



OFIFC

Ontario Federation of
Indigenous Friendship Centres

Submission on Bill 60, *Your Health Act*, 2023

February 2023

About the Ontario Federation of Indigenous Friendship Centres

Founded in 1971, the Ontario Federation of Indigenous Friendship Centres (OFIFC) works to support, advocate for, and build capacity of member Friendship Centres across Ontario.

Emerging from a nation-wide, grassroots movement dating back to the 50s, Friendship Centres are community hubs where Indigenous people living in towns, cities, and urban centres can access culturally based and culturally appropriate programs and services every day. Today, Friendship Centres are dynamic hubs of economic and social convergence that create space for Indigenous communities to thrive. Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe havens for Indigenous community members requiring supports.

In Ontario, 88 percent of Indigenous people live off-reserve, in cities, towns, and rural communities¹. The OFIFC is the largest urban Indigenous service network in the province supporting this vibrant, diverse, and quickly-growing population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more.

Friendship Centres receive their mandate from their communities, and they are inclusive of all Indigenous people – First Nation, Status/Non-Status, Métis, Inuit, and those who self-identify as Indigenous.

About Our Submission:

On February 21, 2023, the Ontario government introduced Bill 60, *Your Health Act, 2023*ⁱⁱ which if passed, will expand the role of publicly funded for-profit community surgical and diagnostic centres to eliminate surgical backlogs and reduce wait timesⁱⁱⁱ.

Friendship Centres have several decades of experience in delivering an array of culture-based health and healing programs and services that address community needs across the life cycle. Friendship Centres act as connectors by linking community members to preventative supports, the mainstream health care system and to culture-based approaches to health and healing. Some Friendship Centres also offer primary care to ensure culturally safe access for their community members. As a result, Friendship Centres have first-hand knowledge of urban Indigenous people's experiences within health care, service providers' relationships with urban Indigenous communities, and experience in providing culturally appropriate care for urban Indigenous people.

In recognition of the vast experience and expertise that Friendship Centres have in providing health programming and working with the health care system, the OFIFC is providing this submission to outline critical areas of concern and to call on the government to reorient its trajectory in further privatizing health care in Ontario. Our submission demonstrates the significant harm that Indigenous people face within the current health care system stands to significantly increase under Bill 60.

Response to *Your Health Act, 2023*:

The OFIFC strongly opposes the delivery and expansion of health care services by for-profit surgical and diagnostic centres on the grounds that the private delivery of health care violates the statutory duty of the government in its relationship with Indigenous communities. The government is obligated to deliver universally accessible high-quality health care in accordance with the *Canada Health Act*, the presiding objective of which is, "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."^{iv}

If passed, *Your Health Act, 2023* and the private health care provision that it allows will have a disproportionately negative impact on urban Indigenous people, affecting access to quality and anti-racist health care, mechanisms of accountability, and ultimately, health outcomes.

The failure of the government to consider the impacts of Bill 60 on urban Indigenous communities and to involve Indigenous communities in co-developing solutions to health care that are responsive to community need is in direct conflict with the Ontario government's commitment to the *Urban Indigenous Action Plan*^v. Bill 60 also fails to

reflect the recommendations and priority areas that the OFIFC has brought forward to the Ministry of Health for several years regarding eliminating anti-Indigenous racism in health care and the health disparity that urban Indigenous people experience. Below we outline our critical areas of concern.

Accountability to Urban Indigenous Communities:

The delegation of Crown obligations to private corporations dilutes the Ontario government's responsibilities to urban Indigenous communities, creating not only an absence of accountability, but also inadequate assurances of cultural safety and anti-racism in service provision. The government's shifting of responsibility out of the public realm into those of private interests obscures the measurement of health care system outcomes, often at the detriment of recipients^{vi}.

Urban Indigenous people already experience significant anti-Indigenous racism in the health care system that is not only detrimental to health outcomes but can also be fatal^{vii}. The for-profit delivery of health care services will impede system-wide efforts to combat anti-Indigenous racism in health as the for-profit health care industry has no incentive to address anti-Indigenous racism. The further fragmentation of health care service delivery between the public and private sectors will also reduce the ability of the health care system to address and monitor anti-Indigenous racism as well as to enforce the culturally safe delivery of services.

There are several issues with the patient accountability mechanisms that Bill 60 includes. The proposed legislation requires each community surgical and diagnostic centre to establish and maintain their own processes for receiving and responding to patient complaints. These processes must align with the regulations that are yet to be set. There is currently no mention of oversight or reporting for all these individual complaint processes to ensure their effectiveness.

This is of major concern to urban Indigenous communities as Indigenous-led, trauma-informed, anti-racist and culturally safe complaint mechanisms are essential to receiving and responding to instances of anti-Indigenous racism. With each community surgical and diagnostic centre having their own complaints process, it is impossible to ensure a safe way for urban Indigenous people to report instances of anti-Indigenous racism. As a corollary, it is also impossible to ensure that instances of anti-Indigenous racism are appropriately addressed.

The same concerns are true for how incidents will be reviewed as community surgical and diagnostic centres are also required to establish and maintain their own processes for reviewing incidents. The definition of "incident" as explained in Bill 60 fails to include anti-Indigenous racism which in far too many cases is fatal for urban Indigenous people and must be documented and reported on. It is also poor practice to have those who committed the incident review it. An impartial, publicly accountable process is needed

for both complaints and incidents that supports access to adequate and accessible remediation processes.

Urban Indigenous Health Disparity:

Urban Indigenous people in Ontario experience chronic diseases and complex health issues at an increased rate in-comparison to the general population^{viii}. Bill 60 and the for-profit delivery of health care as driven by profits and accountability to their shareholders will widen the health disparity that urban Indigenous peoples already experience.

For-profit surgical and diagnostic centres will be motivated to treat easy-to-serve patients as quickly as possible. The risk of for-profit centres refusing and deprioritizing treatment to urban Indigenous people due to the time involved in more complex care, is a fatal risk within a privatized system. The Bill does not offer any protections against the refusal of care based on complexity of care. The possible refusal or deprioritizing of care for urban Indigenous people is contrary to the *Universality* and *Accessibility* criteria of the *Canada Health Act*^{ix}.

Health care service provision by for-profit providers has been linked to lower standards of care^x. The Bill explains that *Inspecting Bodies*, which are still to be named, are responsible for establishing and publishing quality and safety standards as well as enforcing them. The effectiveness of these inspecting bodies poses greater risk to widening the health disparity that urban Indigenous people experience, especially considering the current state of oversight as the Ontario's Auditor General concluded that, "[t]he quality of outpatient surgery is not adequately and consistently monitored in Ontario."^{xi}

As long as Bill 60 permits the provision of uninsured services, for-profit surgical and diagnostic centres will continue to upsell patients for publicly funded procedures and surgeries. The Bill is not clear on how the provision of uninsured services will be reported on or how information about the uninsured services at each location will be made public. Patients will continue to be misled regarding the cost of procedures and surgeries as well as 'necessary' add-ons^{xii}. 23.7% of Indigenous people in Ontario have low incomes in comparison to 14.4% of the non-Indigenous population^{xiii}. The prioritization of business procedures that purposefully upsell and mislead patients conflicts with the *Universality* and *Accessibility* criteria of the *Canada Health Act*. It also stands to have a disproportionately adverse effect on Indigenous people's access to health care services.

Bill 60 lays out the required contents for community surgical and diagnostic centre licence application. It states that the application must outline how the centre "...will address the health equity needs of diverse, vulnerable, priority and underserved populations..."^{xiv}. This is the only instance where a health equity approach is mentioned. The Bill treats health equity efforts as a checkbox in which the needs and priorities of

urban Indigenous people will be ignored as there is no incentive for for-profit health care providers to meaningfully act on addressing health disparity.

Indigenous community members with access to Non-insured Health Benefits (NIHB) already experience barriers to timely access to health care services due to a lack of awareness on the part of private providers. The delivery of health care services by for-profit surgical and diagnostic centres will further complicate urban Indigenous people's access to NIHB, thus delaying care.

Recommendations:

It is recommended that the government of Ontario:

1. Withdraw Bill 60 on the grounds that it contravenes the *Canada Health Act* and will have a disproportionately negative impact on urban Indigenous people, affecting access to quality and anti-racist health care, mechanisms of accountability, and ultimately, health outcomes.
2. Invest in strengthening the public health care system and advance Indigenous-led initiatives to eliminate anti-Indigenous racism and ensure culturally safe care within the public health care system. The government must not rely on the private health care sector to solve health care challenges.
3. Renew commitment to the *Canada Health Act* and more specifically the criteria of *Universality* and *Accessibility* as defined in Bill 60 for the implementation of health care service delivery.

ⁱ Statistics Canada. 2021 Census of Population. [Table 98-10-0264-01 Indigenous identity by Registered or Treaty Indian status and residence by Indigenous geography: Canada, provinces and territories](#)

ⁱⁱ Bill 60, Your Health Act, 2023. <https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-60>

ⁱⁱⁱ Government of Ontario. (2023, February 21). *News Release: Ontario Reducing Wait Times for Publicly Funded Surgeries and Diagnostics*. <https://news.ontario.ca/en/release/1002732/ontario-reducing-wait-times-for-publicly-funded-surgeries-and-diagnostics>

^{iv} Canada Health Act, RSC 1985, c C-6

^v Government of Ontario. *The Urban Indigenous Action Plan*. https://files.ontario.ca/uiap_full_report_en.pdf

^{vi} MacDonald, F. (2011). Indigenous peoples and neoliberal "privatization" in Canada: Opportunities, cautions and constraints. *Canadian Journal of Political Science/Revue canadienne de science politique*, 44(2), 257-273.

vii Wabano Centre for Aboriginal Health. *Share Your Story Indigenous-Specific Racism in Health Care Across the Champlain Region: Full Report*. <https://wabano.com/wp-content/uploads/2022/05/ShareYourStory-FullReport-EN.pdf>

viii Smylie, J., Firestone, M., Cochran, L., Prince, C., Maracle, S., Morley, M., Mayo, S., Spiller, T., & McPherson, B. (April, 2011). *Our Health Counts Urban Aboriginal Health Database Research Project: Community Report First Nations Adults and Children City of Hamilton*. <http://www.ourhealthcounts.ca/images/PDF/OHC-Report-Hamilton-ON.pdf>; Tungasuvvingat Inuit & Well Living House Action Research Centre for Infant, Child and Family Health and Wellbeing. (July, 2017). *Our Health Counts Urban Indigenous Health Database Project: Community Report Inuit Adults City of Ottawa*. <http://www.wellivinghouse.com/wp-content/uploads/2018/04/Our-Health-Counts-Urban-Indigenous-Health-Database-Project-Inuit-Adults-July-2017.pdf>; Anishnawbe Mushkiki. (2020). *Our Health Counts Thunder Bay: Adult Chronic Health Conditions*. http://www.wellivinghouse.com/wp-content/uploads/2022/03/Citation-Final_OHC-TB-Factsheet-Chronic-Health-Conditions.pdf; Xavier, C., O'Brien, K., Kitching, G., Maddox, R., Muise, GM., Dokis, B., & Smylie, J. *Our Health Counts London: Adult Chronic Health Conditions*. <https://soahac.on.ca/wp-content/uploads/2018/09/OHC-06A-Adult-Chronic-Conditions-1.pdf>

ix Canada Health Act, RSC 1985, c C-6

x Office of the Auditor General of Ontario. (2014). *Independent Health Facilities: Follow-Up Report*. <https://www.auditor.on.ca/en/content/annualreports/arreports/en14/406en14.pdf>; Shah, H. A., Paszat, L. F., Saskin, R., Stukel, T. A., & Rabeneck, L. (2007). Factors associated with incomplete colonoscopy: a population-based study. *Gastroenterology*, 132(7), 2297-2303.; Ivers, N., Schwandt, M., Hum, S., Martin, D., Timmouth, J., & Pimlott, N. (2011). A comparison of hospital and nonhospital colonoscopy: Wait times, fees and guideline adherence to follow-up interval. *Canadian Journal of Gastroenterology and Hepatology*, 25, 78-82.

xi Office of the Auditor General of Ontario. (December, 2021). *Value-for-Money Audit: Outpatient Surgeries*. https://www.auditor.on.ca/en/content/annualreports/arreports/en21/AR_Outpatient_en21.pdf

xii Office of the Auditor General of Ontario. (December, 2021). *Value-for-Money Audit: Outpatient Surgeries*. https://www.auditor.on.ca/en/content/annualreports/arreports/en21/AR_Outpatient_en21.pdf

xiii Statistics Canada, Census 2016 Results, *Data tables: 2016 Census; Aboriginal Identity (9), Individual Low-income Status (6), Low-income Indicators (4), Registered or Treaty Indian Status (3), Age (6) and Sex (3) for the Population in Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census - 25% Sample Data* (Catalogue no. 98-400-X2016173).

xiv Bill 60, Your Health Act, 2023. <https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-60>