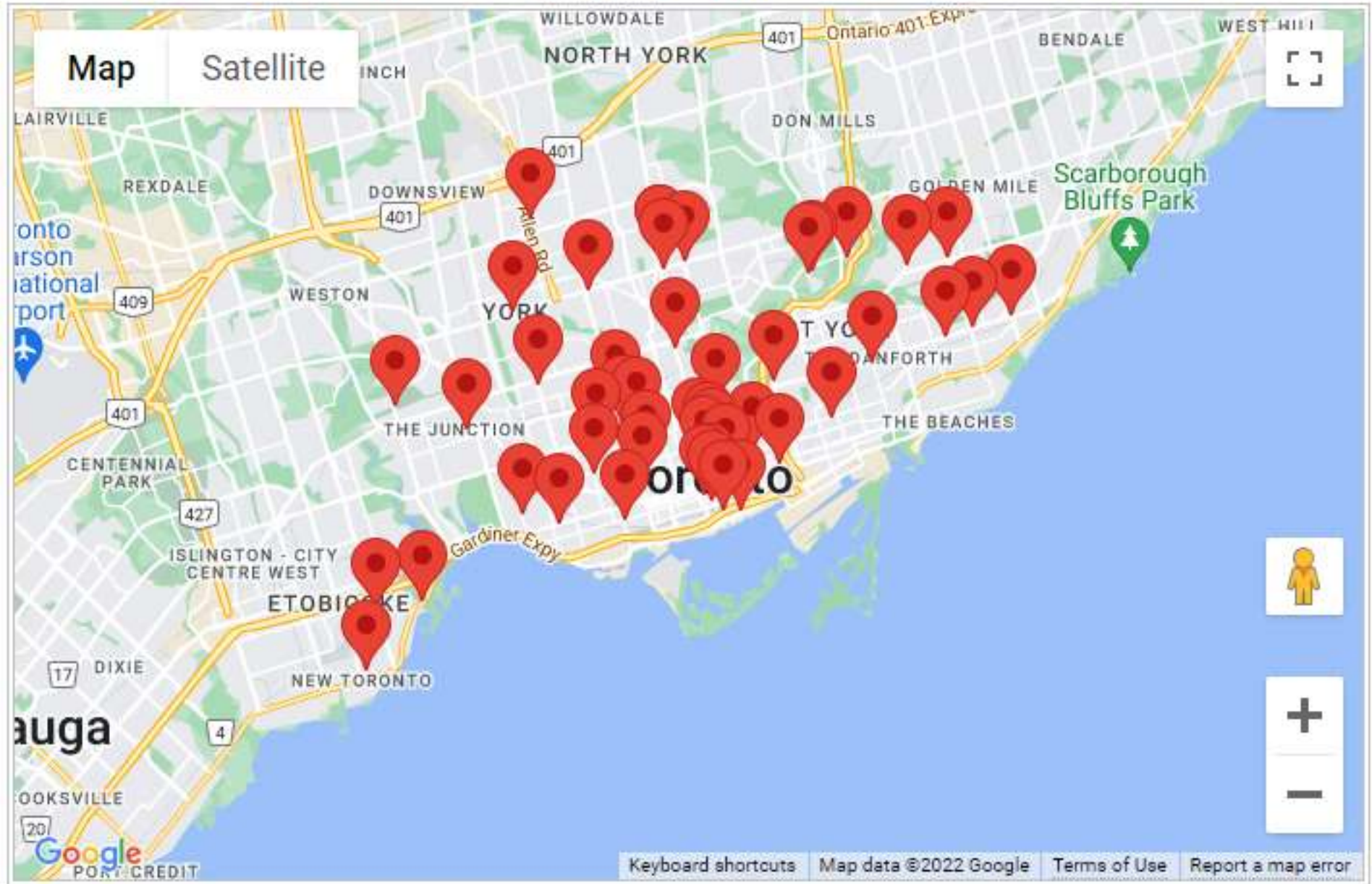
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<https://doi.org/10.26099/01DV-H208>

Toronto COVID-19 Map



DOCTORS - FAMILY AND GENERAL PRACTITIONERS - TORONTO CENTRAL



Questions/Discussion

Please use the raise-hand function to get our attention, and **we'll call on you to ask your** question aloud.

If you prefer, you may type questions into the chat panel and we will moderate them.



Toolkit for Action:

Integrating Health Equity & Community in Ontario Health Teams

Developed for Alliance members and their OHT partners, based on **evidence synthesis and our members' work.**

- ✓ *OHTs: Integrating Health Equity & Community* report: Evidence, rationale and suggested actions.
- ✓ *OHTs: Integrating Health Equity & Community* slide deck: Support for conversations w/ partners
- ✓ *TeamCare Concept Paper*
- ✓ *Principles for French Language Health Services in Ontario Health Teams*





Thank You!