



Centretown Community
Health Centre

Centre de santé
communautaire du Centre-ville

CCHC: Working Collaboratively to Address LHIN Priorities

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EXECUTIVE SUMMARY

The purpose of this paper is to present and discuss the programs, services, and strategic framework of Centretown Community Health Centre (CCHC) in relation to the priorities of the Champlain Local Health Integration Network (LHIN).

This initiative stems from CCHC's commitment to accountability as enunciated in its 2006-09 strategic plan, which includes the following activity (under the rubric of accountability): *Find opportunities to demonstrate our capacity to help Champlain LHIN with its priorities for partnership, service integration and primary health care.*

CCHC is a non-profit, community-governed organization that provides primary health care, health promotion and community development services, using interdisciplinary teams of health providers. Consistent with its vision of a strong, healthy and inclusive community, the Centre provides a wide variety of health promotion and illness prevention services which focus on raising awareness of, and addressing, the broader determinants of health such as employment, education, environment, isolation and poverty.

Within the context of CCHC's 2006-09 strategic directions, the paper shows how the Centre is positioned to address provincial priorities for LHINs across Ontario and the priorities of the Champlain LHIN in particular, namely: access to primary health services for healthy communities, health system integration, chronic disease prevention and management, addictions and mental health, elderly with complex and chronic conditions and e-health strategy.

In explaining how the many programs and services offered by the Centre are consistent with the priorities of the Champlain LHIN, the paper emphasizes the importance of collaboration, networking and partnerships, an interdisciplinary approach, operating within a population health (broadly defined) framework, cultural competency, being responsive to community needs (including those of vulnerable populations), adopting an integrative approach across the system and being accountable for outcomes and results.

The paper makes the case that the Centre's model of integrated care, health promotion, education and community development/capacity building is both cost-effective and centred on the needs of clients, families, neighbourhoods and communities. It demonstrates that the Centre is a vehicle for the implementation of various municipal and provincial health (care) strategies, often through service integration partnerships with other health care providers across the continuum of care, with community and social services and with other sectors and sub-sectors.

The paper also notes that CCHC helps to alleviate the burden on acute and long-term care. By engaging various community groups, CCHC can help provide a bridge between LHIN priorities, plans and service delivery. As the only primary health care model within the LHIN, CCHC and other Community Health Centres (CHCs) in the region can play an important role in linking primary health care to other parts of the system and

ensuring that solutions identified in the community respond to pressures elsewhere in the system.

Finally, the paper flags various implications for the Champlain LHIN, revolving around the role CCHC and the Eastern Ontario Community Primary Health Care Network (the Network) can play in contributing to the achievement of LHIN priorities, for example:

- Support the Champlain LHIN's Council of Expertise to develop strategies related to human resource planning
- Work with established health networks to develop specific initiatives aimed at improving access
- Support the Champlain LHIN's Council of Expertise on Primary Health Services and Public Health to develop appropriate linkages fostering access and coordination with primary care
- Work closely with Community Health Centres and Family Health Teams in particular, to improve access to a broader range of primary health services
- Work with the established health networks to promote the link with primary care by encouraging the provision of specific services such as chronic disease prevention and management
- Work with the Champlain LHIN to ensure coordination of the work related to the prevention and management of chronic diseases
- Establish links with municipalities, school boards and others to identify specific projects to foster healthier communities
- Contribute to LHIN work with respect to population health goals
- Develop collaborative links with other external networks and associations dealing with chronic diseases
- Recognize the Champlain Addiction Coordinating Body as a component of the LHIN planning model
- Recognize the Champlain Regional Geriatric Advisory Committee as a component of LHIN engagement and planning model
- Contribute to mental health promotion and awareness, as well as chronic mental health issues.

Ongoing dialogue with the Champlain LHIN, primarily through the Network, is recommended as a way of addressing the various implications for the Champlain LHIN included in this paper.

INTRODUCTION

PURPOSE

The purpose of this paper is to present and discuss the programs, services, and strategic framework of Centretown Community Health Centre (CCHC) in relation to the priorities of the Champlain Local Health Integration Network (LHIN). Background on the CHC model and Centretown Community Health Centre is presented in Annex 1.

This initiative stems from CCHC's commitment to accountability as enunciated in its 2006-09 Strategic Plan, Direction 3: *Find opportunities to demonstrate our capacity to help Champlain LHIN with its priorities for partnership, service integration and primary health care.*

CCHC PARTNERSHIPS ON PROVINCIAL AND LHIN PRIORITIES

CCHC is committed to steering its efforts not only toward provincial priorities for LHINS across Ontario, but also toward the priorities of the Champlain LHIN as enunciated in its November 2006 Integrated Health Services Plan.¹

PROVINCIAL PRIORITIES

- The CCHC structure and expertise enable us to quickly act on provincial strategies by getting programs “up and running”. Examples include Early Years, Diabetes Education, Lung Health and Stop Smoking (among others).
- Community engagement and partnerships are reflected in our own community governance and in major activities such as strategic plan consultations, partnerships with other sectors and capacity building with local community groups.
- Our vision and mandate are directed at improving the health status of populations, communities and individuals, particularly those with the poorest health status. This guides our work with new Canadians, homeless individuals and families, and others who are at risk or who are living in poverty.
- Our focus on equity and access guides our work with the aging population (particularly homebound seniors), and with the Gay/Lesbian/Bisexual/Transgender (GLBT) and culturally diverse communities. We provide afternoon walk in and extended clinic hours and, with our Ottawa CHC partners, provide 24/7 on call for our clients.

¹ Champlain Local Health Integration Network. *Toward Transformation in Health: Creating an Integrated Health Service Plan in the Champlain Region – A Blueprint*, November 2006. Available at www.champlainlhin.on.ca

- Quality, safety and effectiveness are core concerns for our services - chronic disease prevention and management programs, and services that range across the continuum of care from promotion and prevention to palliative care in the home and in long-term care settings. Feedback is sought through regular client and partner surveys, evaluation, and accreditation.
- We are committed to the sustainability of a publicly funded health system that is accessible, inclusive and integrated, based on a broad definition of health. This includes stable budgets for programs carried out by salaried employees.

CHAMPLAIN LHIN PRIORITIES

The Integrated Health Services Plan of the Champlain LHIN signals the priorities for fostering change and moving toward a more integrated health system: access; primary health services in healthy communities; chronic disease prevention and management; addictions and mental health; elderly with complex and chronic conditions; and e-health.

In this section, we offer examples of the various ways in which CCHC addresses these priorities. These examples are illustrative but not exhaustive.

1. Access

Organization/Coordination of Services

Integrating and coordinating health services starts right within our walls, with *interdisciplinary teams* that encompass 12 professional groups. This facilitates effective referrals – for example, clients in our Early Years Program can be referred to Primary Care for clinical services, and primary care practitioners refer clients to our counsellors and community dietician. Outreach services (e.g. to seniors and others) help ensure accessibility to an *appropriate level of care*.

IMPLICATION FOR LHIN: Because of our broad scope and our experience with a full range of health professionals, CCHC would be pleased to participate in the Champlain LHIN's Expert Council to develop strategies related to human resource planning. (p. 24)²

CCHC provides *obstetrical services*, as well as prenatal classes, well-baby clinics and a nurse specializing in lactation. In partnership with the Ottawa Hospital and Somerset West CHC, we help ensure access on a 24/7 basis through a three-way obstetrical rotation. If midwife services are requested, a referral is made to the Midwifery Group of Ottawa.

IMPLICATION FOR LHIN: CHCs are well placed to participate actively with established health networks to improve access. (p. 24)

² Page numbers cited under Implication for LHIN sections of the paper indicate where corresponding references can be found in the aforementioned Champlain LHIN blueprint document.

Wait List/Wait Times Since 2003, our primary care practices have been managed individually, opening and closing as required depending on the complexity of clients and wait times for appointments. All practices remain open to those with no OHIP coverage and referrals from our community partners through the work of our outreach nurses. However we have consistently had a *wait list* of up to 100 people from the general community, and the wait times are long. We have recently taken steps to increase our capacity to accept new clients. We have opened the wait list to 50 people every four months this year and are placing them into practices when possible. We hope this will help some community members who presently have no primary care practitioner.

For current clients, we offer a medical walk-in services every weekday afternoon and a 24/7 on-call service. Urgent calls are triaged by a nurse. Psychiatric referrals are streamlined by providing office space for a part-time community psychiatrist. We are also piloting an Advanced Access appointment system to reduce *wait times* for appointments.

Specific Groups Encountering Barriers to Access

- *Seniors at risk and frail elderly* - Our seniors' outreach nurse visits clients in their homes and/or at community drop-ins such as The Well, and in long-term care (including The Glebe Centre). Two physicians conduct home visits. Centre clinical staff help provide palliative care in clients' homes and in hospices. Our partnerships in this area include Reaching out to Isolated Seniors (ROTIS) - a network of community agencies and groups that ensures access to services for Ottawa seniors - Good Companions and the Community Care Access Centre (CCAC).
- *Homeless population* - Our Centre helps coordinate care to this clientele - as a partner in the Ottawa Inner City Health Project - both at the front line and through membership on their board. We have an outreach nurse, a health card worker, a community worker who accompanies clients to appointments, and a dedicated physician (part-time). We have links to shelters such as The Well, Cornerstone and Centre 507, with a special focus on providing support to homeless women. A CCHC staff member co-chairs the Street Health Coalition.
- *Newcomers* - One of our physicians and a community developer conducted research on barriers to access facing *multicultural groups and new Canadians*. One offshoot of this work was Living in Canada, a series of language-specific public forums to educate newcomers about Canadian systems such as health care, education and housing. Eight forums were held in all – attended by 265 participants in four language groups (Arabic, Somali, Chinese and Spanish). Partners included the Catholic Immigration Centre, the Ottawa Carleton Immigrant Services Organization, Immigrant Women of Ottawa and the City of Ottawa.

From 2001 to 2004, we were funded by the Ontario Women’s Health Council for a partnership project with LAZO (a group for women of Hispanic or Latin American origin), Gentium Consulting, and the Community Health Research Unit at the University of Ottawa, to encourage Hispanic and Latin American women across the city to partake in cancer screening programs. The project used a population health approach involving the training and deployment of lay health promoters. *Mujer Sana/Comunidad Sana* achieved its primary objectives. The program reached 1,000 isolated Hispanic women and also facilitated access to primary care services and other resources in the community. It empowered the Hispanic community (including the 12 lay health promoters) and led to healthier lifestyles.

Our Early Years program attracts a predominance of multicultural families, some of whom were instrumental in compiling a “Songs, Rhymes & Finger plays For Young Children” resource book for families to enjoy.

The outreach worker provides parent support and education, program information, outreach services to community agencies and home visits to engage with isolated newcomers and links them to services as needed.

Other partnerships aimed at multicultural information, awareness and service provision include membership in Multicultural Committees (CHEO, City of Ottawa, Mental Health, HIV) and in the Chinese Community Health Resources Group. We are also a member of the Champlain Immigrant Health Services Network.

- *GLBT Community* - CCHC has a long history of GLBT connections at the board, staff and community levels. A 2000 Wellness Study sponsored by Pink Triangle Services identified the need for more GLBT-friendly services. This prompted CCHC to engage the Coalition of Community Health and Resource Centres of Ottawa (the Coalition) in the development of a tool to assess cultural competence with respect to the GLBT community (in the areas of governance, administration, personnel policies and procedures, service planning and delivery and the physical environment). Later, GLBT staff at CCHC helped other centres to implement their action plans by providing GLBT-specific resource materials, communication tools and help with volunteer and board recruitment. Our GLBT Counsellor received a 2006 Association of Ontario Health Centres (AOHC) Epic Award for Innovative Primary Health Care and Community Development Programs, in recognition of the GLBT Cultural Competency Project.

CCHC provided basic GLBT training to 233 staff across Ottawa centres. An additional 184 staff participated in specific training on GLBT families, seniors, trans people, youth and ethno-cultural issues. Another 100 clinical and counselling staff across Ottawa participated in an Interclinic day focused

on specific mental health, addictions, transgender and sexual health issues. This training was offered by GLBT health centre staff and peer trainers (i.e. physicians, psychiatrists) from Ottawa, Toronto and Hamilton.

CCHC is embarking on a new initiative to work with City operated long term care facilities to explore how we can work together to create an environment of inclusiveness for GLBT seniors requiring residential care.

2. Primary Health Services for Healthy Communities

CCHC shares with other CHCs an interest in refocusing the health system on disease prevention and health promotion, to make it more patient-centred and sustainable. Over the next several years, the Centre will strive to become a hub for health promotion and chronic disease prevention and management, operating not only within its four walls, but also out in the community, offering myriad services to healthy and at-risk populations to achieve better health outcomes for all. CCHC is well placed to help the LHIN *build bridges to other primary health care models*. Here are some examples:

- A successful partnership with the Central Ottawa Family Health Network (FHN), providing their clients with nutrition counselling and engaging them in pilot testing our new insulin start program. We will be exploring, with the Central Ottawa FHN and with other primary health groups in the area, further opportunities to provide services to their clients in the areas of health promotion and chronic disease prevention and management.
- Seniors' well-being/wellness clinics offered by our outreach nurse at several Ottawa Community Housing (OCH) apartment buildings.
- Clinics offered by our nurse practitioner at Glebe and Lisgar Collegiates
- Collaboration with City of Ottawa Public Health (OPH) to offer such programs as smoking cessation, and Healthy Babies/Healthy Children, through co-location of the OPH outreach worker with our Early Years staff.
- Coordinated services for newcomers through the Champlain Immigrant Health Network, and health information sessions at St. Patrick's Adult School.

IMPLICATION FOR LHIN: We would welcome the opportunity to work closely with the LHIN, other CHCs, Family Health Teams and private-practice physicians to improve access to a broader range of primary health services (p. 25) and contribute our experience to the Council of Expertise on Primary Health Services.

We work in partnership with, and help build the capacity of, various community groups working to improve health and wellness of their constituents, for example: The Ottawa Seniors Action Network (along with other downtown CHCs); The Laundry Co-op (with First United and Macleod Stewarton Churches); the community gardens network; and tenants' associations of Ottawa Community Housing. Our partnership with DERA, an organization promoting rights for exotic dancers, resulted in successful lobbying for a City bylaw dealing with occupational health and safety issues.

IMPLICATION FOR LHIN: CCHC looks forward to working with the LHIN and community agencies to help set population health goals (including the elimination of health disparities and of barriers to health) and develop indicators to monitor their achievement.

3. Chronic Disease Prevention and Management

CCHC has considerable experience offering programs to prevent and mitigate the effects of chronic disease. For example:

- *Community Diabetes Education Program*, sponsored by the Coalition and operated by CCHC, is predicated on the assumption that people who understand their diabetes condition are better able to manage it and stay healthy. The Program provides people with a supportive environment in which they learn how to make the choices that can prevent or delay complications of diabetes. A major program expansion enabled us to offer 197 groups to 2,288 clients and hundreds of family members, as well as individual counselling to 1,855 adults with newly or recently diagnosed type 2 diabetes or pre-diabetes, and, more recently, insulin starts. We offer morning, afternoon and evening sessions in Cantonese, Mandarin, Spanish and Vietnamese in addition to English and French, and provide individual support in five other languages. The program has been offered at shelters for the homeless (targeting people with mental health issues, in collaboration with a nurse at Sandy Hill CHC). We also offer one-on-one counselling to the frail elderly and clients with reduced mobility and other complex needs.

CCHC chairs the Ottawa Diabetes Network comprising the Coalition, all hospitals (except CHEO), the Canadian Diabetes Association, Ottawa Public Health, community endocrinologists, and CCHC program staff. The Network is currently seeking ways to reduce wait lists at hospitals by more effective referrals to the Diabetes Education Program. CCHC also works with Ottawa Public Health on a Diabetes Prevention Initiative, that provides screening of high-risk groups with cultural/language barriers.

- *Fun with Food and Fitness* is a new program to improve healthy eating, physical fitness, well-being, self-esteem, and weight control of people who suffer from obesity and poor nutrition, and who face many barriers to healthy eating and fitness (such as low income). This program is co-facilitated by a health promoter and a community nutritionist and involves a new model of program service delivery that blends practice and theoretical concepts. Funded by the Ministry of Health Promotion, the program involves partnerships with the City of Ottawa, New Balance Canada and the YM/YWCA.

- *Champlain Cardiovascular Prevention Network (CCPN)* - Through the Eastern Ontario Community Primary Health Care Network, CCHC is a member of CCPN, which is led by the Ottawa Heart Institute and including the University of Ottawa and Ottawa Public Health, among others. Network members share an interest in supporting preventive efforts “at the front end” to keep people out of hospital. CCPN is still in the formative stage.
- *Asthma and Chronic Obstructive Pulmonary Disease (COPD)*- Led by Somerset West CHC, we have a new program that offers asthma education and helps clients obtain medication and devices where costs may be a barrier. A Certified Respiratory Educator provides ongoing education to our clinical team.
- *Smoking cessation* – CCHC has been a leader, in partnership with Ottawa Public Health, in offering help with smoking cessation, including an innovative program for gay men and women.

IMPLICATION FOR LHIN: CCHC can offer its model(s) of chronic disease prevention and management in the LHIN’s work with established health networks to promote the link with primary care. (p. 25)

IMPLICATION FOR LHIN: The Ottawa Diabetes Network should be involved in the development of models and strategies for the improved prevention and management of chronic diseases in the region. (p. 27)

4. Addictions and Mental Health

- *Mental health/wellness* is an integral component of our work with groups and individuals struggling with mental health problems - for example, shared mental health care with a psychiatric consultant for homeless clients and those receiving other CCHC services. Our Older Adults (interdisciplinary) Team is integrating into seniors’ services best practices for mental health issues (dementia, depression and suicide).

Addictions - Lifestyle Enrichment for Senior Adults (LESA) is a CCHC community-based program supporting adults 55 years and over in their efforts to stop or reduce misuse or abuse of alcohol, drugs and medications and gambling. It provides leadership in planning, information sharing, service provision and evaluation through its external Advisory Committee, which includes, among others, representatives of the Ottawa branches of the Canadian Mental Health Association (CMHA) and the Centre for Addictions and Mental Health, SCO Health Service, the City of Ottawa, Southeast Ottawa CHC, Royal Ottawa Health Care Group, and Pathways Alcohol and Drug Treatment Services (Renfrew County).

LESA collaborates with other seniors' and addictions agencies and networks, such as the Champlain Addictions Co-ordinating Body (forming the seniors cluster), the Responsible Gambling Council of Ontario and ROTIS, and offers training, professional advice and assistance to practitioners who work with senior adults.

LESA, the Sister Margaret Smith Centre in Thunder Bay and Sault Area Hospitals in Sault St. Marie received funding from the Mental Health and Addictions Branch (Ministry of Health and Long-Term Care) to develop resources and prevention/awareness information specific to the older population. A recent example is the bilingual problem gambling kit, video and clinical manual for service providers, *Betting on Older Adults*.

IMPLICATION FOR LHIN: CCHC welcomes recognition, by the Champlain LHIN, of the Champlain Addictions Coordinating Body and the Champlain Mental Health Network as components of its planning model. (p. 28)

5. Elderly with Complex and Chronic Conditions

- CCHC's interdisciplinary Older Adults Team offers a range of programs and services designed to keep seniors healthy as long as possible, and works with other community agencies on such programs as counselling for homeless seniors with concurrent disorders (with CMHA), education/discussion sessions for GLBT women over 40 (with Pink Triangle Services) and outreach nursing to at-risk senior women (with The Well).
- Through LESA, CCHC is a member of the Regional Geriatric Advisory Committee, which coordinates geriatric services across the region.
- Other partners include seniors' centres (Abbotsford, Good Companions, Yet Keen Chinese Seniors' Centre), Community Care Access Centre, Coordinating Committee for Seniors Services, Geriatric Assessment Outreach Teams, City of Ottawa Home Management Program, Older Adult Subcommittee of the Franco-santé Committee of Ottawa, Perley-Rideau Veterans Health Centre, Seniors' Tenant Associations, Service d'entraide communautaire pour les aînés francophones d'Ottawa and The Council on Aging.

IMPLICATION FOR LHIN: CCHC supports coordination of efforts to identify and implement alternate level of care diversion strategies, promote healthy lifestyles among seniors with chronic disease(s), and share support services to facilitate aging at home. (p.29)

6. E-Health Strategy

CCHC works with other CHCs in Eastern Ontario on strategies for better IT and data management and analysis, for example, launching a data repository to help set benchmarks as well as report on accountability measures. We are also working on joint data reporting for CHCs in the Champlain LHIN, and

provincially through the Association of Ontario Health Centres. The first report was submitted to the LHIN in early July. We are also contributing to the Champlain LHIN E-Health Strategy, through Sandy Hill CHC, our Network representative.

7. Health System Integration

Our Centre and other CHCs have a strong history of linking primary health care to other parts of the system. Examples include:

- Membership on The Ottawa Hospital's Community Advisory Committee, which includes community associations, CCAC, paramedics and Ottawa Public Health.
- Principal partner, with The Ottawa Hospital, Institute of Population Health (University of Ottawa) and Ottawa Public Health, in the Population Health Collaborative. This group developed a Population Health Accord, signed by 24 networks across the Champlain Region. The Accord signals readiness to take action on population health priorities, facilitate local partnerships and monitor the outcomes of joint action.
- Participation in a collaboration of the Coalition and Ottawa Public Health on a pilot initiative to better mesh programs for vulnerable families with children under the age of six, and evaluate client outcomes.
- Active engagement in food security issues, through collaboration with the University of Ottawa and Just Food Ottawa on a pilot study of food insecurity in Ottawa. We hosted a community meeting to help formulate an action plan, and are pursuing research funding to translate the knowledge from the pilot study into municipal policy and planning.

IMPLICATION FOR LHIN: CCHC supports the inclusion of the Champlain Community Primary Health Care Network and the Coalition of Community Health and Resource Centres as essential components of a Council of Expertise on Primary Health Services and Public Health, to develop appropriate linkages fostering access and coordination with primary care. (p. 25)

CCHC is linked to other sectors and to other programs funded by the Ministry of Health and Long-Term Care:

- We hold workshops for GLBT seniors in partnership with social work programs at Carleton University and the University of Ottawa.
- Our GLBT counsellor spends one day a week on outreach to schools and community agencies. The 2nd Rainbow School Forum, held in collaboration with the Ottawa Carleton District School Board, was attended by 185 students, teachers, vice-principals and administrators. The forum promoted strategies to create a safe school environment.
- Our Early Years outreach worker regularly visits local elementary schools and the YM-YWCA, where many newcomers find temporary housing.
- In partnership with other community agencies, we promote civic participation in elections and discussions of community issues (e.g. Ottawa 20/20) by groups who typically have not had a strong voice.

IMPLICATION FOR LHIN: CCHC could assist the LHIN in establishing links to school boards and strengthening working-level links with the City of Ottawa in order to identify specific projects to foster healthier communities. (p. 25)

CONCLUSIONS

CCHC offers a model of integrated care, health promotion, education and community development/capacity building that is cost-effective and centred on the needs of clients, families, neighbourhoods and communities. Our Centre is dedicated to excellence, best practices and cultural competency in interdisciplinary primary health care, health promotion and chronic disease prevention and management. We are a vehicle, with our Network and Coalition partners, for the implementation of various municipal and provincial health strategies, often through service integration partnerships with other health care providers across the continuum of care, with community and social services and with other sectors and sub-sectors.

Within the Champlain region, CCHC helps to alleviate the burden on acute and long-term care. By engaging various community groups, CCHC can help provide a bridge between LHIN priorities and plans, and service delivery. As the only primary health care model within the LHIN, CCHC and other Champlain CHCs can play an important role in linking primary health care to other parts of the system and ensuring that solutions identified in the community respond to pressures elsewhere in the system.

IMPLICATIONS FOR THE CHAMPLAIN LHIN

In various sections of this paper, implications for the Champlain LHIN are flagged, while others are implicit. They revolve around the role CCHC and our networks can play in contributing to the achievement of LHIN priorities.

Ongoing dialogue with the Champlain LHIN, primarily through the Champlain Community Primary Health Care Network, is recommended as a way of addressing the various implications for the Champlain LHIN included in this paper.

BACKGROUND

CHC Model

Community health centres (CHCs) are non-profit, community-governed organizations that provide primary health care, health promotion, education and community development services, using interdisciplinary teams of health providers. These teams include physicians, nurse practitioners, dietitians, health promoters, counsellors and others who are paid by salary rather than through a fee-for-service system. CHCs are designed to meet the needs of a defined community. CHCs provide a wide variety of health promotion and illness prevention services which focus on raising awareness of, and addressing, the broader determinants of health such as employment, education, environment, isolation and poverty.³

In Canada, CHCs have demonstrated savings to the overall health system (from 13 to 30 percent) in a diverse range of urban, rural, affluent and lower-income populations, and in those with significant barriers to access. The CHC approach results in cost savings through less frequent return visits for acute care, reduced hospitalization episodes and length of stays, better managed and fewer drug prescriptions, and better informed and engaged clients.⁴

Clientele

Working within the CHC model, CCHC is the only primary health care organization that offers a full range of health and social services to individuals and families who live or work in (Old) Ottawa South, The Glebe and Centretown, and specialized services to all residents of the broader Ottawa region.

About 12,000 people came through our doors last year to visit our medical and social services or participate in health promotion programs. We also work with individuals and groups to build their capacity to look after their well-being and that of their communities. Our clients come from all walks of life and all income levels, but significant numbers face many challenges in their lives related to frail health, low income and lack of social supports. These include, for example, seniors, newcomers, homeless men and women, vulnerable GLBT youth and low-income families with young children.

Overview of Programs and Services

The interdisciplinary Primary Care team (including physicians, nurse practitioners, nurses, dietitians, physiotherapist⁵) offers a range of health services in the clinic. Medical appointments are available five days and three evenings a week, and, in addition, there is a walk-in service for our clients on weekday afternoons, with a physician on call 24 hours a day so we can always be reached in an emergency. Primary care outreach efforts include nursing services in homeless shelters, nurse practitioner clinics at Lisgar

³ Association of Ontario Health Centres. *What are CHCs and AHACs?* Available at: www.aohc.org.

⁴ Association of Ontario Health Centres. *FACT SHEET – CHCs: Cost Effective and Affordable*. Available at: www.aohc.org.

⁵ The physiotherapist is employed by the Ottawa Hospital and is based at CCHC 2.5 days per week.

Collegiate and Glebe Collegiate, and visits to homebound seniors. Social Service counsellors provide individual, group and walk-in services.

The Community Health Promotion team runs myriad health education groups, available to everyone in our catchment area. The team also plays a significant role in many community initiatives, from developing tenant safety programs with Ottawa Community Housing to promoting civic participation in elections. The Early Years Program offers pre- and post-natal care, well-baby and breastfeeding support, parenting programs and other services for families and caregivers with children up to six years of age. This program also provides outreach to newcomers in Somali and Arabic languages. CCHC programs and services are generally accessible within the community, with the exception of Primary Care practitioners who have a waiting list for their services.

The Centre offers specialized services across the broader Ottawa region in a number of areas: Diabetes Education (for adults recently diagnosed with Type 2 diabetes or pre-diabetes); Lifestyle Enrichment for Senior Adults-LESA (55 years of age and over) experiencing problems related to alcohol, drugs and gambling; the Good Food Box program, a food buying club that provides access to low-cost fresh fruits and vegetables. The Centre also offers mental health counselling for gay, lesbian, bisexual and transgender youth, as well as community initiatives with schools and others aimed at creating safer environments for this vulnerable group.

CCHC Vision and Guiding Principles

CCHC's community vision is as follows :

People of every race, culture, language, faith, gender, age, ability, sexual identity, family status, income level and health status are valued members of our community and can participate fully as citizens. All people deserve access to adequate income, employment, health services, education, food, shelter, transportation, recreation and culture. People need the means to act on their concerns, working with others to meet their needs and improve their well-being. When a full range of community services is in place, people can access the supports they need to reach their full potential. By living, working and playing together, individuals and organizations can build a strong community.

Its vision for the Centre is as follows:

CCHC is a recognized leader in comprehensive interdisciplinary primary health care, health promotion and chronic disease prevention and management. We achieve our success by developing the skills and expertise of communities, clients, volunteers and staff in environments that support the health and well-being of all, and that are free from barriers to good health.

CCHC's guiding principles include the following:

- A holistic definition of health and wellness (treating the whole person)
- A population health framework which is predicated on the broader determinants of health
- Asset-based approach, i.e. playing to individual and community strengths

- Interdisciplinary approach
- Integrative approach across the system
- Respectful partnerships (all partners have equal value) based on shared vision and values
- Flexibility and responsiveness to the needs of the community (both current and emerging)
- Accountability – evidence-based decision making a focus on outcomes and results, and accreditation.

Partnerships/Collaborations

In transforming its guiding principles into action, CCHC takes a collaborative approach, with respect to its clients, stakeholders and partners. Every three years, the Centre embarks on a comprehensive strategic planning exercise involving not only an environmental scan but also a client satisfaction survey and a survey of our numerous community partners (the overwhelming majority of whom view their partnership with CCHC as highly positive and beneficial), and other agencies or groups with a potential mutual interest in expanding or improving service to our clientele and/or increasing social capital and enhancing wellness and quality of life within our community.

Partnerships and collaboration are the lifeblood of CCHC. Foremost among our partnerships are our memberships in the Coalition of Community Health and Resource Centres of Ottawa (the Coalition) and the Eastern Ontario Community Primary Health Care Network (the Network).

The Coalition comprises 14 centres in the Ottawa area that share a common purpose of contributing to healthy communities within Ottawa, responding to the diversity of needs within local communities, and paying particular attention to those members of the community who are most vulnerable and at risk. With Coalition partners, CCHC is active in several City of Ottawa strategic initiatives, including a project with Ottawa Public Health to better integrate services for families with young children.

The Network for many years comprised all 12 CHCs and one Aboriginal Health Access Centre (Wabano Centre for Aboriginal Health) and provided the base for many joint initiatives at both the policy and program levels. Examples of the latter include programs managed by one member for the benefit of all, such as asthma and lung health, and chiropody. In the fall of 2006, the Network expanded to include the new Community Family Health Teams (FHT), and again in 2007, to include an academic FHT (SCO) through shared effort on the new Champlain Immigrant Health Services Network. Because the focus this past year has so clearly related to the LHINs, we have worked most often as South East and Champlain LHIN networks.

CCHC engages in academic partnerships (e.g. Population Health Collaborative and Ottawa Food Security Study) in order to facilitate a better understanding of the dynamics of individual and community health, and the development of evidence and best practices in the delivery of community health services and programs. The Champlain Population Health Collaborative project lays the groundwork for a “network of networks” that will

work together on population health priorities. It is involved in service integration partnerships with other health care providers, community and social service agencies, institutions and employers providing education, training and employment, and community justice organizations and law enforcement agencies. The Centre also helps implement municipal and provincial primary health care strategies including Early Years, Diabetes Education, and anti-tobacco strategies, to name a few. In these and other endeavours, the Centre acts as a critical bridge between the policy/planning environment and the community. Other partnerships are focused on the strengthening of individual and community capacity.

The CCHC Board of Directors works collaboratively with its counterparts in other CHCs – e.g. through its participation in the Coalition and in the Eastern Ontario Community Primary Health Care Network (a recent deliverable was a strategy map for the Eastern Ontario CHC sector), joint meetings with Somerset West CHC with shared City Councillor, MPP and MP, and public awareness activities (e.g. public forum on health/health care with political candidates in the last federal election).

CCHC strives to achieve the standards of good practice with respect to partnerships and community empowerment enunciated by Community Organizational Health (COHI) as part of its mandate for Building Healthier Organizations (BHO) accreditation.⁶

In general, our partnerships help us achieve our mandate, mission and strategic priorities and move us closer to the realization of our vision (as outlined above).

2006-09 Strategic Directions

To guide CCHC in fulfilling its community and Centre vision, five strategic directions have been articulated. They are as follows:

Excellent, Comprehensive, Integrated Primary Health Care

Develop innovative partnerships and provide programs and services that address the determinants of health in an interdisciplinary manner, in order to reach more community members and improve service collaboration and integration.

Responding to Community Needs

Help strengthen the capacity of community members in order to improve the health of our community.

Organizational Health and Capacity

Provide an environment with appropriate space, systems and policies and with strong, sustainable leadership and management, in order to support the development and well-being of all staff and volunteers.

⁶ COHI, Best Practices for Partnerships: Experiences from the BHO Accreditation Process. Workshop at the AOHC Conference, Toronto, June 8, 2007. More information on COHI and BHO is available at www.cohi-soci.ca.



Ensuring Accountability

Apply information and demonstrate results that are evidence-based, in order to provide responsive and effective programs and services.

Health Systems and Policy Change

Advocate strongly, in order to promote the CHC model of care, primary health care transformation, community issues and healthy public policy.

For each of the above strategic directions, results statements, indicators and measurement parameters have been developed (in addition to objectives and activities) to facilitate the monitoring of their achievement at the Board level. A summarized version of the CCHC vision, mission, strategic directions and core services follows.



Community Vision

People of every race, culture, language, faith, gender, age, ability, sexual identity, family status, income level and health status are valued members of our community and can participate fully as citizens.
All people deserve access to adequate income, employment, health services, education, food, shelter, transportation, recreation and culture.
People need the means to act on their concerns, working with others to meet their needs and improve their well-being. When a full range of community services is in place, people can access the supports they need to reach their full potential. By living, working and playing together, individuals and organizations can build a strong community.

Centre Vision

CCHC is a recognized leader in comprehensive interdisciplinary primary health care, health promotion and chronic disease prevention and management.
We achieve our success by developing the skills and expertise of communities, clients, volunteers and staff in environments that support the health and well-being of all, and that are free from barriers to good health.

Core Functions

Mission

CCHC is committed to the health and well-being of all people within the communities we serve. CCHC provides a full range of health and social services to individuals and families who live or work in Ottawa South, the Glebe and Centretown, and specialized services to all residents of the Ottawa region. We strive to provide services that respond to the changing needs of those we serve and that are accessible to all. Through leadership and support, we foster the active participation of individuals and groups in a common effort to build healthier communities.

Values

Population Health Promotion Model (Health Canada): [Diversity Statement](#); [Service Delivery Statement](#); [Leadership Statement](#); [Client Rights and Responsibilities](#); and [CCHC Commitment to Workplace Health](#)

Core Services/Programs

- [Primary Care](#)
- [Social Services](#)
- [Community Health Promotion](#)
- [Early Years](#)
- [LESA Program](#)
- [Diabetes Education](#)

Strategic Directions

Excellent, Comprehensive, Integrated Primary Health Care

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