

## **Election Priority: Committing to Community Health Centres**

The BC Health Coalition has had a long-standing commitment to increase community and public representation in health care decision making at the provincial, regional, and local levels. Since 2017 the Coalition has been advocating with the Ministry of Health for Community Health Centres (CHCs) to be one of the key investments to achieve the government's own goal: that is to create a higher quality, more team-based, primary healthcare delivery system in BC.

To promote the CHC model, the BC Office of the Canadian Centre for Policy Alternatives and the BC Health Coalition organized a round table on Feb. 1<sup>st</sup> 2019 with a broad range of community non-profit and health sector organizations including health professionals, immigrant and newcomer-serving organizations, the Ministry of Health, Divisions of Family Practice and Health Authority representatives, the First Nations Health Authority, seniors' organizations, the BC Rural Health Network, and leaders from the CHC sector in BC. Participants heard how CHCs in Ontario, Saskatchewan, and Oregon provide responsive, team-based primary care that is community-led and that has proven very effective in addressing the unmet needs of vulnerable populations as well as the broader neighbourhoods and communities where they are situated.

For further information on the CHC model and the research evidence on the effectiveness of the model, please link following report from the round table discussion: <https://www.policyalternatives.ca/chcs-in-bc>. For a shortened version of that report, click on the following link: [The Community Health Centre Model: what the literature tells us](#).

### **The Current Status of CHC development in BC**

In BC, like the rest of Canada, CHC's grew out of local community organizing efforts in the 1970's, especially in low-income areas where community members identified the need for better access to comprehensive primary care services. Early support for the development of CHCs can be traced to the BC NDP government in the early 1970s. While CHCs in BC have garnered little attention and support from successive provincial governments in the decades to follow, interest in the CHC model has continued to grow with many local communities managing to cobble together enough funding to deliver on at least some of the key attributes of the Community Health Centre model. In 2016, these organizations joined together to form the BC Association of Community Health Centres. The Association asked for a commitment from the BC NDP during the

2017 provincial election to expand CHCs and received a commitment by the BC NDP to establish twenty new CHCs by 2020.

The first opening for CHCs in many years came in May 2018, when BC's government announced its primary care policy directions would focus on several models, including Community Health Centres. However, to date the NDP has only announced funding three CHC's -- one centre that is entirely new and the other two enhancements of existing centres.

This is very disappointing given the evidence that the CHC model is well-positioned to address many of primary health care challenges we face in both rural and urban British Columbia. This includes the need to address the lack of access and gaps in services for many vulnerable populations, the very limited focus on social determinants of health in primary care, and the lack of community and patient involvement to ensure that services are responsive to local conditions and patient needs.

### Questions for the Candidates

- 1) Prior to the election in 2017, the NDP government committed to building 20 Community Health Centres (CHCs) by 2020. Once in gov't the NDP did develop a CHC policy directive, but to date, has only announced 3 CHCs. **If your party is elected will your government agree to provide financial and planning support to communities expressing an interest in establishing a CHC with a commitment to establishing a minimum of 10 a year each year from 2021 to 2025?**
- 2) CHCs provide a wide array of clinical and support services well as community outreach to ensure that their services are responsive to local needs. This model has proven particularly effective in supporting high quality, cost effective care for vulnerable populations, including immigrants, refugees and racialized communities, seniors, rural communities, people with chronic mentally health challenges and substance use issues, indigenous communities, LBGTQ+ communities, etc. **How would your government work with local communities to ensure that there is locally-based community-driven planning process for determining the health needs and vulnerable populations that should be prioritized?**