

Ontario Health Coalition: Questions for Candidates

Here is a list of key questions for candidates. Please feel free to take parts or all of them to use. If you can, use local information and examples.

1. The evidence is overwhelming that Ontario's hospital cuts have gone too far. Ontario's public hospitals are funded at among the lowest rates in Canada. Our province has the fewest hospital beds per person in the Canada. We are also at almost the bottom among OECD nations -- all nations with a developed economy: only Mexico and Chile have fewer beds per person than Ontario. We have the least amount of nursing care (RN & RPN) in Canada, and patients are pushed out of hospital faster and with more complex health issues. As a result, Ontario has the highest rate of hospital readmissions in Canada and overcrowding has reached crisis levels with patients on stretchers in hallways, long wait times, closed ORs, packed emergency departments, ambulances taken off the road in lengthy offload delays as there are no beds to admit patients into. **Will you commit to increasing public hospital funding by 5.3 per cent per year for the next four years to protect services and to immediately creating a capacity plan to reopen closed beds, wards, operating rooms and services to meet population need for care? Further, will you restore and reopen closed and privatized outpatient services in our local public hospitals?**
2. There is consensus among virtually all groups, from residents and families to seniors' advocates and public interest groups, to care workers, health professionals, nurses and their unions that improving long-term care relies on providing enough care to meet the more complex and heavier care needs of today's long-term care homes' residents. **Will you commit to bringing a minimum average of 4-hours hands-on care per resident per day as a measurable and accountable minimum care standard for Ontario's long-term care homes?** As of December 2017, there are 34,000 people waiting for long-term care space in Ontario's long-term care homes. **Will you commit to building new long-term care capacity in public and non-profit long-term care homes to meet this need?**
3. Ontario's home care services are deeply privatized and as a result, significant resources are spent on duplicate administrations, offices, computer systems, scheduling, contracting and monitoring of private companies selling home care for profit. This money should go to improving access to care. **Will you commit to creating a public non-profit home care system to address this situation?**
4. Control over our public hospitals has shifted with boards of directors becoming self-appointed, consultants replacing sound public planning, and massive mergers moving care further away from our home communities. **Will you reform our public hospitals to restore democratic community governance and locally-elected hospital boards? Will you stop the mega-mergers of hospitals and ensure that public funding goes to care?**
5. In the last two decades, Ontario has built our new hospitals using a privatized "P3" private-public partnership model. In this model, private multinational consortia fund and build our hospitals. The costs are much higher than if our hospitals were publicly funded. In fact, Ontario's Auditor General reports that \$8 billion could have been saved if our hospitals were build using traditional public finance and sound management. Today, P3 hospitals are so expensive that 2 or 3 or more hospitals are closed down to build one new one, too small to meet the needs of local communities for the next generation. Billions have been taken away for care and local access as a result. **Will you commit to stopping the P3 privation of our hospitals?**
6. Ontario has led the country in reforming primary care to get more physicians into group practices, establishing nurse-practitioner clinics, and expanding the number of Community Health Centres and Aboriginal Health Centres. We are pleased with the progress but still there are many communities without access to care, and primary care remains dominated by private for-profit models of care. For many years, advocates have pushed for full primary care reform, including the full range of health professionals (from physiotherapists and social workers to nurse practitioners and others) in the health care team, public and non-profit governance and a move away from fee-for-service payment. **The Ontario Health Coalition supports the expansion of public community primary care models such as Community and Aboriginal Health Centres. Will you commit to improving funding and access to public non-profit primary care, and stopping corporate-owned and private clinics for Ontarians and could you give us your specific commitments on this?**