

**Board Liaison Alliance for Healthier Communities  
May 2019 Report**

**Alliance for Healthier Communities Annual General Meeting**

We will be required to vote on 4 By Law Resolutions and 6 Policy Resolutions. Please see a brief summary of the resolutions below, the background for each resolution and motions for consideration. I have tried to group those that I felt were more straightforward together but all are for discussion.

**By Law Resolutions**

**Motion: Quest CHC will vote in support of By Law Resolutions 1, 2 and 3 at the June 2019 AGM.**

It is felt that these resolutions do not represent a significant shift in practice, and they provide increase clarity and consistency.

**Resolution 1: Be it resolved that** clause 12.0 be amended to be consistent with the CCA By-law by amending as follows:

12.0 Alliance Representatives to the Canadian Centre for Accreditation Board of Directors

1. The Alliance shall appoint one representative and ~~one member-at-large nominee~~ for a three (3) year terms on the Board of Directors of the Canadian Centre for Accreditation. The appointment and nomination shall be presented to the membership for ratification.

**Background:** Housekeeping change to align Alliance by laws to align a CCA by law change

**Resolution 2: Be it resolved** Clauses 10.2 and 11.6 By-law be amended to delete references to Members-at-large and constituency elections

**Background:** Housekeeping change to align Alliance by laws with changes made last year to the composition of the Alliance Board of Directors

**Resolution 3: Be it resolved that** Clause 11.4 be amended as follows to ensure consistency for both an employee and board member of member centres; and

**Be it further resolved that** Clause 11.4 be amended as follows to require the Directors to be on a Board of Directors of members to be eligible.

**Background:**

Two scenarios were brought forward to the Alliance Board for discussion:

Q. Can an employee who retires or moves on to another job, mid-term on the Alliance Board, be eligible to continue their term?

Board Recommendation:

The Board felt that it was appropriate for the person to remain on the Board for the remainder of the term with the understanding that they remain in good standing with the member that nominated them. They would not be eligible for a second term. This is consistent with Directors of Member Boards whose terms end midterm.

Q. Can a person who is on a committee of a member Board but is not a Director of a Member Board be eligible for the Alliance Board?

Board recommendation:

The Board is recommending that Alliance Board members need to be on a current board to ensure strong connections to issues being discussed at the governance level of Members. Opening this

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door to former Directors or people only on committees may lead into uncertain areas in terms of other potential unforeseen implications.

The Alliance Board is recommending removing this ambiguity from the current by-law.

**Motion: Quest CHC will vote in favour of By Law Resolution 4 at the June 2019 AGM**

**Resolution 4: BE IT RESOLVED** that the By-laws be amended by adding the definition of “rainbow communities” and “LGBTQ” in clause 11.3.1.6 be replaced with “rainbow communities”.

Add a definition:

1.13 “Rainbow communities means inclusive of people from various sexual diversities and gender identities.

**Background:** In February 2019, the Alliance “LGBT Advisory Group” voted to change its name to the “Rainbow Advisory Committee” in order to capture the wide diversities in these communities. Rainbow communities is intended to be inclusive of a multiplicity of “letters” under which people identify; and is inclusive of the sexual diversities and gender identities and the names that are currently being used.

**Policy Resolutions:**

**Motion: Quest CHC will vote in favour of Policy Resolutions 1, 3, 4 and 5**

These policy resolutions are fairly simple or they are consistent with positions already taken by the Quest Board.

**Policy Resolution 1: BE IT RESOLVED** that the Alliance for Healthier Communities endorse the Declaration of Astana on Primary Health Care and encourage our members to submit statements of commitment via an online Commitments Tracker at <http://apps.who.int/primary-health/commitments>

**Background:**

The 1978 Declaration of Alma-Ata was the first international declaration underlining the importance of primary health care to achieve the goal of “health for all” and was subsequently adopted by member countries of the World Health Organization (WHO). The Alliance for Healthier Communities is guided by the Model of Health and Wellbeing with a definition of health based on the Alma-Ata declaration. The Global Conference on Primary Health Care held in October 2018 in Astana, Kazakhstan, has reaffirmed the commitments in the Alma-Ata Declaration and UN member states have ratified a new Declaration of Astana on Primary Health Care. The Declaration of Astana on Primary Health Care includes a vision for primary health care services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed. The Declaration of Astana on Primary Health reflects the vision, values and mission of the Alliance for Healthier Communities. The World Health Organization is inviting organizations to endorse the Declaration of Astana on Primary Health Care and submit statements of commitment.

**Policy Resolution 3: BE IT RESOLVED** that the Alliance for Healthier Communities calls on the Government of Ontario to offer the Ontario Photo Card at no cost for those Ontarians who are receiving Ontario Works, Temporary Care Assistance, the Ontario Disability Support Program or

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Assistance for Children with Severe Disabilities or those who are government-assisted refugees, privately sponsored refugees or blended visa office-referred refugees.

**Background:**

Government-issued photo identification is required for Ontarians to participate fully in society, and is required by individuals to receive basic services such as banking, leasing and rental, passport application and Secure Certificate of Indian Status (SCIS). The Ontario Health Card is not permitted to be used as identification for the majority of instances outside of the health system. Lack of identification is a serious barrier to accessing services for many Ontarians. The Ontario Photo Card provides government-issued identification to those Ontarians without a driver's license. While the cost of the Ontario Photo Card at \$35 may seem low, the cost is still prohibitive for many who face obstacles in being a full participant in their community.

**Policy Recommendation 4: BE IT RESOLVED** that the Alliance call on the PC government to increase the income cut off for the seniors program to the Low Income Measure of \$22,133 for singles and implement the dental care program for low income seniors; and

**BE IT FURTHER RESOLVED** that the Alliance call on the Ontario government to extend the Healthy Smiles Ontario program (or its equivalent) to cover all low income adults, including working poor adults and people receiving Ontario Works, Temporary Care Assistance, the Ontario Disability Support Program or Assistance for Children with Severe Disabilities and people who are government-assisted refugees, privately sponsored refugees or blended visa office-referred refugees.

**Background:** In the 2019 Ontario budget the PC government committed to bring in a comprehensive dental care program for seniors with incomes of \$19,300 or less (or senior couples with combined incomes of less than \$32,300). The resolution lowers the income threshold to allow more low income seniors to be eligible. Further, the resolution recommends expanding Healthy Smiles to other vulnerable groups that cannot afford dental care.

**Policy Resolution 5: BE IT RESOLVED** that the Alliance for Healthier Communities supports the position that Indigenous health care be planned, designed, developed, delivered and evaluated by Indigenous governed organizations, and urges member centres to work in a manner that honours and respects Indigenous voice, leadership and governance frameworks, and that exemplifies authentic allied relationships.

**Background:**

The Alliance is aware that some non-Indigenous member organizations are providing targeted services to Indigenous people and positioning themselves as legitimate Indigenous health care providers. The Executive Leaders Network voted almost unanimously in September 2017 to actions that are aligned with the spirit of Indigenous Health in Indigenous Hands. With the emergence of Ontario Health Teams, this resolution is time sensitive and urgent

**Motion: Quest CHC abstain from voting on Policy Resolution 2 and 6**

These two issues are quite complex and there are a number of components to both of these resolutions. It is felt that the Quest Board has not had adequate time or preparation to fully understand all of the components packed into these two resolutions, have a fulsome discussion and then make a well informed decision.

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**Policy Resolution 2: BE IT RESOLVED** that the Alliance for Healthier Communities immediately call on the Government of Ontario to:

1. Increase training capacity for new long-term care staff, both Nurses and PSWs;
2. Promote and support the new PSW Registry so that it does not fail;
3. Increase care-to-resident staffing ratios to a level that will assure care and safety needs are met;
4. Increase the number of long-term care beds in the system, ensure they are built where they are most needed and maintain or increase the proportion of non profit beds, and plan to meet the increasing future need for long-term care beds; and
5. Increase funding to achieve the above.

**Background:**

Long-term care is in high demand in Ontario with 33,000 people waiting for a bed. According to reports by Health Quality Ontario wait times for long-term care homes (LTC) are getting longer, and vary substantially by region. For people waiting in the community for long-term care the median wait time is 163 days and for people in hospital the median wait time is 109 days

While there have been some overall improvements in care received in long-term care homes in Ontario, there continue to be persistent and substantial differences in the quality of care, depending on where long-term care home residents live.

Overall, 90% of residents in long-term care have some form of cognitive impairment, from dementia and from other causes such as stroke and memory loss. These increasing high needs have significant implications for the support that residents need, and the additional staffing and funding that homes require to provide this support. There is currently a recognized workforce shortage in both long-term care and home care.

According to the Ontario Health Coalition, the current levels of acuity in long-term care mean that regulations should require a minimum average of 4 hours of daily hands-on direct care to prevent harm and improve outcomes. Yet current levels of staffing have dropped to 2.71 hours per resident per day.

The 2015 report of the Ontario Auditor General noted that Ontario does not require a minimum ratio of front-line staff to residents, and that “inadequate staffing” was the primary reason given by LTC home administrators for their inability to achieve compliance when inspected. The new Personal Support Worker (PSW) Registry launched in 2018 will help address this problem by providing oversight of the PSW workforce and ensuring they meet the eligibility requirements to provide safe and competent care.

The Ontario government has promised to build 15,000 new LTC beds over five years, and a total of 30,000 beds over ten years. AdvantAge Ontario in their 2019 budget submission notes that the waitlist is projected to reach 48,000 by 2021. They call for the Province to build new LTC beds in communities where they are most needed, and to reflect consumer choice by maintaining or increasing the proportion of charitable, municipal and other nonprofit beds in the system. A recent report from the Ontario Long-Term Care Association calls for a range of innovative models of care which would all require: continuous financial support; additional staff

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to support implementation or special programming; the right environment; and a true continuum of care that will allow seniors to seamlessly transition from home to retirement to assisted living, and finally into long-term care.

**Thoughts:** There are some clearly positive recommendations that we could support but there are some components where insufficient information is provided e.g. investment in the PSW registry will improve care or address “inadequate staffing”, the ratio of non profit LTC homes versus for profit needs to be greater, building more than 30,000 new beds will resolve the issue versus new innovative models of care, etc.

**Policy Resolution 6: BE IT RESOLVED** that the Alliance for Healthier Communities recognizes the urgency to address the drug overdose crisis, understands the negative impact of criminalization, and commits to helping member centres and communities better understand more compassionate and effective responses to these issues.

**BE IT FURTHER RESOLVED** that the Alliance for Healthier Communities calls for the decriminalization of possession of illicit drugs for personal use, along with anti-stigma education, access to treatment and the distribution of a safe regulated drug supply, as essential to keeping people who use drugs alive, healthy and free from stigma, discrimination and incarceration – and to enabling their choice and autonomy to lead stable and meaningful lives.

**Background:** The laws criminalizing drugs have not resulted in decreased use. In fact, the criminalization of drugs in Canada has caused serious harm, particularly for our most vulnerable populations. Many health organizations and experts in Canada and around the world are now calling for the decriminalization of illicit drugs, as well as strategies to reduce harm and address the social conditions underlying problem substance use. Efforts that focus on the social determinants of health, harm reduction, safe drug supplies and access to effective treatment have proven to be more effective.

**Thoughts:** The Quest Board has supported a harm reduction approach and supervised consumption sites but has not had a fulsome discussion of policies such as decriminalization of possession of illicit drugs for personal use or distribution of a safe regulated drug supply.