

Equitable Access to Good Health and Health Care for Uninsured Residents

A Submission to The Toronto Board of Health

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The Wellesley Institute engages in research, policy and community mobilization to advance population health.

Copies of this report can be downloaded from www.wellesleyinstitute.com.

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Equitable Access to Good Health and Health Care for Uninsured Residents

The Wellesley Institute is an independent non-partisan research and policy institute that focuses on population health and health disparities. We appreciate the opportunity to present to the Board's consideration of health care for uninsured residents of Toronto. Uninsured populations currently face serious and damaging barriers to good health and access to health care. But these barriers and their inequitable health impact can be addressed through better policy. I will speak to the excellent staff report and outline what policy and program changes are needed to ensure equitable access to good health and health care for all in Toronto, including our most marginalized populations such as the uninsured.

The Wellesley Institute recommends:

1. That the Board approve the staff report and forward it to Council.
2. The Report's recommendations include working with local, provincial and federal governments to address the access barriers identified and advocate for the changes proposed. TPH can undertake this collaboration from a position of considerable strength; being widely recognized as a research-based, credible and influential champion for population health. TPH should monitor relevant policy changes and debate and proactively ensure that its strong population health approach is influential in ongoing policy development regarding immigrant health.
3. Toronto Public Health has a long and effective history of local health leadership and collaboration. It should build on this tradition by continuing to work in ground-level front-line service innovations and local coordinating networks to improve care for uninsured residents. It should also collaborate with LHINs, service providers, researchers and appropriate networks to monitor the health of uninsured populations, assess the impact of policy and program changes made to improve access to health care, and identify service gaps and access barriers. Staff should report to the Board as appropriate.
4. Senior staff should also work with public health leaders across the province and country, both to help develop creative local solutions to challenges uninsured face in different communities and to forge a strong public health voice on the systemic policy changes needed to ensure health equity for all, including the uninsured.

The Challenge

Health inequities are complex policy challenges. Many dynamic and interacting factors underlie the systemic health inequities faced by populations such as the uninsured, action to address these causes and their consequences has to be taken across many sectors, and solutions will involve concerted responses from all levels of government. But that doesn't mean that poorer health for marginalized populations such as the uninsured is inevitable: policy, program and community-level action can make a huge difference – and you have been hearing today from providers about innovative service initiatives that are doing just that.

First of all, we need to understand the nature of the problem:

- You have heard from Professor Hynie on the ground-breaking research she and colleagues have been doing demonstrating:
 - the mental health crises, injuries and other serious problems that bring uninsured people to hospital emergency departments;
 - the uninsured are more likely to be seriously ill when they present;
 - the inequitable care they receive – the uninsured are more than twice as likely to leave without receiving care.
- You have also heard from Dr Caulford, and from other physicians, midwives, Community Health Centres, researchers and other providers of many examples of the human costs of these systemic inequities in people they see everyday. At the same time, these expert witnesses have demonstrated how committed front-line service providers can make a huge difference through the many innovative services that have been developed locally.
- And you have the comprehensive staff report reviewing available evidence, outlining the underlying causes and drivers of the inequitable health faced by uninsured residents, and identifying particularly vulnerable groups such as women giving birth without adequate pre-natal care, children, people facing mental health challenges, those requiring emergency or urgent care, those with chronic conditions that will worsen without adequate care, and people with communicable diseases.

The challenge in addressing complex problems is identifying what needs to be changes, the most effective directions or pathways for change and the key policy levers and program investments needed to move along those pathways of change. That is the focus of this presentation. I will outline policy action needed to:

- reduce the number of people denied health insurance;
- address the adverse impact of key policy and program barriers, such as fees charged to uninsured people for care and federal cuts to refugee health care;
- improve access to health care for uninsured residents by enhancing the many innovative front-line programs working so well and by addressing system bottlenecks and coordination issues.

Policy Solutions

The main challenge for the Board of Health and for the City is that they do not control all the policy levers that can drive the necessary changes. The following will set out some areas where direct policy or program action at a municipal level can improve the health of uninsured residents and other areas where Toronto Public Health and other agencies can work with local, LHIN, provincial and federal colleagues towards the necessary policy changes.

Create Equitable and Effective Policies

The City has already made a crucial contribution in its move towards Access Without Fear policies for undocumented immigrants; proactively implementing this policy across all city programs will concretely demonstrate a crucial direction others can follow.

The Wellesley Institute:

supports the staff Report's second recommendations to work with health sector colleagues and authorities to ensure Access Without Fear policies are consistently in place.

This will require strong institutional commitment, training and support for front-line service providers, and proactive engagement with uninsured communities.

Address Inequitable Policies

Toronto Public Health has a long history of bringing an evidence-based, credible and respected voice to policy development and advocating for complex policy changes with other levels of government. It should work towards the following.

At a federal level:

- Researchers, policy experts and providers predicted adverse and inequitable consequences on refugees when federal cuts to the Interim Federal Health program were announced, and providers have been seeing these consequences in their practices. These cuts should be rescinded. Most immediately, Citizenship and Immigration Canada should work with providers and experts to mitigate the arbitrary and inequitable way in which IFH program is being administered.
- More generally, the increasingly harsh treatment of refugees and immigrants should be improved. The federal government should move to regularize the status and treatment of undocumented immigrants.

At the provincial level:

- The Province should commit, as other provinces have done, to ensuring that refugees no longer supported by IFHP are not denied care. The Province will need to pick up the costs of delayed care and untreated conditions eventually. It is better to proactively provide timely and accessible care so that chronic conditions do not unnecessarily deteriorate and avoidable serious conditions are prevented. More specifically, babies born to refugees will have OHIP: inadequate prenatal care could lead to poorer outcomes and increased short and long-term costs for those children. Policy and program mechanisms to ensure this access have been discussed earlier.
- The province also has direct responsibility for one of the most significant barriers to accessing health care facing immigrants: the three month wait for OHIP eligibility. This should be rescinded.

To these ends, the Wellesley Institute:

endorses the Report's third and fourth recommendations.

The Report's recommendations include working with local, provincial and federal governments to address the access barriers identified and advocate for the changes proposed. TPH can undertake this collaboration from a position of considerable strength; being widely recognized as a research-based,

credible and influential champion for population health. TPH should monitor relevant policy changes and debate and proactively ensure that its strong population health approach is influential in ongoing policy development regarding immigrant health.

Senior staff should also work with public health leaders across the province and country, both to help develop creative local solutions to challenges uninsured face in different communities and to forge a strong public health voice on the systemic policy changes needed to ensure health equity for all, including the uninsured.

Build on What Is Working

The Scarborough Volunteer Clinic, the west-end clinic established by CHCs, the many services CHCs provide and coordinate for uninsured clients, midwifery practices, specialist clinics such as that at Women’s College Hospital and many other front-line providers have provided vital care to uninsured people. The fact that these ‘work-arounds’ have had to be developed is an indication of serious gaps in the existing system and poor health policy in the first place. But a vital principle of good policy development is to recognize and build on what is working.

What needs to be done is to:

- Increase the dedicated provincial funding currently available to CHCs so that more clients can be seen and a greater proportion of their continuum of needed services can be covered. This means expanding services that the CHCs can fund out of this envelope beyond diagnostic and specialist services to include all available and necessary services.
- Similarly, increase funding to midwifery practices so that they too can fund and coordinate all necessary testing and supplementary services their clients need.
- Establish dedicated provincial funding for specialized clinics seeing uninsured and refugee clients to enhance the stability and comprehensiveness of the services they are able to provide.

The Wellesley Institute:

endorses the staff Report’s recommendation 1. a-d to this end.

Toronto Public Health has a long and effective history of local health leadership and collaboration, including supporting the Scarborough Clinic and other innovative programs. It should build on this tradition by continuing to work in ground-level front-line service innovations with CHCs, other providers and local coordinating networks to improve care for uninsured residents. It should also collaborate with LHINs, service providers, researchers and appropriate networks to monitor the health of uninsured populations, assess the impact of policy and program changes made to improve access to health care, and identify service gaps and access barriers.

TPH may need to expand its preventative work regarding TB and other communicable diseases if federal cuts to the IFH program for refugees results in access gaps and increased risk for refugees. TPH should proactively monitor the impact of the IFH cuts on local refugee populations and work with local providers and researchers to mitigate any adverse health consequences that result.

Fix System Bottlenecks

You have heard evidence of serious problems within the health care system:

- people without insurance have very little access to primary care, except for those who are CHC clients;
- access to primary and preventative for many categories of refugees will worsen under recent federal changes;
- when health conditions arise or deteriorate and uninsured people have to go to hospitals, they face discriminatory and poorer treatment, demands for payment which they may not be able to afford, and worse outcomes;
- the fees charged and the services that hospitals may or may not cover varies greatly and front-line providers have to spend an inordinate amount of time scrambling to coordinate or obtain care for uninsured people.

The staff Report recommends (1. e) that a centralized compassionate fund be established to prevent high hospital bills that can have a devastating impact on people for years. This would also need to be accompanied by a shift in hospital thinking so that the uninsured are no longer seen as a source of revenue generation, but as a particularly vulnerable population who require care. The Report's recommendation (1. f) on developing more transparent, consistent and equitable procedures, including a standardized fee schedule similar to OPHIP and eliminating registration or facility fees would help to drive such a shift.

The Wellesley Institute:

endorses the staff Report's recommendation 1. e and f.

Toronto Central LHIN has established more consistent protocols to streamline referrals and treatment for CHC clients within hospitals. It has also established working groups to explore how to improve access to care for particularly vulnerable groups or conditions, including reproductive care. This work should be resumed with urgency. More generally, the Province and LHINs should work with hospitals to ensure that hospital fees are never a barrier to access to appropriate care for the uninsured.

TPH should continue to work with the Women's College Network and other forums to plan and coordinate local initiatives for uninsured health.

Monitor Impact

The Ministry of Health and Long-Term Care, LHINs, providers, researchers and other experts should collaborate to ensure that more comprehensive and accurate information is collected on the health of

uninsured people and the care they receive. For example, Toronto Central LHIN hospitals are collecting more social determinant of health-type information from patients; this should be extended and amplified for uninsured patients. We need to be able to better assess gaps in access to services and monitor progress as the various recommended initiatives and improvements are implemented.

More specifically, health care providers have developed an instrument to record and track adverse health consequences for patients they see (available at <http://www.doctorsforrefugeecare.ca/further-reading-survey.html>). This is meant to be a means of monitoring, assessing and demonstrating the scope of the problems that will arise from the federal cuts to refugee health care. The Ministry and LHINs should enable hospitals and other providers to document adverse cases - using the established instrument - and to track and document additional costs they incur in serving refugee patients.

Toronto Public health should collaborate with LHINs, providers and other system stakeholders to collect and analyze the necessary information to monitor and improve the health of uninsured residents.