



TERMS OF REFERENCE:

Health Network for Uninsured Clients

Date of Approval: March 15, 2022

Replaces: 2018

Background

The Health Network for Uninsured Clients was established in October 2014 by community members, health care providers, community health centres, immigrant-serving organizations, and policy specialists and researchers. The Network was established as a re-formation of the Women's College Hospital Network on Uninsured Clients. From 2014–2020, the Wellesley Institute acted as host and convener to the Network. Presently, the Association of Ontario Midwives (AOM) is acting as the Secretariat to the Network.

Vision

The vision of the Health Network for Uninsured Clients (also known as “the Network or HNUC”) is for all people living in the Greater Toronto Area to have equitable access to health care services, regardless of their insurance status or immigration status. Access to health care is a human right and promotes social inclusion supporting better health and social outcomes for all.

Mission

The Network's mandate is:

- 1) To be a forum for health care and allied professionals working in the Greater Toronto Area to discuss the delivery of care and to map out pathways to health care access for uninsured clients in Ontario;
- 2) To inform and support research on issues related to improving access to high quality health care services for uninsured clients;
- 3) To identify, raise awareness, create educational resources and propose solutions to barriers to health care services for uninsured clients. This includes policy and operational change within health care institutions and advocacy at the Ontario Health Teams (OHT) and Ministry levels;



and

- 4) To assist health planners and policy makers with comprehensive reviews and/or the development of plans and policies affecting the uninsured.

Network Goals

- 1) To serve as a support and advice network and a clearinghouse for health care providers, researchers and policy specialists working on uninsured issues;
- 2) To build support and find solutions for improvements in care for the uninsured clients through its strategic communications;
- 3) To create educational opportunities and resource materials to build community capacity and share best practices with frontline health care providers on how to create better pathways to care that are meaningful, dignified and respectful to uninsured communities; and
- 4) To build new relationships with public health, legal clinics, hospitals, grassroots organizations, etc to create a list of safer resources to share with our communities and the non-insured population.

Guiding Principles

The Network will:

- 1) As a key underpinning, operate with the notion that all residents of Ontario, regardless of their immigration or health insurance status, should have access to high quality health care;
- 2) Operate as a collaborative and equitable group;
- 3) Engage a set of principles that will foster empowerment among team members;
- 4) Engage in an open and transparent process in which the roles, priorities and expectations of Network members are clearly outlined;
- 5) Respect the lived experiences, knowledge and/or diversity of people who are uninsured; and
- 6) Draw upon the best information possible to make informed advice and decisions on issues that are faced by people who are medically uninsured. Any materials developed will be grounded in lived experience.

Membership



Membership on the Network is open to individuals who have expertise, experience and knowledge about the health and support needs of the uninsured and an interest in advancing the goals of the Network.

The Network for Uninsured Clients has a broad intersectoral membership that seeks to reflect the diversity of ways that people experience marginalization. Members include:

- Health care practitioners;
- Representatives and/or designates from hospitals in the Greater Toronto Area, Community Health Centres, immigrant and refugees settlement services, Toronto Public Health, volunteer clinics for uninsured clients, and community support services;
- Representatives and/or designates from universities and colleges;
- Unaffiliated individuals with lived experience and/or expertise in issues faced by uninsured clients; and
- Other policy, research and community representatives as recommended by Network members.

Representatives from other organizations, Ontario Health Teams (OHTs) or Ministries may be invited to attend and/or present at Network meetings.

All members must agree and align with the Network values, principles and goals as listed above.

Roles and Responsibilities of Network Members

The roles of Network members are to:

- Work together to achieve Network goals,
- Contribute to the identification of current and future needs and relevant services for people who are medically uninsured,
- Participate in Network Working Groups,
- Ensure that the needs of people who are medically uninsured and their diverse perspectives and experiences are central to the work of the Network,
- Ensure that diverse service provider perspectives, resource levels and experiences are considered in the work of the Network, and
- Help maintain interest in and commitment to the Network's goals, including by acting as champions within their organizations for people who are medically uninsured.

The responsibilities of Network members are to:

- Attend Network meetings or send regrets when necessary,
- Prepare for meetings by reading materials in advance and bringing feedback on draft materials,



- Contribute to the development of and abide by Network guidelines, values, and decision-making processes, and
- Act with integrity and openness in advancing the goals of the Network.

In addition to the roles and responsibilities, all Network members must agree and commit to the following in order to participate in this Network (no exceptions):

- All members of the Network agree to work towards achieving the following goal: ensure that everyone living in Ontario has safe and timely access to all publicly-funded health care services, regardless of immigration status.
- All members of the Network agree to the following principles, and pledge to work to make these principles a reality for individual patients and their families, and system-wide:
 - No-one should suffer negative consequences for seeking health care such as stigma, burdensome debt, collection processes, or threat of deportation.
 - It is the work of health care and social service providers and organizations to keep patients safe from negative consequences such as stigma, burdensome debt, collection processes, or threat of deportation.
 - Immigration status is covered by the same privacy laws in Ontario that apply to confidential health information. Immigration must be kept absolutely confidential within the health care and social services systems.
 - Patients who are uninsured should receive the same level of care as patients who are insured. There should be no delays in treatment or alternative levels of treatment applied to uninsured patients.
- All members of the Network pledge to use appropriate discretion around information shared at Network meetings, through the Network listserv, and in the context of all other Network communications, both formal and informal.
- All members of the Network understand that the Network cannot guarantee confidentiality, including patient and client confidentiality, and pledge to leave identifying patient and client information out of all Network communications such as emails to the listserv and Network meetings.



Co-Chairs

The Network will be directed by Co-Chairs. These Co-Chairs will be chosen by Network members at a regularly scheduled meeting using the decision-making process set out in the Terms of Reference. The Co-Chairs will be appointed for a two-year term and may be reappointed for additional terms. In any given term, at least one of the Co-Chairs will preferably work in frontline service provision to uninsured clients or patients. In the case that no frontline service provider is able to take on this role, an exception can be made.

Working Groups

The Network will convene Working Groups. Working Groups may be permanent or temporary to address specific needs and issues. Working Groups are accountable to the Network as a whole.

When establishing Working Groups, the Network will:

- Determine membership
- Establish the Working Group's mandate and aims
- Define a process for decision making; and
- Specify whether the Working Group is permanent or temporary. For temporary Working Groups, the duration of the Group's operation will be specified.

Each Working Group will choose a Chair at its first meeting, using the decision making provisions in these Terms of Reference.

Working Groups members will be drawn from the Network membership, but membership may be extended to non-Network members to ensure required expertise and knowledge is present to inform the group's work. Before extending Working Group membership to non-members, the Working Group must first get approval from the Network at a regularly-scheduled meeting. This does not preclude Working Groups from working with non-members as required to achieve the Working Group's mandate and aims.

Governance

- The priorities, experiences and opinions of frontline workers and advocates working with uninsured patients will be prioritized in all Network decision-making processes.
- Decisions regarding the Network governance, priorities and actions will be taken at Network meetings. Members must participate in meetings to



- have input into the direction and activities of the Network.
- Co-Chairs reserve the right to form ad-hoc Working Groups in order to respond to emerging priorities. Network Members can also put forth recommendations for and lead Working Groups in consultation with the Co-Chairs, as long as the Working Group aligns with the mandate of the HNUC. Membership will be kept up-to-date about ad-hoc Working Groups at member meetings, and will have the opportunity to comment on and ratify Working Groups.
 - Co-Chairs reserve the right to form ad-hoc Advisory Groups and Executive Committees, in particular in response to crisis conditions such as the COVID-19 pandemic. Membership will be kept up-to-date about ad-hoc Advisory Groups and Executive Committees, and will have the opportunity to comment on and ratify these committees and groups.

Decision Making

The Network will always seek to establish consensus in Network meetings. In the absence of consensus, decisions will be made by 50 percent plus one of the members in attendance.

Key decisions will be articulated in meeting minutes to be distributed by the AOM.

Working methods

Meetings will be held bi-monthly and standard meeting dates will be established in advance. Meetings will ordinarily be held at the AOM, or virtually, but may occur at other locations as required. Email updates may occasionally be sent by the Network Co-Chairs between meetings.

The Co-Chairs will set the agenda for Network meetings, with members able to submit agenda items directly to the Co-Chairs. Members will be asked to approve the agenda at the commencement of each Network meeting. Amendments to the meeting agenda will be made as per the decision making provisions in these Terms of Reference. Time will also be allocated in each meeting for Other Business/Announcements.

Resources

The AOM will provide secretariat support to the Network. The AOM will:

- Coordinate 6 Network meetings per year
- Book virtual meetings or provide space at the AOM office if in-person
- Send meeting invites to current and new members
- Circulate agenda and minutes



The Wellesley Institute, the Network's former host and conveyer, continues to host the Network's website temporarily. As was agreed upon by the membership, the Network will endeavour to build and host its own website in 2022.

Review

The Network will review its Terms of Reference, operating structure and activities undertaken in its first 12 months starting in October 2015, and bi-annually thereafter.