

Remarks to the Standing Committee on Finance and Economic Affairs

London InterCommunity Health Centre

Scott Courtice, Executive Director

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Mr. Chair, members, good afternoon. My name is Scott Courtice and I am the Executive Director of the London InterCommunity Health Centre. We provide comprehensive primary health care and social services to highly marginalized people in our community.

I'm here to provide some thoughts about specific priorities for the 2022 Budget, but first I'd like to set some broader context.

Setting a budget for the province in normal times is an immense challenge; doing so as our province emerges from a global pandemic, even more so. I'd argue that the last time a government in Ontario faced a task of this magnitude was the 22nd Legislative Assembly, which began its session in June of 1945. The War in Europe ended a month before they took their seats, and the War in the Pacific ended two months after. Citizens were tired after making 5-years of sacrifice, and the wartime bills coming due were significant. At this critical time, Governments of all political stripes avoided austerity, and chose to invest in their communities and their citizens.

In Ontario, that first post-war government, led by a Progressive Conservative Premier, upgraded Ontario's electricity grid, modernized roads and highways, and invested in health and education. They built infrastructure, and they invested in people; they laid the foundation for a post-war industrial expansion that brought prosperity to this province for the decades that followed.

As the 42nd Legislative Assembly considers the Budget, I hope you take inspiration from the 22nd and make investments that will create a more equitable and prosperous Ontario for years to come.

I have four priorities that I'd like to share:

Community Health Centre Capital Investments

The London InterCommunity Health Centre opened its first location in 1989, and that facility has not had a significant retrofit since that time. Our facilities are showing their age, and it is increasingly difficult to provide safe and dignified services for the highly marginalized communities that we serve. We are not alone, many of our Community Health Centre colleagues are in similar positions. We have been working with the Ministry of Health Capital Branch to address this situation for close to a decade; the process has been slow, and the availability of funding remains uncertain.

The Government of Ontario makes significant annual capital investments in our hospitals to keep their facilities modern, so they can provide excellent care. We believe it is critically

important to increase investments in community-based health and social services, and to reduce the red tape involved in getting projects approved and built. Until this occurs, we will struggle to provide dignified and high-quality care for the people we serve.

Supportive Housing

We serve many community members who struggle with significant mental health and addictions challenges. People in these situations find it difficult to access safe and appropriate housing that meets their needs. As such, many experience homelessness. The day-to-day challenges and trauma of living unsheltered makes it difficult to prioritize their health and wellness and makes it more difficult for our teams to meet the needs of our clients. We know that “Health is Housing;” we need more supportive housing that couples safe and dignified living spaces with compassionate and supportive health and social services. This is the just and dignified thing to do, but it also helps reduce overall health and social spending elsewhere in the system.

As people stabilize in housing, they can set goals and transform their lives. We are humbled to support people on this journey every day, but we see far too many people who can’t access the housing they need, and it gives me no pleasure to report that the situation is worsening. We applaud the government’s current approach to include Mayors in addressing the housing crisis, but we fear that ‘housing with supports’ has been overlooked. Our Municipalities need more resources to plug this gap. We also believe that the Health Care system itself could play a larger role in offering supportive housing for our most marginalized community members.

Repeal and Replace Bill 124

We appreciate that the government needs to make difficult choices to ensure sustainable finances for the province, but we are deeply concerned that Bill 124 will worsen the Health Human Resources crisis that is being felt in community health organizations. The current legislation should be replaced by more targeted legislation that exempts patient-facing workers at health care organizations, and more funding must be provided to help us attract and retain the people who are critical to providing care to our communities.

In the context of the pandemic, the current legislation is particularly problematic. I’ve seen the sacrifices made by our direct-care providers, firsthand. Their sacrifice goes above and beyond mine, yours, and most Ontarians. Winston Churchill’s quote “Never was so much owed by so many to so few” was meant for WW2 Spitfire pilots but is equally attributable to the health care providers who had our backs during this pandemic.

Their efforts have been heroic, but it has come at a cost; my colleagues are exhausted, their personal health and wellness has suffered, and many are considering leaving their professions altogether. Bill 124 is not a helpful variable in their decision-making. We can’t allow a health human resources crisis to be the legacy of this pandemic, so please consider strategies to avoid

that outcome – repealing and replacing Bill 124 with more targeted legislation would be one opportunity.

Increase Access to Team Based Primary Health Care

We are very excited about the potential for Ontario Health Teams, and building a more integrated and person-centred health care system. As part of that transformation, we believe that more Ontarians deserve access to comprehensive team-based primary care. Team based primary care – a care team made up of doctors, nurse practitioners, nurses, social workers, community workers, dietitians, care coordinators, and others – is especially important for people with complex health and social needs. Unfortunately, not all people who would benefit from team-based care have access to it.

We recommend that the government grow resources within team-based models – Community Health Centres, Nurse Practitioner Led Clinics, and Family Health Teams – and target investments in communities that have citizens with high medical and social complexity, but low access to team-based care. This will result in better health outcomes for individuals, improved population health for communities, and lower overall costs to the health and social care system.

Thank you so much for your time, and best wishes on your deliberations.