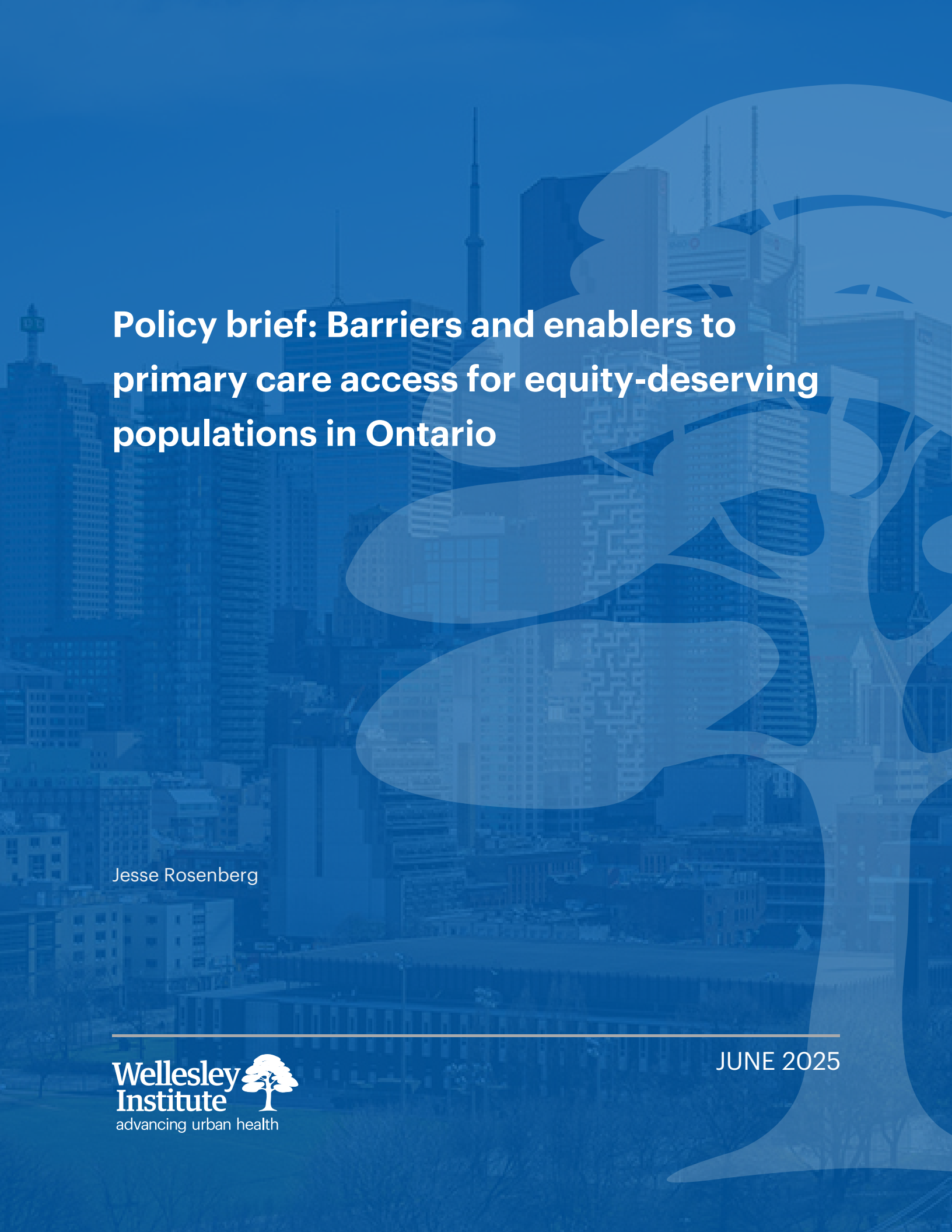

Policy brief: Barriers and enablers to primary care access for equity-deserving populations in Ontario

Jesse Rosenberg

Wellesley Institute
advancing urban health

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Wellesley Institute advances population health and reduces health inequities by driving change on the social determinants of health through applied research, effective policy solutions, knowledge mobilization and innovation.

About this document

This policy brief reflects the findings in the research report by Wellesley Institute entitled "A qualitative study of the barriers and enablers to primary care access for equity-deserving populations in Ontario."

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Authors

Jesse Rosenberg, JD

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Acknowledgment of Traditional Land

We wish to acknowledge this land on which Wellesley Institute operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

201 Gerrard St. E.
Toronto, ON M5A 2E7

wellesleyinstitute.com

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Introduction

Primary care is the foundation of Ontario's healthcare system and a key entry-point into other parts of the system for patients. Primary care services are delivered in community settings by many different types of providers supporting a range of needs, including prevention, chronic disease and prenatal care[1].

In Ontario, 2.5 million people do not have a family doctor[2]. Newcomers, refugees and those living in the poorest neighbourhoods and the neighbourhoods with the most racialized residents are even worse off than others[3,4]. Equity-deserving populations in particular may face barriers to access or poor quality of care, in addition to inequities in health outcomes[5].

Solving this crisis requires more than simply being connected (attached) to a healthcare provider[6]. Healthcare access is determined by numerous factors, including location and availability of services, the attitudes and skills of providers, past healthcare experiences, and perceived quality of care. Safe and effective patient experience is also necessary for the system to improve health and health equity[7]. Advancing all of these factors is essential to what the healthcare system's goal should be: healthy primary care access.

In recent research work, Wellesley Institute reviewed research on barriers and facilitators to primary care for equity-deserving populations in Ontario to better understand how to improve access[8]. That work also examined the lived experiences of communities that are under-represented, including racialized and 2SLGBTQ+ communities.

For consideration, we provide initial recommendations below. These recommendations are intended to advance primary care attachment as the province begins to roll out its new team-based care model across the province.

Recommendations

Our healthcare system is fragmented, making it difficult for Ontarians to navigate. By taking action that ensures patients with the largest barriers to achieving healthy access are helped, everyone in Ontario will be able to receive the right care in the right place at the right time.

Recommendation 1: New primary care teams

As the government has wisely committed, finding enough primary healthcare providers to ensure everyone in Ontario is attached is a necessary first step.

Recommendation 2: Improved equitable geography

Equity should be considered in the roll-out of these new primary care teams.

The government's decision to advance primary care by postal code is a proxy for need, but racialization, income, and newcomer status should also be considered as part of the selection process. If the needs of these groups are ignored, the program will not meet its goals.

Future rounds of new teams should factor in these particular needs in selecting which areas of the province to next build in. This should include considering what already exists for different groups in communities across the province, and how equitable access can be best supported, including different models and, possibly, virtual care.

Recommendation 3: Who new teams are

Who those teams are – their diversity and their commitments to equity – offers another opportunity to ensure groups most in need of access do not fall further behind. Based on Wellesley Institute research, we recommend the requests for interest for new primary care teams include factors such as community engagement, representation of local communities in the staff of the prospective providers, commitment to include multicultural workers on their teams, and the ability of those providers to offer services in languages needed by local communities. This should include consideration of the providers' proposed commitments to equity-focused frameworks such as anti-discrimination, anti-Black racism, gender-affirming, and others, where relevant, to their communities.

Our research has indicated that models such as Community Health Centres are well-positioned to provide excellent care in underserved communities and in areas with significant representation of equity-deserving communities. Particular consideration should be given to ensuring that Community Health Centres or other team-based models with especially strong plans for engaging community and other community services are

prioritized for the areas identified under the preceding recommendation.

Recommendation 4: Health equity impact assessments

Health equity for providers must be a cycle of thoughtful external engagement and internal review that drives change to build the health system we all want. To ensure our new primary care teams can meet this promise, the process to select the new health teams should require health equity impact assessments in advance. Those teams, once selected, should be required to regularly and meaningfully update and make public these assessments – with an emphasis on action.

Recommendation 5: Travel barriers

Our research indicated travel can be a significant barrier to care. Locations that reduce travel barriers for equity-deserving communities in the catchment areas should be taken into account in evaluating applications.

Recommendation 6: Opportunity for new, world-class approaches

These new primary care teams represent a significant new investment in Ontario's healthcare system. Unfortunately, they will be joining a system that is fragmented and difficult to navigate. We urge the government of Ontario to seize on the opportunity to make this network of new providers a model for the change in the rest of the system that could deliver fairness, and the enormous systemic benefits of health equity.

To that end, we urge the government to consider putting in place new approaches that leap beyond the issues of the past, and that the rest of the primary care system could join in coming years.

In particular, the government should consider putting in place new approaches around:

1. **Translation**. There is an opportunity here to pilot a new province-wide translation model that ensures providers' time is used wisely and that those accessing the system are not harmed by poor translation. Poor care due to translation issues worsens health and costs the system down the line through repeat visits and emergency or tertiary care that could have been avoided.
2. **Booking**. Differing policies and approaches, provider by provider, make the system difficult to navigate and waste provider time and money. The government should consider putting in place a central system for these new providers that eases access and reduces red tape and expensive missed appointments. This should include ensuring unnecessary fees around booking and penalties for cancellation are eliminated.

3. **Training for equitable care**. These new providers offer an opportunity to get professional development right. We must ensure providers are equipped to efficiently and effectively work with the communities they serve. This training should educate providers about the impacts of the social determinants of health on access, quality of care and health outcomes. It should ensure providers have the skills, tools and procedures in place to offer equitable care to the populations they serve. The Ministry of Health, Ontario Health, Ontario Health Teams, and these providers should work together to ensure additional supports are in place that mean healthcare teams can provide equitable access and outcomes.

   Ontario can become a model for reform to the world by launching a process of community and professional engagement, then delivering a system that prepares and continues to aid workers at these new clinics to help their patients how they need to be helped.

4. **Community engagement**. To supplement the Health Equity Impact Assessments proposed above, the government should develop and implement a new model for community engagement that brings the people of Ontario into their system. Providers and patients alike will benefit from the partnership this would bring to these new teams and their communities.

Other opportunities for improved systems that our research also raised might include addressing electronic health records (access, simplicity, and transfers) and referrals.

Finally, these new teams will be taking on a significant number of new patients who desperately need primary care attachment. For that attachment to maximally benefit them, their access to the social determinants of health should be considered. The best global thinking on how our health system (and specifically these new clinics) can help ensure these patients can access what they need, including healthy jobs, housing and transportation, should be considered.

Ontario is taking the right next step in healthcare by moving to deliver primary care access for all. By taking into account the needs of everyone in Ontario, we have an incredible opportunity to improve our healthcare system, save lives, and deliver on the promise of fairness for all.

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201 Gerrard St. E.
Toronto, ON M5A 2E7

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