

OPINION

Provinces need to have a plan for health-care funding — or they shouldn't get the money

Provinces want \$28 billion more from the feds for health care. Before they get a penny, they should detail how they'll use the infusion to buy change.

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Every day brings fresh evidence of profound mismanagement in health care: closing emergency departments, burned-out nurses quitting the profession, fewer Canadians with family doctors, hospitals full of older people with nowhere to go.

Meanwhile, premiers want the federal government to ship them another \$28 billion for health care, no questions asked — on top of the \$45 billion they already get yearly.

What's wrong with this picture? Accountability.

With our most critical social program in chaos in every part of the country, it's not enough for provinces to say "just give us the money." What's the plan to use more public money to buy lasting change? We've learned over the past year that you can't buy change unless there's an *explicit agreement* about the transformations you're buying.

The early learning and child-care deals used an infusion of federal cash to achieve specific goals within a clear time frame. Every jurisdiction has agreed to three goals: lower parent fees, expanded availability of licensed care and improved working conditions.

It's not a cookie-cutter approach. Some provinces emphasize recruitment and retention, others the need to add spaces in care "deserts." Some are cutting parent fees faster. But the cash is only handed over when there's a plan for — and reports on — progress in affordability, access and quality care.

We need the same approach to health care. A common framework. Measurable outcomes. Written agreements. Dedicated funding for mutually negotiated goals in recruitment and retention, improved primary care and new services. Multi-year action plans that can prevent the erosion of high quality not-for-profit and public care. Consequences if goals are not met.

As premiers raise the heat on the feds, both journalists and citizens need to raise more pointed questions about the lack of plans. Here are five areas that desperately need a blueprint for change.

- **A health-care labour force strategy:** What new measures will you take (financial, scheduling, other) to keep people in the jobs they are already doing? How are you planning to attract new people to chronically understaffed positions? If your recruitment strategy relies on training, in which occupational categories? If importing, through immigration or temporary foreign worker programs)? How will you reduce your reliance on temporary workers, including migrant workers and workers from agencies? What is the plan to hire sufficient staff in all areas — from cleaners, laundry, dietary and personal care workers to registered nurses and surgeons — so we have the appropriate person, doing the appropriate job, at the appropriate time?
- **Care in hospital:** How will you end emergency room closures? What are your plans to ensure enough beds and staff to meet not just usual demand, but also surges in demand from things like outbreaks? How will you ensure the full range of services are there?
- **Care outside of hospital:** How will you reduce reliance on hospitals, the most expensive part of the health-care system? What are the plans for ensuring the public has access to primary care, regardless of where they live? How and where will you expand home care and long-term-care services, given our aging population?
- **Public reporting and improved data:** Will you provide public reports at least twice a year that show spending trends for each segment of health care, both inside and outside hospitals? Reports should document what share of public funds flow to for-profit providers for what services; how much hospital and long-term-care spending goes to contracted-out services such as maintenance, food service, and temporary help agencies; and how these practices vary across institutions.
- **Improving health:** What public health measures are you taking to increase the ability of whole populations to get and *stay* healthy? What steps are you taking to address mental health needs; addictions; dental, vision and pharmacare; physiotherapy and rehabilitation; and other aids to improved health?

Yes, health care needs more funding. But negotiations need to focus on producing better results. Our premiers need to do more than just acquire more money — they need to govern our public resources, and show us their plans for using an infusion of federal dollars so we can buy change.

No plan? No money.

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