The Nova Scotia Citizens Health Care Network

Medicare.. Need NOT Greed!

Notes For A Presentation

On

The Role Of Community Health Centres In Public Health Care

By

Ian Johnson
Vice-Chairperson
Nova Scotia Citizens' Health Care Network

For

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Put the Heart Back in Medicare - Keep Profits Out!
c/o 3600 Windsor St. Hfx NS. B3K 5G8 (902) 455-9164, fax 455-0400
email:healthnetwork@hfx.eastlink.ca, website: ns-medicare.tripod.com

Introduction

- Thanks and appreciate this opportunity to talk with you about a long-standing topic of interest to me, namely, the role of community health centres in public health care.

- This topic is of interest to me as an activist:
    - Almost 30 years of being involved in community health centres in Saskatchewan and Nova Scotia
    - Almost 23 years of being involved with health coalitions: Canadian Health Coalition, Health Coalition of Nova Scotia, Health Action Coalition, Nova Scotia Citizens Health Care Network

- Also as a policy analyst/researcher:
    - 7 years as the Researcher with the Nova Scotia NDP Caucus
    - 4 years as Senior Policy Analyst with the former Nova Scotia Provincial Health Council
    - 10 years as Policy Analyst/Researcher with the Nova Scotia Government and General Employees Union (my current job). The NSGEU has 24,000 members in the broader public sector covering health care, civil service and trade union groups.

- Also in a limited way from an academic perspective:
    - Research paper on the history of community clinics in Saskatchewan for a course and for the IRDC in 1976
    - My Master's thesis on self-diagnosis of learning needs by board members of a community health centre while working on a MCEd at the University of Saskatchewan from 1974-1976
    - Research for the Nova Scotia Office of the Canadian Centre for Policy Alternatives

- I want to be clear about my biases from the outset. I am firmly committed to a strong and viable health care system that is publicly funded and delivered. I also firmly believe in the protection and enhancement of this system. At the same time, I am not saying that everything is fine with the present system. In my view, there are long overdue changes that are needed.

Two Significant Anniversaries in 2002

- the fortieth (40^{th}) anniversary of the establishment of Medicare in Saskatchewan

- the thirtieth (30^{th}) anniversary of the release of a national report on community health centers entitled The Community Health Centre in Canada (or simply, the Hastings Report).

- The first anniversary is significant not only for its pivotal role in setting up Medicare across the country but also for the important role of community health centers (community clinics) in achieving Medicare against strong opposition from organized medicine in Canada and the U.S.

- The second anniversary is significant due its vision for the role and contribution of community health centers in Canada.

- The Hastings Report was actually the final report of the Community Health Center Project Committee was actually commissioned by the then Minister of National Health and Welfare on behalf of all Ministers of Health in Canada.

- Its principal recommendations were that there be a significant number of community health centers as "non-profit corporate bodies in a fully integrated health services system", "the immediate and purposeful re-organization and integration of all health services into a health services system…", and the initiation of dialogue by provincial governments with health professions and health service bodies about how "…to plan, budget, implement, coordinate and evaluate this system".

- The Committee went on to summarize its recommendations and conclusions with this statement (and remember this was 1972): "In summary, community health centers are increasingly seen as an important means for slowing the rate of increase in the cost of health services and for more fully reflecting the objectives, priorities and relationships which society wishes to establish for health care in the future."

Key Characteristics

- In its simplest terms, a CHC is an autonomous, not-for-profit, community-based health facility whose purpose is to act as a community resource to assist communities, community residents and other possible users achieve and maintain health.

- Distinguishing characteristics of a CHC seem to be the following:

    - It is operated and controlled by a non-profit community organization.

    - It is oriented to serving and working with an identifiable local community or neighbourhood whose residents have a sense of belonging.

    - It focuses on community well-being and provides appropriate services as defined by the community.

    - It provides a wide range of primary health care services with a particular emphasis on prevention, health promotion, health education, advocacy and community development e.g. prenatal care, well baby/child care, diabetes program, community nutrition, social work/advocate, nurse practitioners, shared mental health, addiction prevention and treatment services

    - It uses multidisciplinary teams in the delivery of services.

    - All staff including physicians is paid by salary, not fee-for-service.

    - It improves accessibility to health services for the community or neighbourhood it serves.

History and Development of Community Health Centres

- Public participation or consumer sponsorship of health facilities and services has a long and rich history internationally, across Canada and in Nova Scotia itself. They have included voluntary health agencies and charities, mental health programs, well-women clinics, women's centres, hospital foundations and auxiliaries, and of course, community health centres to name a few.

- According to the Canadian Association of Community Health Centre Associations , there are at least 250 community health centers (CHCs) across Canada including the CSLCs in Quebec and Aboriginal Health Access Centres.

- The Co-operatives Secretariat of the federal government has estimated only 7 CHCs organized as health care co-operatives, mostly in Saskatchewan

- Community health centers in Canada have generally been organized in response to a crisis or to meet a recognized need. Important precedents have included co-operative group practice clinics and neighbourhood health centres in the U.S., labour-sponsored programs, aboriginal and immigrant services and the co-operative movement in Canada.

CHCs Across Canada

- Community clinics were organized in Saskatchewan during the Medicare crisis of 1962. After a bitterly fought provincial election in 1960, the Saskatchewan Medical Care Insurance Act was passed by the provincial Legislature in November 1961. By January 1962, the established medical profession began to show its resistance to this legislation. Groups of citizens began to meet in various locations to consider what should be done in view of the opposition from the medical profession. The idea of health facilities operated jointly by citizens and health providers began to be discussed. The plan took effect on July 1 and most doctors in Saskatchewan withdrew their normal services until their strike was settled with the Saskatoon Agreement on July 23. While only a few community clinics opened during the strike, a total of thirty-six (36) associations joined a provincial association of community clinics by March 1963. Today, only five (5) of these clinics are still functioning.

- In other provinces, provincial government support and leadership has been important in fostering the growth of community health centers. Quebec's Castonguay-Nepveu reports 1969-71 initiated broad legislative and administrative reform of health and social services including the establishment of 160 neighbourhood CSLCs. After issuing a white paper on health policy, the Manitoba government passed legislation in the early 1970's providing a legal mechanism for 6 CHCs to open in both urban and rural areas. About the same time, the B.C. government set up a CHC development group and funded five centers as pilot projects, one urban and four rural. Even with a change in government and a rigorous evaluation, four of the centres have continued to operate.

- In Ontario, community health centres date back to the early 1970s. After extensive public pressure and extensive reviews such as the 1982 Task Force to Review Primary Health Care, there were until last year sixty-eight (68) community health centres represented by the Association of Ontario Health Centres: fifty-six (56) CHCs, ten (10) Aboriginal Health Access Centres (AHAC) and two (2) Community-Governed Primary Health Services (CHSO), all of which are funded through the Ministry of Health and Long-Term Care. Co-operative health centres have been set up in several provinces. In November 2005, the Ontario Government announced it was committed to 22 new CHCs and 17 satellites. In July of this year, the Government announced the sponsoring organizations for 4 new CHCs and 8 new satellite clinics.

CHCs in Nova Scotia

- In Nova Scotia, there are currently eight (9) CHCs

- The oldest of them is the North End Community Health Centre which goes back to 1971 when a group of residents met to discuss how to address inadequate health services in the community.

- Other CHCs include the Hants Shore Community Health Centre, the Havre Boucher and District Community Health Centre, the Dr. W.B. Kingston Memorial Clinic, the Eskasoni Community Health Centre, the North Queens Medical Centre Association, the Hants North Medical Association, the Bear River and Area Community Health Clinic and the Noel/Rawdon Hills/Kennetcook Communty Health Centre.

- There is no legislative framework or funding mechanism for CHCs. Only two of them have continuous funding. After January 1, 2001 when the *Health Authorities Act* took effect, they have been required to deal with the relevant District Health Authority rather than directly with the Department of Health for funding. The other CHCs rely on fee-for-service income, occasional grants and extensive volunteer efforts to be able to operate.

- In addition to these CHCs that are affiliated to the Federation of Community Health Centres of Nova Scotia, there are several former hospitals that are called or in various stages of becoming a CHC since budget cuts of the mid 1990's. One of the most interesting of these centres is the Eastern Kings Memorial Community Health Centre which is working closely with its District Health Authority and its local Community Health Board.

- There have been numerous recommendations about the development of CHCs in Nova Scotia. For example, the Nova Scotia Co-operatives Council recommended to the Nova Scotia Royal Commission on Health Care in 1988 from its 1987 brief to the Government of Nova Scotia that the number of community health centers in Nova Scotia be doubled over the next five years using co-op expertise and a new funding system "…to put the new health centers on a sound economic footing". In 1993, a senior official within the Nova Scotia Department of Health recommended "That the Government of Nova Scotia commits to the development of community health centers and that this commitment be expressed through support and assistance for the development and enhancement of community health centers in the province."

- In 1994, the Department proposed for discussion purposes that CHCs become Community Health Boards with responsibility for primary health care planning, funding, coordination, delivery and management. However, the response was so strongly negative that this proposal was dropped very quickly. Still more recently, in 2001, the Department itself reported that it "…has become aware of an increasing interest on the part of some communities to explore new primary care delivery models, and particularly, Community Health Centres (CHCs)". It also stated that it is committed to "…the development and implementation of a responsive and integrated community-based health care system that has primary health care as its foundation."

Strengths and Weaknesses

- Although relatively young in comparison to other types of health services and facilities, CHCs have many accomplishments of which to be proud. First and foremost, the very fact that many have survived against tremendous odds not just at one time but over a number of years is an achievement in itself and a tribute to the many people who worked hard to establish and maintain that CHC.

- They provide culturally appropriate services that are consistent with their community such as native healing and medicines for aboriginal persons, services for immigrants, services for gay or lesbian persons, and programs for seniors.

- At the same time, they are very much aware of the cultural, political, economic and social dynamics, tensions and differences within their communities and as such, develop responsive programs such as anti-racism or education programs and hire appropriate staff to resolve community problems.

- They have pioneered new types of services and service delivery in such areas as street services, mental health, immigrant and occupational health and safety to name a few.

- They have consistently emphasized a multi-disciplinary approach to service delivery and have had considerable success in making greater and more effective use of a wide variety of health professionals such as nurses, nurse practitioners, midwives, physiotherapists, occupational therapists and nutritionists.

- They are very active in offering a wide range of preventive, health promotion, health education, advocacy and community development services beyond the usual range of primary health care curative services.

- They are generally found to be cost effective relative to fee-for-service practice.

- Lower hospital utilization and better prescribing practices have been found to be two important reasons to explain this difference.

- In short, CHCs embody almost all of the key elements for the re-orientation and re-direction of our health system, especially in giving much greater emphasis to primary health care.

Weaknesses and Challenges

- The lack of adequate, stable funding has been a major weakness or challenge for CHCs in almost every province.

- The lack of a legislative framework to support and guide the development of CHCs as is the case for hospitals, long-term care facilities and regional/district/community health authorities or boards.

- The lack of technical and organizational support from governments again in the same way that has been done for other health facilities and planning and decision-making structures.

- The predominant emphasis on hospital and physician services within Medicare going back to the Saskatoon Agreement of July 1962.

- The resistance of established health professions, especially the medical profession. This has been a serious problem in almost every province that tried to move earlier on the recommendations of the Hastings Report and on primary health care reform generally.

- The limited resources of CHCs to mobilize member/user and public support as well as to engage in sustained member/user education.

- An "image" problem suggesting falsely that CHCs are primarily for low-income and marginalized communities or groups of persons.

- The lack of more extensive evidence to validate the success and value of all aspects of CHCs.

Outstanding Issues

- The overall lack of political will by governments to support CHCs even with growing evidence and increasing numbers of CHCs

- The lack of an appropriate legislative framework, adequate, stable funding and technical and organizational supports by governments in particular.

- The overall status of primary health care reform and the role and contribution of CHCs in particular.

- The relationship of CHCs to regionalized health structures such as District Health Authorities and Community Health Boards in Nova Scotia.

- The support and encouragement of ongoing research and evaluation needed for CHCs

- The potential for broad public education and mobilization of support for CHCs.

- The increasing pressures to commercialization and privatization in health care combined with the possible impacts of international trade agreements that may open the door to widespread commercialization and privatization if these trends are permitted or encouraged by governments.

Conclusion

- Medicare is clearly the most valued and prized social program in Canada. At the same time, there are tremendous international and domestic pressures to reduce and even, eradicate it altogether. Some governments, political parties and think tanks seem to feel that Medicare in its present form is unsustainable and needs private sector solutions and internal market reforms if it is to survive.

- On the other hand, primary health care reform has long been proposed for our health system. The development of insured services was only seen as the first step in a progressive re-orientation and re-organization of our health system.

- An important vehicle for that re-orientation and re-organization has been seen to be community health centres (CHCs). The Hastings Report of 1972 laid out an extensive vision for developing a new health services system and the contribution of CHCs to that system.

- CHCs have played an important role in Saskatchewan to help achieve Medicare and to provide a broad range of services in that province as well as in Quebec and Ontario. However, CHCs have been more limited in other provinces such as in the Atlantic region including Nova Scotia.

- A crucial part of the major considerations once again of primary health care reform nationally and provincially must be the role and contribution of CHCs. They embody almost all of the elements or characteristics of primary health care and that there is growing evidence of their relevance, effectiveness and efficacy.

- To ensure that CHCs can assist primary health care reform, it is vital that governments including the Government of Nova Scotia commit to developing in consultation with the Federation of Community Health Centres of Nova Scotia an appropriate legislative framework, adequate and stable funding mechanisms and extensive technical and organizational supports including fair and decent working conditions for staff and ongoing recruitment and retention strategies, and sufficient core funding for the Federation itself.

- There must also be extensive discussions about the relationship of CHCs to other parts of the health system including District Health Authorities and Community Health Boards. Health-related communication and education programs must include references and substantial information about CHCs and the public's role in developing and maintaining them.

- All in all, I believe it is long overdue for community health centres to move to the mainstream of public health policy in Canada and in Nova Scotia. The time for more pilot projects and a marginalized existence for CHCs has long past.

Bibliography/References

Angus, Douglas E. and Pran Manga. "Co-op/Consumer Sponsored Health Care Delivery Effectiveness". Prepared for the Canadian Co-operative Association. Ottawa, June 1990.

Association of Ontario Health Centres. "Community Health Centres A Cost-Effective Solution to Primary Health Care Reform. n.d..

Association of Ontario Health Centres. "Getting More for the Health Dollar Community Health Centres (draft). 2001.

Association of Ontario Health Centres. "CHC Cost Effectiveness: A Review of the Literature". Prepared by Armine Yalnizyan and David Macdonald. June 2005.

Canadian Alliance of Community Health Centre Associations. "The Future of Canada's Public Health Care System". Submission to the Commission on the Future of Health Care in Canada. December 2001.

Federation of Community Health Centres of Nova Scotia. "Annual Report for Year 1997-98".

Federation of Community Health Centres of Nova Scotia. "Annual Report for Year 2000-2001", May 2001.

Government of Canada, Health and Welfare Canada. The Community Health Centre in Canada Report of the Community Health Centre Project to the health ministers. Volume 1. Ottawa: July 1972.

Government of Nova Scotia, Department of Health. "Community Health Centres: New Requests Interim Strategy and Policy". April 18, 2001.

Government of Ontario, Ministry of Health. Final Report of the Task Force to Review Primary Health Care. December 30, 1982.

Government of Saskatchewan, Commission on Medicare. Caring for Medicare Sustaining a Quality System. Regina: April 2001.

Gruending, Dennis. The First Ten Years. Saskatoon: Community Health Services (Saskatoon) Association Limited. 1974.

Johnson, Ian. "Community Health Clinics: A Wave of the Future?". October 1984.

Johnson, Ian. "Establishing a Federation of Community Health Centres in Nova Scotia". September 1984.

Johnson, Ian "The Limits to Growth of Community Health Centres – A Consumer Activist's Perspective". A Presentation to the Community Health Centres: Requirements for Growth Conference. Prince Albert, Saskatchewan. June 1987.

Nova Scotia Co-operatives Council. "The Case for Developing Co-operative Community Health Centres in Nova Scotia". Presentation to the Nova Scotia Royal Commission on Health Care. June 10, 1988.

O'Brien, Richard (Public Health Services, Nova Scotia Department of Health). "A Proposal for the Implementation of Community Health Centres in Nova Scotia". December 1993.

Rachlis, Michael and Carol Kushner. “Community Health Centres: The Better Way to Health Reform”. A discussion paper prepared for the British Columbia Nurses Union, the Staff Nurses Association of Alberta, and the New Brunswick Nurses Union, August 1995.

Rands, Stan. Privilege and Policy A History of Community Clinics in Saskatchewan. Saskatoon: Community Health Cooperative Federation, 1994.

Smart, Anne-Marie and Karen Stotsky. “Community health centres: Can they become the agents for social change needed to reform health care?” Perception, March-April 1981. pp. 33-34.