

Ontario Health Coalition

LETTERS

February 8, 2000

Hon. Elizabeth Witmer
Minister of Health, Government of Ontario
80 Grosvenor St., 10th Floor, Hepburn Block
Toronto, Ontario M7A 2C4
BY FAX: (416) 326-1571

Dear Minister:

Re: Follow-up to Dec. 3/99 meeting with Anne Dundas, Special Assistant, Long Term Care

Further to the above meeting at which the Ministry confirmed that the government would be writing a new Long Term Act which would include Bill 173, as well as the facilities acts, we would like to take this opportunity to restate some of our key concerns.

Despite the repeated and blunt refusals to consider full public consultations, we wish to reiterate in the strongest terms possible the pressing need for them. There has been no significant consultation on the delivery of community health care since the NDP government's hearings before their MSA legislation. The changes introduced by the Conservative government were a major shift in direction. It is not only time to evaluate them, but vitally important that you hear from Ontarians about what is and is not working, information that you will not get by discussion with hand-picked stakeholders. In addition, your government has made commitments to full and open public consultation. At our Dec. 3rd meeting, the MOH also recognized that there were significant difficulties in the present delivery of community care that required action. In the absence of full public consultations, we are convinced that the solutions arrived at will not address the crisis that will worsen in the delivery of Long Term Care.

We identified many problems in the delivery of home care: funding, accountability, declining quality of care, waiting lists, difficulties with staff retention, lack of continuity of care, duplication in the system and wasted resources, many of which, we were told, you are aware of. We feel that this dramatic increase in problems is directly related to the competitive bidding model. Once again we urge you to reconsider this method of delivering care and open a consultative process to develop an efficient, public, non-profit and accountable home care system.

The Ministry agreed that there were significant problems recruiting and retaining staff to work in community health care. This problem is widespread and will become worse as community health care workers take pay cuts and face the constant threat of losing their job. As we stated at the meeting, Successor Rights are an integral part of the solution. Implementing provisions to allow health care workers to retain their contracts if work moves to a new agency is vital to stabilizing the turbulence and loss of quality care that have come to characterize the current Home and Community Care sectors.

Across the province there is wide variance in who can become members of CCACs, the selection process, and the method of election to CCAC boards. The CCACs were set up with the intention of being democratic agencies responsible to their communities. We expressed our dismay at the undemocratic restrictions on membership and election methods of the CCACs. We

were told the Ministry was concerned about this and would investigate these issues further. We look forward to proactive action on the part of your government to ensure that the CCACs are responsive, representative and accountable to their local communities.

We also raised the urgent need for more respite care workers, the need that they be properly trained and adequately remunerated. On this question, your Ministry appeared to be open to our suggestions and recognized that this is a growing need that should be addressed by the government.

Finally, we continue to call on you to adequately fund Long Term Care. The Home and Community Care sectors cannot keep up with the volume and are not able to deliver the quality of care that Ontarians are entitled to receive. Without a dramatic increase in funding, rationing of services will worsen, more and more people will have to pay out of their own pockets or go without care, chronic patients will fall by the wayside and our health care system will increasingly become a captive of the private, for-profit sector.

We have attached our letter of Dec. 29/99 outlining information that is difficult to obtain from the CCACs. Your representative agreed that this information should be public and that you would look into making it available. We have had no response yet and would appreciate hearing back from you on this.

This summarizes some of the main concerns we raised at our meeting. We hope to hear from you with respect to these issues and to the projects you committed to.

Yours truly,

Irene Harris
Co-Chair

Ross Sutherland
Administrative Committee

cc: Ms. Anne Dundas
Ministry of Health