1. Establish a Community Health Centres Secretariat within the federal government’s Health Portfolio to administer federal policy and investments in Community Health Centres (CHCs). Mandate the new CHCs Secretariat to identify areas, across all federal agencies, where CHCs should serve as an implementation mechanism for federal strategies.

2. Invest a minimum of $80 million from 2020 – 2023 in community infrastructure projects at existing and new CHCs across Canada.

3. Invest a minimum of $10 million from 2020 – 2023 to support adoption of CHC-based innovations at other CHCs across Canada.

4. Allocate a portion of all new investments to CHCs providing French-language services to French-speaking communities in minority settings across Canada.

**ISSUE & OPPORTUNITY**

In October 2018, the Canadian government adopted the new global Declaration of Astana on Primary Health Care. This commits Canada to improving primary health care in our country by: increasing multi-sector policy and planning; implementing a more comprehensive range of health and social services within primary health care; investing in equitable services attuned to varying needs across our population; and, increasing community participation in policies and plans that have an impact on health.

Canada’s federal government now has the responsibility of leading our country’s action on primary health care. However, it faces the challenge of working within the parameters of our federal system where the mandate for diverse sectors involved in primary health care (healthcare, housing, food security, employment, income security, immigration/settlement, and others) is fragmented across different levels of government and across various departments within each level of government.

Canada’s adoption of the Declaration challenges us to confront and overcome these jurisdictional issues.

The Community Health Centre (CHC) model exemplifies the vision and goals of the Astana Declaration and provides each level of government in Canada the opportunity to participate and invest in primary health care according to their mandate.

CHCs are community-based hubs that deliver integrated services and programs across sectors including healthcare, housing and shelter, food security, employment and training, immigration/settlement, and others. They are tailor-made for action on primary health care and, as multi-sector, multi-service agencies they are directly linked to the mandates of federal, provincial/territorial, and municipal governments.

The question, therefore, is what the federal government should do to leverage and expand CHCs as part of its mandate and federal leadership on primary health care.

**MOVING TO ACTION**

The federal government is already investing modestly in Community Health Centres (CHCs). Roughly 30% of CHCs surveyed across Canada indicate that they receive some form of federal government funding, coming from a wide range of federal departments and agencies.

However, these disparate pockets of federal funding for CHCs are not coordinated nor leveraged in an effective way. By establishing a dedicated Community Health Centres Secretariat within the federal Health Portfolio, the federal government would be able to better coordinate and leverage its existing investments in CHCs.

The new CHCs Secretariat would allow the federal government to then better leverage CHCs by pro-actively identifying areas where CHCs are well-positioned to serve as implementation vehicles for federal priorities and strategies in health promotion, health research, housing, food security, immigration/settlement, and other sectors.

We recommend that the Government of Canada look to the United States for an example of what a federal CHCs Secretariat could look like. The U.S. federal government provides and administers over $5 billion in annual public funding to not-for-profit, community-governed CHCs across the country through its HRSA Community Health Center Program, a division of the Department of Health and Human Services. Through this funding, CHCs provide comprehensive primary health care to over 27 million Americans from over 11,000 CHC sites across the country.

Of note, the U.S. Government also recently earmarked an additional US$350 million in supplemental, direct funding to CHCs across the U.S. as the central pillar of its federal strategy to combat the opioids and overdose crisis. This is an example of how the Government of Canada could harness CHCs across Canada to make progress on a wide range of federal commitments and priorities.

The Government of Canada can also advance primary health care by allocating community infrastructure funding to existing and new CHCs. This would not only improve community infrastructure for service delivery across the country, it would catalyze provincial and municipal investments in primary health care and spark community social and economic development.

Lastly, the federal government can make progress on its commitment to health innovation in Canada by supporting CHCs to share and adopt innovative services and programs across Canada. A wide range of innovations already exist at CHCs across the country, however, our very fractured federal/provincial system poses many barriers to these innovations being shared and adopted within and across provinces.