

Arthritis Consumer Experts

- 1. Arthritis affects approximately 3 million Ontario residents, yet no comprehensive model of arthritis care is available. This is particularly pronounced outside of the GTA region. Where you live can be more important in determining treatment than how sick or disabled you are. Approximately one in five Ontario residents have doctor-diagnosed arthritis. Two-thirds are under the age of 65**

What will your government do to bring a high quality, accessible, standardized evidence-based model of arthritis care for all Ontario residents?

Ontario Green will support a publicly funded, publicly delivered healthcare system and oppose further privatisation of care. We also plan to:

- Improve diagnosis and OHIP-covered care for rare diseases, including chronic pain disorders.
- Expand access to family health teams in communities across the province and increase opportunities for physicians to join team-based models of care. Include a diverse array of healthcare providers in the teams to ensure a holistic, connected, comprehensive approach to health.
- Increase options for community care and nurse-practitioner-led clinics, to ensure access to non-urgent 24/7 care.
- Improve integration and connectivity across healthcare service providers through the use of digital data sharing and patient health coordinators for supporting those with complex care needs
- Increase funding to home care services by 20% to people in their homes when they need it.

- 2. Over the past two years, Canadians have positively adapted to virtual care options and would like to see a continuation, improvement, and expansion of virtual care after the COVID-19 pandemic subsides. A majority of respondents in a 2021 Arthritis Consumer Experts Survey reported they believe virtual care could save costs in the health care system and improve access to specialists and timeliness of test results. However, respondents who identified as Black, Indigenous and People of Colour were over 3 times more likely to report difficulties using virtual care services.**

What will your government do to ensure the continuation, improvement, and expansion of virtual care for all Ontario residents – both patients and health care professionals - and ensure access is equitable to all?

Ontario Greens will improve primary and community care through a number of means, including improving virtual care when it makes sense, integration and connectivity across healthcare service providers through the use of digital data sharing and patient health coordinators. To ensure access to healthcare is equitable to all we will:

- Immediately strike a task force to develop policies and initiatives that address the adverse effects of racism, homophobia, and transphobia on peoples' mental health and the barriers they face to accessing healthcare.
 - Provide cultural responsiveness training for all healthcare professionals across our system that is trauma-informed and rooted in equity and anti-racism.
 - Increase core funding for community-based, grassroots mental and physical health supports in racialized, newcomer, and other communities that have traditionally been underserved.
 - Improve the availability of supports and services in other languages, including French and Indigenous languages, and encourage service providers and programs to reflect the experiences and perspectives of the populations they serve.
 - Mandate and fund the collection and meaningful use of socio-demographic and race-based data to identify and correct inequities in provided care and health outcomes.
- 3. The Ontario government must take steps to ensure the sustainability of prescription drug plans and the continued affordability of prescription medicines for Ontario residents. Quebec, British Columbia, Alberta and other provinces and territories are realizing hundreds of millions of dollars in annual biosimilars savings to the health care system. These savings are being reinvested to increase accessibility to new medicines and expand coverage for existing medicines for people living with complex chronic disease like inflammatory arthritis.**

What will your government do to improve the uptake of biosimilars, and will you commit to reinvest those savings to support additional medication listings and improve patient coverage?

Ontario Greens will partner with the federal government to implement a universal pharmacare program. We will ensure that we are able to get the best price possible, through opportunities such as biosimilars savings and will use the savings to reinvest to cover medications for rarer or more complex diseases like inflammatory arthritis.

- 4. Indigenous peoples in Canada have some of the highest rates of serious or lifethreatening arthritis in the world and are at greater risk for becoming disabled by arthritis. Significant gaps in Indigenous arthritis care currently exist in Ontario. The Truth and Reconciliation Commission's Call to Action #22 specifically refers to the need to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients.**

How will your government incorporate Indigenous traditional healing practices to improve the delivery of care to Indigenous Peoples?

Ontario Greens will work with Indigenous partners to incorporate Indigenous traditional healing practices, as well as addressing the other remaining provincial calls to action. We will also work with the federal government and Indigenous communities to identify and close the gap in health outcomes between Indigenous and non-Indigenous communities by:

- Immediately striking a task force to develop policies and initiatives that address the adverse effects of racism, homophobia, and transphobia on peoples' mental health and the barriers they face to accessing healthcare.
- Providing cultural responsiveness training for all healthcare professionals across our system that is trauma-informed and rooted in equity and anti-racism.
- Increasing the number of Indigenous professionals working in healthcare through training and mentorship opportunities and ensuring their retention in Indigenous communities, particularly in northern and remote communities.
- Increase the number of Indigenous-led health centres, youth programming, crisis support teams, and support suicide-prevention training.
- Provide properly funded Indigenous-led supports for survivors of residential school trauma.
- Improving the availability of supports and services in other languages, including French and Indigenous languages, and encouraging service providers and programs to reflect the experiences and perspectives of the populations they serve.
- Mandating and funding the collection and meaningful use of socio-demographic and race-based data to identify and correct inequities in provided care and health outcomes.
- Making permanent the 50 community wellness nursing positions supporting First Nations communities.
- Publishing annual progress reports and assess long-term trends and indicators in areas such as suicide, mental health, chronic diseases, and availability of appropriate health services to ensure equity in access to care.

- 5. Some individuals with severe arthritis require joint replacement surgery to achieve better quality of life, less pain and more joint function. According to the Canadian Institute for Health Information (CIHI), the guideline for knee and hip replacement is to receive surgery within 182 days. In Ontario in 2020, only 56% of knee replacements and 64% of hip replacements meet the guideline. This deeply impacts the lives of Ontario residents with arthritis who require these surgeries. The COVID-19 pandemic may have also caused delays in surgery wait times.**

Will your government take steps to ensure timely, specialized care for Ontario residents struggling with arthritis, including joint surgery wait times that are within medically recommended guidelines? How will your government manage the backlog of surgical appointments that occurred because of the COVID-19 pandemic?

Ontario Greens understand the huge impact on the quality of life that something like a hip replacement can make. We also understand that one of the keys to addressing the backlog for care is to invest in healthcare and healthcare workers. Therefore, we will work to address some of the underlying issues that are leading to these unacceptable delays. We will increase funding for primary, community and home care so that people can be treated with the best possible care, that is also least expensive, thereby decreasing the stress on our hospitals. We will also begin the hard work of addressing the gaps in hospitals that are making the delays even worse.

We will improve healthcare by:

- Working with the federal government to provide surge funding to reduce the backlog in surgeries, imaging, and other services.
- Increasing hospital budgets by 5%
- Immediately repealing Bill 124 and the problematic sections of Bill 106 and allow all healthcare workers to bargain collectively for fair wages. Until then, provide a minimum hourly wage of \$35 to registered practical nurses and \$25 to personal support workers to ensure that we have care providers.
- Increasing nursing program enrollments and the number of trained nurse practitioners to enable us to meet our target of at least 30,000 additional nurses.
- Supporting certification upgrades for healthcare workers through expanded bridging programs at publicly funded post-secondary institutions.
- Fast-tracking credential approvals for 15,000 international healthcare workers, including nurses and personal support workers.
- Expanding funding for primary, home and community care to create a strong, integrated, non-profit, public system that allows for more care outside of hospitals