

CENTRETOWN
Community Health Centre



CENTRE DE SANTÉ
Communautaire du Centre-ville

2022 Environmental Scan for Centretown CHC's 2023-2026 Strategic Plan

PESTEL Analysis

Community Listening Sessions + Focus Groups

Funder Interviews

By Manal Sayid (Sayid Consulting) and Ken Hoffman (One World Inc.)

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An Oath to Turtle Island

We commit to protect, respect and honour Mother Earth and the natural laws of the creator,
That we will be respectful and bear true covenant to the First Peoples of this land.

We will seek their guidance and place the grandmothers at the centre of our circle of humanity
and wisdom.

I fully acknowledge that I am stepping into covenant as a treaty person of Turtle Island.

I accept my responsibilities to steward the land and waters and to ensure there is enough for all
of life and for generations to come.

About Centretown CHC

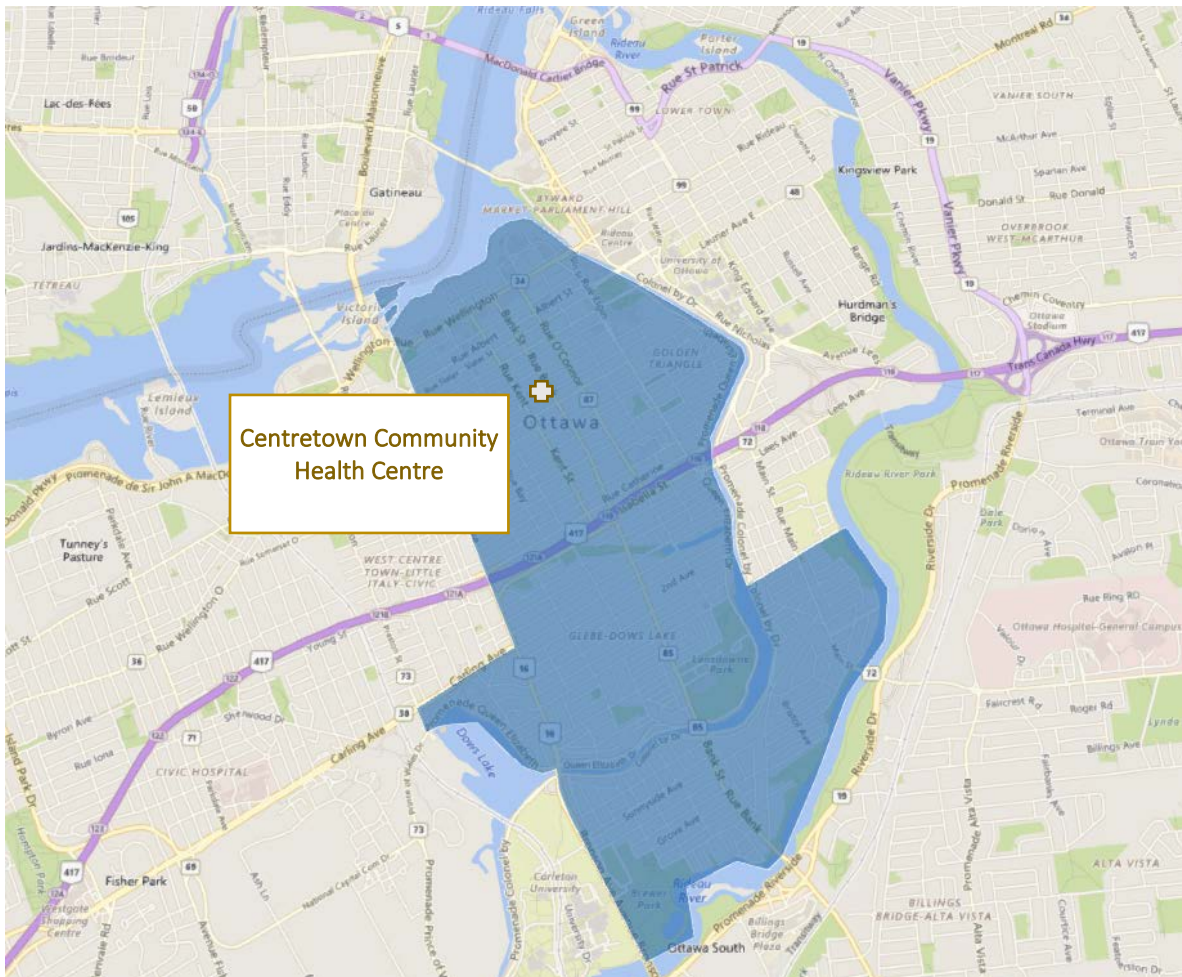


Figure 1. Centretown CHC's Catchment Area in Ottawa, Ontario.

Our Mandate

Centretown CHC is a nonprofit, multi-service Community Health Centre serving the Centretown, Glebe, and Old Ottawa South neighbourhoods. Our interdisciplinary primary care clinic, social supports, and health promotion programs enhance the health and wellbeing of over 20,000 Ottawa residents (including over 5,000 primary care clients).

In a fair and just society, one's skin colour, religion, household income, gender identity, and sexual orientation should not be predictive of poor health outcomes. In ours however, they sadly are. Systemic barriers to adequate care and supports continue to exist for a number of equity-seeking groups in our community, creating significant gaps in health.

To try to bridge these health inequities, Centretown CHC offers a full range of healthcare services and health promotion programs, including specialty health clinics (i.e., urban health, newcomer health, trans health), mental health & addiction services, diabetes programs, early year programs, and community health promotion.

These programs and services are delivered by a caring and diverse team of over 150 health professionals, including doctors, nurse practitioners, nurses, social workers, counsellors, dietitians, community developers, health promoters, outreach workers, and peer workers.

As a community-governed organization, we strive to reflect the diversity of our community at every level – from our Board to our front-line staff – with the understanding that representation matters and that our diversity is our strength when it comes to understanding and responding to the evolving health and social needs of our community.

Our History

Centretown CHC has played an active role in improving its community's health and wellbeing since 1969. Over time, we have built a strong reputation as:

- an effective advocate for healthy policies at the municipal, provincial and federal level (e.g., safe and affordable housing, affordable public transportation, inclusive community safety, civic participation);
- a committed primary care ally to underserved populations including 2SLGBTQ+, I/B/PoC, Francophones, people who use drugs, vulnerable seniors, low-income, and newcomer communities;
- a provider of high-quality 2SLGBTQ+ and trans health services and programs for Eastern Ontario, as well as a city-wide provider of diabetes education (CDEPO), seniors' addictions (LESA), and early years (EarlyON) programming

Recent Developments at CCHC

- **2016** – CCHC plays a leadership role in Refugee 613, providing outreach and low-barrier access to primary care for Syrian war refugees arriving in Ottawa.
- **2016** – CCHC pilots a Trans Health Clinic that is based on a consent model, providing wrap-around services and improved access to hormone therapy for trans individuals in the Champlain region.
- **2017** – CCHC receives its 'French Language Services' (FLS) designation from the Ministry of Health and Long Term Care, reflecting its commitment to offering services in both official languages.
- **2019** – CCHC completes \$5.5M renovation to improve operational capacity at 420 Cooper St.
- **2019** – CCHC migrates to a new Electronic Medical Record (Telus PS Suite), enabling significant new digital capabilities (e.g. patient reminders, secure eForms, video visits).
- **2019** – Selected by the City of Ottawa as an EarlyON service provider for the Central Ottawa region.
- **2020** – Champlain LHIN announces permanent funding for CCHC's trans health program.
- **2020** – Centretown CHC and 13 partner agencies are successful in their bid to form an Ontario Health Team (named the "Ottawa Health Team – Équipe Santé Ottawa") and quickly launch Counselling Connect, a virtual same-day counselling service available free of charge to support the mental health of Ottawans throughout the COVID-19 pandemic.
- **2020–2022** – Centretown CHC takes a leadership role in the community pandemic response as one of 3 CHCs providing low-barrier COVID-19 testing and vaccinations to Ottawa residents without OHIP insurance,

as well as providing home visits to homebound individuals and linking individuals and families impacted by COVID-19 with wrap-around supports.



Our Services

Our services are delivered in a variety of ways: 1-on-1 client care, personal development groups (PDGs), and grassroots community involvement that emphasize capacity-building, participatory, and community-led approaches to resolving community issues.

As a French Language Services (FLS) designated Centre, we aim to provide high-quality programs and services in both official languages. To provide culturally safe care, cultural interpretation services are also available for all clients who walk through our doors, and a small number of groups facilitated by our diverse staff may even be offered in non-official languages frequently spoken in our catchment, including Mandarin, Arabic, and Somali.

Throughout the pandemic, a significant enhancement in our virtual services offerings have been made, with phone and video appointments now available in nearly all areas of programming (with some exceptions where not appropriate). At the same time, we have taken great pains to bolster our outreach (e.g. home-based care) and keep our doors open to our clients throughout the multiple waves of the COVID-19 pandemic that have swept through our community.

As a result, demand for our services has experienced strong growth in several areas as the community need has increased over the course of the pandemic – most visibly, 2SLGBTQ and trans health, urban health, counselling services, and inter-professional primary care focused on vulnerable young families and seniors (including low-income households, racialized newcomers, Francophone, and IBPoC communities). Our regional diabetes education program (CDEPO) has also significantly improved its reach over the course of the pandemic, through digital innovation and low-barrier virtual 1-on-1 and group programming.

Environmental Scan

Background and Objectives

CCHC has engaged consultants Manal Sayid and Ken Hoffman to support the process of developing its new strategic plan for 2023-2026. This report provides an objective review and analysis of the current and potential conditions in which CCHC is and will be operating. This process included the engagement of stakeholders to collect input into its direction. This report summarizes the feedback received from the following groups:

- **PESTEL Analysis** – an environmental scan is the gathering of factors that can impact CCHC and guide decision makers in strategic decision making. A PESTEL framework was used for this analysis. A PESTEL analysis studies the key external factors (Political, Economic, Sociological, Technological, Environmental and Legal). It can be used in a range of different scenarios and can guide people professionals and senior managers in strategic decision-making. Both internal and external documents were reviewed to conduct a thorough PESTEL analysis.
- **Community Listening Sessions** – Focus group with 5 community groups which included a cross section of staff, community members, and community partners.
 - Newcomers and Refugees
 - Vulnerable Seniors and Newcomers
 - Indigenous, Black and People of Colour (IBPOC)
 - People impacted by Mental Health and Addictions
 - 2SLGBTQI+
- **Focus group with Staff**
- **Focus group with Leadership Team**
- **Key Informant Interviews with Funders**
 - Ontario Health East
 - City of Ottawa
 - United Way of Eastern Ontario
 - Ottawa Community Foundation

This summary report is intended to be used as a key reference document during the Strategic Planning Committee's (SPC) future planning sessions.

PESTEL Analysis

This environmental scan (PESTEL) provides the framework necessary for identifying current and potential influences within the context of Centretown Community Health Centre. Analyzing the external context, the consultants also considered events, trends, issues, and expectations of various stakeholders.

PESTEL Analysis		
Factor	Level	Comment
Political	Provincial government	<p>2022 Budget included:</p> <ul style="list-style-type: none"> • Focus on “bricks and mortar”, including hospital construction, and specialty services • Support for aging at home (home care, community care, expanding Community Paramedicine) • Retention bonus to retain nurses • Supporting “high priority communities” (meaning highly impacted by COVID) • Building MH capacity (Address critical gaps such as: online cognitive behavioural therapy, child/youth MH, addictions services, supportive housing, MH, justice, Indigenous MH and A) <p>Comment:</p> <ul style="list-style-type: none"> • No mention of primary care • No specifics on OHT • No mention of health inequities outside of pandemic • Some Conservative MPPs (e.g., Merrilee Fullerton) have history of advocating for increased role for private sector in health care • Choice of Sylvia Jones as Minister of Health does not communicate any information about Ford government priorities • Mandate letters to Ford’s cabinet will not be made public – unless an upcoming Supreme Court decision forces them to be publicly disclosed
	ON Health	<p>2022-23 Business Plan</p> <p>Strategic Priorities:</p> <ol style="list-style-type: none"> 1. Reduce health inequities 2. Transform care with the person at the centre 3. Enhance clinical care and service excellence 4. Maximize system value by applying evidence 5. Strengthen OH’s ability to lead <p>Transformational initiatives:</p> <ul style="list-style-type: none"> • Increase timely access to high quality MH+A care • Improve a person-centred continuum of LTC • Expand access to high-quality, integrated care through accelerated implementation of OHTs • Support people in the community (integrating home care to points of care)

- Digitally enable patient navigation and seamless patient transitions (implement Digital First for Health Strategy)

Some specific areas mentioned under Strategic Priorities:

1. Reduce Health Inequities

1.1 Improve equitable outcomes and experiences

- Work with FNIM and urban indigenous people to improve health outcomes
- Implement Black Health Plan
- Equity-deserving communities...
 - Broaden access to programs and virtual services
 - Develop engagement and needs-based assessments for equity-seeking population by region
 - Pandemic recovery
- Older adults
 - Partnerships to support aging at home
 - Innovative models e.g., Community Paramedicine for LTC
- Francophone
 - Reinforce service capacity in Fr

1.2 Improve access to supportive care in housing

- Advance access to housing through other priority areas (e.g., LTC, MH+A)
- Recognize importance of housing as SDOH; develop strategy to improve access to supportive care in housing

1.3 Advance whole person care experiences and outcomes

- Develop multi-year strategy for comprehensive, relationship-based PC aligned to OHT model
- Launch Health Care Navigation service
- Connex ON – virtual MH navigation service
- Collection of patient-reported outcome measures and patient-reported experience measures

2. Transform care with person at the centre

2.1 Support improved access to high quality MH+A care

- Improve access to and quality of care for depression and anxiety-related disorders
- Improve access to and quality of care for people experiencing substance use, eating disorders and psychosis

		<p>2.2 Improve a person-centred continuum of LTC</p> <ul style="list-style-type: none"> • Focus on quality of LTC <p>2.3 Expand access to high-quality, integrated care through accelerated implementation of OHTs</p> <ul style="list-style-type: none"> • Guidance to OHTs to align with provincial priorities • Development of virtual care • Support engagement of OHTs with PC • OHT performance measurement strategy <p>2.4 Support people in the community (integrate home care to points of care)</p> <ul style="list-style-type: none"> • Integration of home care through OHTs <p>2.5 Digitally enable patient navigation and seamless patient transitions (implement Digital First for Health Strategy)</p> <p>Enable patients to access own health data, book appointments with providers</p> <p>3. Advance clinical integration and chronic disease care</p> <ul style="list-style-type: none"> • Collaborating with the ministry on the establishment of a strategy to advance care for those living or at risk of diabetes. Working in partnership with stakeholders and local communities to ensure a focus on areas with disparities in outcomes, equity and access, including an assessment of mental health needs of people with diabetes. <p>4. Maximize system value by applying evidence</p> <p>4.1 Use data to enhance equitable access to care</p> <ul style="list-style-type: none"> • Digital tools to help OHTs better understand populations • Performance reporting to include equity analysis, incl ON index of marginalization (economic, ethno-racial, age-based and social marginalization) <p>4.2 Advance data collection, analysis, sharing and reporting to drive CQI</p> <ul style="list-style-type: none"> • Collection of socio-demographic data • New public reporting and health system scorecard • Support and monitor execution of QIPs <p>4.4 Quantify value-add opportunities for the health system (identify efficiencies, savings and value creation)</p> <ul style="list-style-type: none"> • Establish a diversified portfolio of funding tools and envelopes to enable OHTs/integrated care systems in collaboration with the Ministry
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		<p>5. Strengthen Ontario Health's Ability to Lead</p> <p>5.3 Increase our role with Primary Care</p> <ul style="list-style-type: none"> Partner with the regions to optimize the service accountability agreements (SAA) summaries for CHCs <p>5.5 Implement our Equity Inclusion Diversity and Anti-Racism strategy Reduce disparities in services related to access, experiences and outcomes</p>
	OHT	<ul style="list-style-type: none"> OHTs will be key places where innovation and health system transformation will happen. They will be expected to develop focused strategies to bring the partners together to share resources and break down silos to address specific populations and issues. One of their big roles will be to foster true partnerships and collaborations. OHTs will continue to focus on special/marginalized populations. CHCs have an important role to play at the OHTs. As the system is moving towards greater integration, they already represent an integrated model of care. In addition, they are heavily connected with vulnerable populations. It will be important for CHCs to bring this experience and these connections to the OHT; see CHCs taking a real leadership role in the OHTs. EDI framework will also support equity. CHCs can show other partners how to work effectively with vulnerable populations and co-design programs with them Big change in OHTs is that they will be accountable for the performance of the health system for the populations they serve. Shift from focus on outputs to outcomes. OHTs will have important role in QI on system level. This is a transition period. OHTs have been dealing directly with the Ministry of Health, and that is going to shift to Ontario Health in October/November. Not sure about what kinds of funding or other tools OHTs will have to do their work. Also unclear the level of autonomy and flexibility that OHTs will have in developing their approaches.
	City of Ottawa	<p>Municipal Election in November</p> <ul style="list-style-type: none"> Centretown ("Somerset Ward") will have a new councillor – Ariel Troster has been endorsed by our outgoing councillor Catherine McKenney. Ottawa will have a new Mayor – the candidate who is our strongest supporter (Catherine McKinney) has significant urban appeal, but Ottawa's suburban and exurban vote share is significant.

Ottawa's Community Safety and Wellbeing Plan will be foundational alongside other strategies such as its Anti-Racism Strategy, Community Funding Framework.

CSWBP priorities are:

- Discrimination, marginalization and racism
- Financial security and poverty reduction
- Gender-based violence and violence against women
- Housing
- Integrated and simpler systems
- Mental well-being

Some areas of CSWBP to note:

1. Discrimination, Marginalization and Racism

- CSWBP will work with the Anti-Racism Secretariat and the Women and Gender Equity Strategy
- Apply an anti-discrimination lens to all work.

2. Financial security and poverty reduction

- Develop a municipal poverty reduction strategy
- Develop a municipal food security strategy

3. Gender-based violence and violence against women

- Prevention, reporting and access to supports

4. Housing

- Works alongside City's Housing and Homelessness Plan, the Official Plan, inclusionary zoning and 15-minute neighbourhood concepts

5. Integrated and Simpler Systems

- Improve access to services, data sharing and effectiveness of community grant funding

6. Mental Well-Being

- Improve access to mental well-being and substance use supports and services
 - Explore safer alternatives for mental health crisis response (incl access to harm reduction and overdose prevention)
 - Facilitate access to services and supports (incl system navigation; improve trauma-informed and culturally appropriate services)

		<ul style="list-style-type: none"> Promote mental well-being in a stigma-free environment <p>Role of CHRCs:</p> <ul style="list-style-type: none"> City looking to CHRCs to provide leadership in implementation at neighbourhood level Lowertown-Byward Market pilot (led by Inner-City Health) looking at 24/7 community response teams could serve as model for community-based, integrated response to mental health and addictions Opportunity to also support Place-Based Mental wellness approach (already some funding for peer support and pilots to support greater coordination between providers in community settings)
Economic	Provincial government	<p>2022 budget:</p> <ul style="list-style-type: none"> Strong economic growth projected for ON Anticipating 3.3% annual increase in health spending (but priority seems to be to address growing hospital demand) <p>Comment:</p> <ul style="list-style-type: none"> Will any pandemic programs be extended? Appears to be little appetite for an austerity budget <p>The Great Resignation and its impact Minimum wage, inflation, cost of living Base funding has transformed, and no funders have resorted to short term funding.</p> <ul style="list-style-type: none"> COVID made it so funders do not want to commit, so there is a common theme around project and feed funding, and very little about sustained funding.
Socio/Cultural		<p>Ongoing impact of:</p> <ul style="list-style-type: none"> COVID-19 Pandemic <ul style="list-style-type: none"> Isolation COVID politics (e.g., convoy occupation, increasing extremism and hate crimes, conspiracy-mongering) Sense of abandonment / lack of trust in authorities (e.g., Ottawa Police Service) in aftermath of trucker convoy occupation Black Lives Matter Indigenous Truth and Reconciliation Process <p>Focus on inclusion and making space for Indigenous, Francophone, and multicultural leadership within existing power structures</p>

		<p>Changing demographics</p> <ul style="list-style-type: none"> • Aging population seniors, from ~ 15% to ~20% of Ottawa’s total population • Ottawa traditionally accepts ~ 6,000 immigrants per year and this number will likely grow with Canada’s target of 400k/year over next 3 years <p>Within community health:</p> <ul style="list-style-type: none"> • Focus on Integrated care and client-centred care • Growing recognition of the power of informal social media networks in organizing mutual aid/community development (e.g., Facebook groups, Reddit channels) • Tremendous value of by/for community-based approaches to health promotion, including working with peers/community leaders with lived experience – played an essential role working with CHRCs and public health during the pandemic – helped to do outreach to communities in their own languages about testing, vaccinations, countering misinformation. Success of this work may lead to opportunities to engage resident leaders in other ways.
<p>Technological</p>		<p>Virtual care + Digital Health</p> <ul style="list-style-type: none"> • Seen by many as “the answer” to increasing access to, and coordination between, a wide variety of services (e.g., eReferral networks such as CareDove and Ocean) • Need to assess the effectiveness/appropriateness of phone and video visits <ul style="list-style-type: none"> ○ For whom is virtual care a good fit and for what issues? ○ Focus on digital equity and digital literacy • Addressing organizational capacity to train staff/clients on using new technologies <ul style="list-style-type: none"> ○ pace of change will increase, not decrease ○ Changes to anticipate in next 3-5 years: <ul style="list-style-type: none"> ▪ OHTs moving to next-gen Electronic Health Record (EHR) systems, ▪ patient portals ▪ remote monitoring and use of biometric data (e.g., smartwatches) ▪ shift to specialist eConsults/eReferrals ▪ increasing patient choice over appointment modality (in-person vs. phone vs. video visit) • Growing volume of health data, and need for decision-support systems / automation <ul style="list-style-type: none"> ○ sociodemographic data collection ○ virtual screenings + assessments ○ collection of patient-reported experience and outcome measure (PREMs/PROMs) ○ data dashboarding

		<ul style="list-style-type: none"> ○ data-driven approaches to care (e.g., Artificial Intelligence add-ons) ○ increasing demand for data for applied health research and program evaluation
Environmental		<p>Climate change will have disproportionate impact on vulnerable populations (e.g., heat waves, more frequent violent storms)</p> <ul style="list-style-type: none"> • CCHC will need to maintain high state of readiness for emergency response
Legal		<p>Privacy rights & cybersecurity</p> <ul style="list-style-type: none"> • Increasing privacy compliance burden as the number of provincial portals increases <ul style="list-style-type: none"> ○ each portal adds unique requirements (i.e., quarterly/annual privacy audits, privacy self-assessments, etc.) • Fines for major privacy breaches have recently increased (up to \$1M), posing a significant liability risk to small healthcare organizations • Increasing cyber security threats / data protection challenges confronting healthcare organizations <ul style="list-style-type: none"> ○ Increasing organizational risk + resources required for prevention/mitigation strategies (e.g., annual training, system audits, software tools, cyber insurance) <p>Criminalization of illicit drug use and people who use drugs</p> <ul style="list-style-type: none"> • While Canada has decriminalized cannabis possession and is piloting decriminalization of “hard” drugs in British Columbia as of 2023, our clients here in Ontario remain at risk of incarceration • Ongoing criminalization of people who use drugs hampers buy-in for much-needed public health efforts around supervised consumption, alternative sentencing, investments in treatment services, ensuring a safe drug supply, and harm reduction approaches; it contributes to social marginalization and poor health among victims of trauma and adverse childhood events <p>Ottawa By-laws around Safe and adequate housing</p> <ul style="list-style-type: none"> • Municipally, Ottawa tenants now have stronger rights around safe housing, thanks to the recent (2021) Rental Housing Property Management By-Law, which requires Ottawa landlords to educate all new tenants about their rights and to log/respond in a timely manner to all service requests and lawful requests for accommodations (e.g., AODA). Many vulnerable clients whose living conditions could benefit most may not be aware of these rights, esp. seniors and newcomers

		<ul style="list-style-type: none">• Council now looking at introducing a “renoviction” bylaw (2022) to protect tenants from increasing trend of REITs/investors buying underperforming assets (i.e., apartment buildings), unlawfully evicting long-time tenants under the guise of major renovations, and replacing them with renters who will pay higher market rent. (Seniors, people with disabilities, and low-income households are often the victims.) Will likely require proof of offer of equivalent rental units to displaced tenants prior to obtaining construction permits, with significant fines and penalties for failing to do so.
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Stakeholder Engagement

Scope and Data Collection

The data collected from stakeholders included reviewing internal documents provided by CCHC, as well as facilitating a series of 5 “community listening sessions” comprised of a mix of clients, staff and community partners who belonged to (or were adjacent to) specific equity-seeking groups.

Sayid Consulting also conducted 2 focus groups with CCHC’s staff and leadership team, respectively, as well as a series of key informant interviews with 4 of CCHC’s funders.

The stakeholder engagement relied on a qualitative approach to gain an in-depth understanding of common themes and issues. For the community listening sessions, the approach involved obtaining insights from a convenience sample of CCHC staff, clients, and community partners who identified as belonging to (or working with) the 5 equity-seeking groups and who registered for the focus groups. The number of participants for each focus group/listening session is identified in the summary of findings below.

Community Listening Session/Focus Group format:

1. Participants asked to reflect on the past two years, and the impact of the relevant events (COVID pandemic, convoy occupation, etc.) on their lives (or the lives of their clients). The input was recorded via Mentimeter and presented back in real-time via a dynamic word cloud.
2. Participants then asked about ways in which CCHC had been effective in helping them (or their clients) deal with these challenges, as well as to identify other protective factors (e.g., community resources) that were helpful to them.
3. The third portion of the discussion shifted the focus to the future: identifying key trends, supports that will be needed to meet future challenges/opportunities, and stating their hopes for CCHC over the next 5 years.

For funder interviews, a list of questions was drawn up for each agency in consultation with CCHC’s executive director and health analyst.

Staff & Community Engagement: Key Findings

From May to June 2022, over 40 individuals representing community members, community partners from over 15 organizations, as well as CCHC staff, participated in the five Community Listening Sessions. These were hosted over Zoom by the Centretown Community Health Centre and facilitated by consultants Ken Hoffman and Manal Sayid. The stakeholders contributed to the strategic planning process by sharing general insights, perspectives, and reflections on events from the past two years, their impact on community members or their work, challenges, success enablers, and finally, their vision for the future.

CCHC Staff and CCHC's leadership team were also consulted during dedicated engagement sessions.

Stakeholders	Group	Number of responses
CCHC Staff only	Staff	56
CCHC Staff only	Leadership Team	11
Clients & community members, Community Partners, CCHC staff	Vulnerable Seniors and caregivers	14
Clients & community members, Community Partners, CCHC staff	Newcomers and refugees	13
Clients & community members, Community Partners, CCHC staff	2SLGBTQ+	14
Clients & community members, Community Partners, CCHC staff	IBPOC	12
Clients & community members, Community Partners, CCHC staff	Mental Health and Addictions	12
	Total Responses:	132

Experiences over the past 2 years – Common Themes (All Groups)

Mental Health and Addictions

Mental health and addictions came up 99 times across all groups (MH 87, addictions 12). Mental health came up concerning staff, clients and community members. Related themes include anxiety, depression, stress, caregiver stress, frustration, fear, burnout, feeling helpless and drained, trauma and grief. The 2SLGBTQ group brought up increased suicidality amongst the trans community. Themes related to addictions came up in the staff and leadership groups, the Vulnerable Seniors and Caregivers and the Mental Health and Addictions groups. Key themes included an increase in substance use, an increase in overdoses, and the toxic drug supply.

Isolation

Isolation came up 83 times. While it was most prominent in the Vulnerable Seniors and Caregivers group, it was a common response in each listening session. Related themes included loneliness, the loss of connection with neighbors and communities, and the growing fear of others. IBPOC & 2SLGBTQ+ groups also underlined the inability to connect with members of their community. The IBPOC group noted a lack of access to Elders.

Reduced access to services and increased wait times

Reduced access to services and increased wait times, came up 69 times across all the groups. Related themes included trouble accessing services, services being shut down and trouble accessing virtual services. The Newcomers and Refugees group underlined increased language and technology barriers. The 2SLGBTQ+ and Vulnerable Seniors and Caregivers groups noted problems with physical health, in part, linked to limited access to primary care. The IBPOC group noted a lack of access to doulas and midwives.

Poverty and Financial stress

Poverty and financial stress came up 42 times across all groups. Related themes were increasing financial strain, inflation, poverty, and food insecurity. The Newcomers and Refugees group brought up housing several times. The Mental Health and Addictions group also brought up housing and the challenges of shared living spaces. The IBPOC group noted a lack of access to laundromats and public washrooms.

Amplified Inequity

Increasing inequity was a transversal theme. In addition to the themes above, it was noted that equity-seeking communities had been the most impacted by the pandemic and other recent events. Although many of these issues predated the pandemic, the pandemic experience amplified the issues and made it difficult or impossible for groups to access the supports they had come to count on. The Vulnerable Seniors and Caregivers group underlined growing discrimination, stationariness, isolation, and decline. The Newcomers and Refugees group noted increased marginalization, hate crimes, and harassment, and falling through the cracks. The 2SLGBTQ+ group noted increasing hatred, personal safety concerns, and racism. The IBPOC group mentioned hate crimes, growing racism, bias, and prejudice, systemic racism in health care, over-policing, and being forced into a day-by-day survival mode. The Mental Health and Addictions group reported growing discrimination and feeling unheard.

Building on Strengths and A Vision for Centretown CHC's Future

In the latter part of the listening sessions, groups were asked to identify the protective factors that had promoted health, wellbeing and community connectedness in their lives during the challenging past two years (discussion 2) and to envision how they'd like Centretown CHC to build on these strengths and enabling factors to fulfill their vision of what Centretown CHC should be (discussion 3). Here are the findings, presented by group.

Findings from the CCHC Staff and Leadership Team Focus Groups



Success Factors to Build On

Based on input from CCHC's staff and leadership team, four key themes as key success factors to build on: "Adaptability", "Staff Commitment and Support from Management", "Strong Lines of Communication", and "Community and Culture".

Adaptability

Balance between shifting services as needed and maintaining services best to meet the needs of clients and especially marginalized clients.

During the pandemic and convoy, CCHC maintained key services in-person to ensure marginalized clients had access to care. Several people underlined the importance of keeping some in-person primary care appointments available, especially for those who could not access virtual care or had complex cases. The Community Support Worker (CSW) Team successfully maintained its face-to-face service to clients, and the doors remained open to vulnerable communities including individuals in transitional spaces, people who use drugs, people without housing, and many others.

This success was supported by CCHC enforcing COVID protocols, staff stepping up to do COVID screening at the front doors, and management taking concrete steps to prioritize client and staff

safety (e.g., securing the front doors with additional personnel during the trucker convoy occupation) throughout the significant and unprecedented events of the past 2 years.

As new situations emerged and gaps in access were identified, CCHC responded with agility and shifted its resources in a timely fashion. This started with the pivot to virtual work, supported by IT and management in the Spring of 2020, as COVID-19 was taking hold in our community. Teams worked diligently to enable an efficient transition to virtual and phone appointments for all “non-essential” services while keeping doors open for critical needs (e.g., primary care, harm reduction and early year supports). CCHC was able to successfully meet the challenge of getting clients used to the new ways of providing care (phone, video etc.), reporting high client satisfaction rates with virtual care (96%) in its first year of virtual service delivery.

Key successes include the Diabetes Education Program (CDEPO) launching a series of virtual online workshops, which meant that clients diagnosed with diabetes were able to maintain access to group workshops and 1-on-1 consultations with dietitians, educators, and kinesiologists without interruption through virtual means.

Several people highlighted the Centre’s active role in the community pandemic response as a shining example of success. Early on, the COVID testing and vaccination clinics at Centretown CHC were one of only 3 sites that newcomer communities and street-involved clients could access without requiring an OHIP care (recent newcomers are often only covered under Interim Federal Health insurance). CCHC also significantly contributed to Respite Centres where marginalized community members could access safe spaces and wrap-around supports. Other staff underlined activities such as social wellness calls to vulnerable seniors and delivering supplies to home-bound community members.

Significant new services were launched to meet needs and fill gaps. In partnership with other agencies, Counselling Connect provided free same-day access to counselling and acted as a lifeline to reduce the anxiety and isolation of many community members. The Urban outreach and Newcomer clinics took on vulnerable clients from other agencies who could not maintain in-person services throughout the pandemic. The Well Baby Clinic helped ensure that no babies missed their 0-18 month immunizations.

[Staff Commitment and Support from Management](#)

The dedication and flexibility of staff and the ability to work across departments came up repeatedly. Leadership underlined staff’s willingness to do whatever it took to meet clients’ needs, by showing great flexibility and willingness to be trained in new areas outside of their usual job descriptions. Front-line staff who worked on site were especially praised for continuing to support clients despite the additional challenges of being on-site with greater demands and less on-site staff. Staff felt protected by the agency in having steady access to PPE, strongly enforced infection control protocols, and the swift proactive measures taken to keep people safe during the trucker convoy occupation. They also appreciated the flexibility shown to staff in embracing the shift to virtual delivery, flexible on-site scheduling, and enabling staff to support their families by working from home when possible. Staff also appreciated management’s supportive leave policies, such as creating dedicated banks of COVID leave, communicating flexibility and support around the use of sick leave (i.e., for mental health days), and applauded management’s offer to pay hotel costs for staff and their families if their living conditions and mental health were being significantly impacted by the trucker convoy occupation. It was

noted that management came up with ideas quickly, communicated effectively, was approachable, showed flexibility, and successfully balanced the interests of staff and clients.

Strong Lines of Communication

Strengths also included the organization's outreach and communication in times of crisis, including both internal (to staff) and external communications (to clients) around access to testing and the availability of vaccines and vaccine clinics. Internally, strong lines of communication and regular updates from leadership were greatly appreciated and helped staff know what to expect throughout otherwise chaotic and unpredictable times. Being able to obtain support and clarification in terms of roles and responsibilities, coaching, and consistent guidance were appreciated. Communication also helped support the transition with technology, as new phone systems, video appointment tools and instant messaging capabilities quickly came online.

Community and Culture

CCHC's culture of putting not only client but also staff needs at the centre is what ultimately allowed it to be adaptable and to show great agility and responsiveness in times of crisis. Consistent displays of transparency by management, as well as trusting and empowering teams to innovate and develop tailored responses to emerging challenges, were mentioned as success factors. Teams leaned on colleagues and supported each other to get through difficult times experienced at work and at home, and many feel highly supported by their teams and supervisors – and closer as a Centre – as a result. Frequent check-ins with staff via surveys and the open invitation for them to participate in multiple strategic planning conversations helped them feel seen and heard by senior management. One person noted, "Community started within."

Key Trends, Opportunities and Hopes

Resources & Service Innovation

- Funding will be a key driver going forward to maintain staffing and service levels. Additional resources were felt to be especially needed in specific areas (trans health, black & newcomer health, seniors).
- Maintaining our quality of care and reputation (e.g., for high quality primary care, LGBTQ/trans health) while adapting to how the world is changing around us (e.g., growing expectations around virtual care).
- Improving inter-departmental collaboration and external partnerships to address gaps in access, as some agencies/services relied upon by our clients are likely to be operating at reduced capacity for some time to come.
- Continuing to find efficiencies using technology
- Adapting the model of care: adding key resources (e.g., link worker) to address silos and increase continuity of care for the user. Leveraging family members, neighbours, volunteers, and mutual aid networks as formal/informal supports (where available) to improve client resiliency, decrease isolation and increase community belonging → e.g., Social prescribing approach

Staff Retention and Wellness

- Addressing staff turn-over and challenges with recruitment.
- Finding ways not to overstretch capacity. Addressing burnout.
- Addressing staff compensation and rising cost of living.
- Recognizing stress and struggle that staff have gone through. Tempering expectations, Leaving time to catch our breath before going on to new projects.
- Maintaining flexibility (scheduling, remote work) that staff have come to rely on
- Team activities to improve morale/mental health
- Training opportunities during work hours
- More opportunities for temp/ term employees

Technology, Virtual Services

- Reducing time & resources spent on admin and charting between client appointments – leverage technology to optimize time spent on high-value work
- Being mindful of digital equity: Connecting with clients left behind by technology, while minding limitations and inappropriate use of technology (esp. when providing services with seniors)
- Providing supports (e.g., digital health coaching) where client with mobility barriers could benefit from virtual care with some supports in place
- Providing client choice of accessing appointments in person, by phone or by video, as well as option of booking online, over the phone or in person

Equity

- Preparing for impacts of worsening income inequality, inflation, decreased social trust
- Increasing advocacy to ensure a “just” and equitable recovery
- Working in participatory ways with equity-deserving communities to identify and work on priority areas (e.g., Black health, recent newcomer, Francophone communities) in the aftermath of the COVID pandemic
- Trust building with community
- Improving sociodemographic data collection to ensure governments, agencies, and community organizations have better understanding of the community/population needs
- Antiracism work timely to support momentum we've built in the past year / Policies and procedures that incorporate anti-oppressive and anti-racist language, values and ideals.
- Offering French-language services equitably and improving active offer of cultural interpretation for all services

Poverty and financial stress

- Mitigating impact of inflation on financial security of young people and low income individuals/families → e.g. lack of affordable housing, food insecurity, cost of transportation
- Addressing the existing and lagging mental health impacts of the pandemic for children, youth and parents, as well as isolated individuals and others at higher risk (e.g., trauma survivors)

- Restoring trust in social support systems and institutions where vulnerable clients have felt abandoned during COVID lockdowns, as well as trust in other civic institutions - ex. City, Police services – in aftermath of trucker convoy.
- Developing an appreciation for intersectionality of poverty – what groups are overrepresented among Ottawa’s low income households, how does it affect what we offer for services, what we advocate for

Changing Populations & Shifting Needs

- Improving readiness to meet needs of frail seniors in 85 year old cohort, which will triple in coming years.
- Anticipating a client cohort with higher rates of chronic disease (E.g., diabetes) and greater medical complexity on average
- Improving planning around incoming influx of immigrants and refugees, including more newcomers who don’t speak EN or FR (e.g., Ukrainian and central Asian newcomers)
- Addressing system capacity meet needs of gender diverse clients: trans health program doubling every year since 2020 and count of people who identify as genderqueer/trans reported to be doubling every 5 years as social acceptance improves

Community

- Bringing back in-person personal development groups, e.g., in-person physical activity groups (tai chi, yoga, chair exercises) and cooking classes.
- Creating safe and positive places for community gathering, particularly for our street-involved clients
- Adding more plants, greenery, and green spaces; making the space feel good, welcoming, attractive
- Increasing participatory community-building initiatives amongst staff and wider community.

Climate Change:

- Anticipating how climate change will impact community health and increase need for emergency preparedness (e.g., increase in violent storms, floods, and heat waves; effects on vulnerable communities such as seniors living in isolation and homeless individuals)

MH and Overdose

- Addressing the doubling in opioid overdose-related deaths seen throughout the pandemic; Urgent need to improve response related to overdose prevention – Safe injection sites at CCHC or nearby – Strong advocacy for decriminalization and safe supply.

Findings from CL Session on Vulnerable Seniors and Caregivers

(n=21)



Success Factors to Build On

The group echoed the conversation amongst staff and leadership about the importance of staff flexibility and adapting services quickly to meet the community's needs (e.g., finding transportation support, facilitating home-based visits, and running sidewalk coffee groups when seniors could not access indoor facilities).

Partnerships and collaborations were important and included CCHC's work with the City and community partners to deliver home-based supports (COVID test kits, vaccinations, and hot meals), set up volunteer networks of "friendly callers", as well as hotlines for people impacted by COVID.

Through social media and informal in-person networks, important community assets and supports also emerged without the involvement of CCHC or any other formal agencies: individuals in high-rise communities as well as on Reddit and Facebook groups emerged to volunteer mutual aid in unprecedented ways. Neighbours stepped in to support seniors and informal social connections became lifelines for many seniors, especially prior to the private sector launching delivery services for groceries and prescriptions. Centretown CHC employed staff and volunteers to make check-in calls to isolated seniors and paired them together to create informal supports where people were without family or social supports. CCHC teams adapted well to building relationships over the phone and community partners trusted that they could continue to refer their clients to CCHC for support during the pandemic.

Key Trends, Opportunities and Hopes

The group hopes to see greater coordination amongst providers involved in seniors' care (which could be a role for the Ottawa Health Team-Équipe Santé Ottawa) to make finding the right services at the right time easier.

It was noted that the Centre could explore being more intentional in its offer of "senior-friendly care" (e.g., more timely clearing of snowbanks in the winter, accessibility of written resources/website, etc.).

This group would like to see the following programming:

- LGBT seniors health clinic and more sexual health testing
- Programming to address isolation and bring seniors together
- More home visits for seniors to support a variety of issues, including foot care

- Social prescribing for isolated seniors
- Focused programming for newcomer seniors – improving offer of culturally appropriate care for various linguistic/ethnocultural groups

Findings from CL Session for People impacted by Mental Health and Addictions

(n=16)



Success Factors to Build On

The group echoed the importance of virtual service to increase access, but also the need for in-person support (both a strength and something that could be built on). Factors that helped included:

- CCHC distributing phones/data to community members lacking access to technology, via CCHC's partnership with the Phoenix Centre
- Phone-based supports (e.g., Good Companions phone program)
- Respite Centres - spaces where people have permission to exist during the pandemic
- Community health initiatives developed for and by the community (e.g., ACB mental health resources via Counselling Connect)
- Having access to staff (e.g., community support workers) with lived experience

Key Trends, Opportunities and Hopes

This group noted the need for improved collaboration with other urban health-focused partners and agencies, and the need to ensure lower barriers to access services. This group would like to see the following programming:

- increase efforts around harm reduction, day programming, cell phones, spaces where people feel welcome
- increasing outreach and wraparound services as well as a focus on preventative care for unattached street-involved clients
- revisiting options for supervised consumption services at or near CCHC in light of overdose death rate
- involving street-involved population in social prescribing
- increasing access to psychiatry on site, as well as home visits to higher risk clients
- partnership with dementia society to support seniors
- supports for grieving clients
- more support groups and services available in French

- implementing services specifically tailored to marginalized (i.e., First Nations, Inuit, racialized) communities

Findings from CL Session for Newcomers and Refugees

(n=16)



Success Factors to Build On

The group echoed the importance of CCHC’s agility in providing relevant services and meeting clients where they are, including its offer of low-barrier COVID testing and vaccination clinics, as well as maintaining access to walk-in primary care services and the Well Baby Clinic. The use of cultural interpretation (e.g., OLA) also helps to reduce language barriers. The partnership with Connected Canadians helped clients with low tech-literacy to access technology coaching prior to their video visits, enabling them to improve their comfort as well as enabling them to access other services via digital means.

This work could be built upon by adopting new tools and strategies, e.g., the use of WhatsApp in Arabic and Somali, to increase access to basic information. Existing community tables (e.g., Ottawa Diabetes Network - CHEO, TOH, etc.) appear to meet regularly to address newcomer health needs in relation to specific focus areas, including client needs, emerging issues and continuity of care; However, our community partners such as Ottawa’s Local Immigration Partnership are strongly voicing the need to do more to leverage existing immigration targets and publicly available newcomer data to better anticipate, plan for and monitor the holistic needs of newcomers, especially around primary care access and culturally-appropriate, trauma-informed mental health supports.

Key Trends, Opportunities and Hopes

The group underlined the importance of offering culturally-appropriate clinical care (e.g. linguistic, cultural diversity among our MDs/NPs); hiring primary care providers and counsellors with lived experience as newcomers; improving awareness of our programs and services among newcomer clients via outreach in multiple languages (e.g. website); and improving awareness among health care providers of our language/interpretation capacity and low-barrier service model (IFH).

This group would like to see the following:

- Advocacy to improve newcomer access to family doctors – Ottawa CHCs are well positioned to quickly close urgent gaps in primary care access with government support

- Monitoring/improving the active offer of cultural interpretation at CCHC
 - Offering system navigation specifically geared to newcomers and linguistic minorities
 - Linking newcomer families to affordable housing and childcare
 - Linking newcomer families to language training and employment resources
 - Increasing newcomer group programming to decrease isolation
 - Expanding outreach to newcomers living in temporary housing/shelters
 - *Hiring MDs/NPs and counsellors with newcomer experience*
-
- *Working with Ontario Health East and OHT partners to forecast healthcare needs related to immigration*

Findings from CL Session for Indigenous, Black and People of Colour (IBPoC) Communities
(n=15)



Success Factors to Build On

The group echoed the importance of making services available virtually and assisting clients in accessing these services. They noted the value of being able to connect within and across communities to access peer support, whether informally or through formal resources by and for the community, such as the African/Caribbean/Black (ACB)-specific mental health counselling available through Counselling Connect.

Once again, the Centre's ability to deliver smartphones and tablets to IBPoC clients on low income was seen as a strength, as well as the Connected Canadians partnership to help improve digital literacy in ways that are accessible to IBPoC communities.

Another important factor that supported these communities were mutual aid and grassroots organizations (ex: Black Diaspora Coalition, hitthestreets.ca, Indigenous Solidarity).

Despite an emphasis on strengths, participants noted many areas for improvement.

Some participants stressed the lack of Indigenous Elders and Medicine People at the pandemic emergency response tables as a failing that could be learned from. Additionally, it would have been useful to provide more specific guidance for racialized communities where multigenerational families are more common regarding COVID protection. Throughout the pandemic response, the overall lack of Indigenous and ethnocultural representation was felt to have resulted in poor access to culturally appropriate foods, services, and supports.

Key Trends, Opportunities and Hopes

The group notes that Centretown CHC, as an individual and as a convening member of the Ottawa Health Team-Équipe Santé Ottawa, has important the opportunity to engage community organizations and groups representing IBPoC communities more intentionally to find ways to increase the voice of end-users in programming (and not just DEI).

Tools could be used to ensure new programs and services are culturally appropriate and accessible to diverse communities. There is ongoing need for cultural sensitivity training. To reduce barriers to accessing CCHC among groups that are likely to have experienced racism in healthcare settings, the Centre could raise awareness about the diversity of its Board, staff and volunteers using available communication tools.

This group would like to see the following programming:

- Finding different ways of holding mental health space and sharing experiences in the aftermath of traumatic community events (e.g., trucker convoy)
- Improving access to traditional foods (i.e., Country food) and culturally appropriate foods within its nutritional and food insecurity programming
- Developing strong ties to grassroots organizations and developing participatory approaches to inform new programs and services, i.e., the delivery of accessible and culturally appropriate virtual services
- Improving access to transportation to appointments for low-income households and individuals with transportation barriers

Findings from CL Session for 2SLGBTQ+ Communities

(n=22)



Success Factors to Build On

This group echoed the importance of keeping the doors open and having a strong online presence. Strengths to build on included virtual options for groups and counselling for/by the community, as social events and activities (Pride virtual events, OSPN i.e.: movie nights, meditation etc.) that help 2SLGBTQ+ feel strong and connected.

Like the IBPoC group, the importance of mutual aid and informal community groups was underlined (ROSE Ottawa / SAEFTY / Kind Space / Max Ottawa / OSPN). Despite ongoing challenges in accessing quality 2SLGBTQ+ health care, there was optimism around the work of

the Regional Planning Table for Gender Diverse Health in Champlain, where the regional funder of healthcare services has been engaged in meeting with community members and trans health service providers to plan around community needs.

Key Trends, Opportunities and Hopes

The group suggests CCHC is well positioned to be a catalyst for queer and trans healthcare innovation and services in our community. Not only could CCHC be a provincial model and regional model for 2SLGBTQ+ healthcare. While its resources are being used at or beyond capacity at the moment, there is felt to be room to improve awareness of CCHC's services and a responsibility to engage in capacity-building efforts to improve educational opportunities offered to local primary care providers around best practices in 2SLGBTQ+ health care.

There is also an opportunity to ensure new staff are fully aware of available services and where staff from different departments can refer their 2SLGBTQ+ clients both internally and externally. Like other groups, the critical importance of having staff with lived experience was identified.

This group would like to see the following:

- CCHC becoming a regional hub for 2SLGBTQ+ health:
 - Strengthen linkages with co-located services (e.g., MAX Ottawa)
 - Improve offer of mental health counselling by/for the Gay community, as well as trans/genderqueer/two-spirit communities (counsellors with lived experience)
 - Focus on healthcare needs of 2SLGBTQ+ seniors, given "grey tsunami" on horizon
 - Focus on gay men's (MSM) specific healthcare needs
 - Support groups for older trans people (including seniors)
- Improving early year supports for parents of children identifying differently from birth
- Advocacy and education re: diff identities, anti-bullying
- Advocacy and linkages to improve 2SLGBTQ+ access to affordable housing
- More Indigenous-specific supports for two-spirit people
- Increasing French-language services in current 2SLGBTQ+ offerings

Funder Interviews

Consultants performed Key Informant Interviews with the four key funders of CCHC's programs and services (see **Appendix B** for a summary of each interview):

- Ontario Health East: Jai Mills, Rod Olfert, Renée Lebovitz Pelletier
- City of Ottawa: Donna Gray
- United Way of Eastern Ontario: Michael Allen, Dennise Taylor-Gilhen
- Community Foundation of Ottawa: Marco Pagani

Main themes

- Ontario Health's strategic priorities 2022-23:
 - Reduce health inequities
 - Transform care with the person at the centre
 - Enhance clinical care and service excellence
 - Maximize system value by applying evidence
 - Strengthen OH's ability to lead
- City of Ottawa's Community Safety and Wellbeing Plan priorities:
 - Discrimination, marginalization and racism
 - Financial security and poverty reduction
 - Gender-based violence and violence against women
 - Housing
 - Integrated and simpler systems
 - Mental well-being
- Health inequity is recognized by all funders as a priority area
- Broad recognition of need for DEI in organizations and services working in health and social services, and for service planning and delivery approaches that are inclusive and culturally appropriate.
- Shift from funding based on outputs to outcome-based funding – increased use of patient-reported experience and outcome measures (PREMs/PROMs), systemic/population-based outcome measures for reporting.
- Goal to transform systems of care with the person at the centre – greater integration, coordination (Ontario Health, City of Ottawa).
- No clear expressions of specific tools/supports for system transformation:
 - Focus for system transformation will be the Ottawa Health Team-Équipe Santé Ottawa. Ontario Health Teams will be required to address needs of vulnerable populations. They will be required to report on system performance (unclear what these indicators will be). However, no commitments made on the tools to be made available to OHTs to support system transformation (e.g., funding, reallocation of resources).
 - Although the inability to access primary care in Central Ottawa was recognized as an issue, no specific solutions were forthcoming (“provincial HHR strategy will be announced in near future; OHTs will need to develop solutions”)
- Mental health and addictions is broadly recognized as a priority. Support for initiatives to increase access (e.g., Counselling Connect).

How CHCs are seen

- CHCs in general are recognized for their leadership in dealing with vulnerable populations, also for using an integrated, holistic model of care.
- CCHC is particularly recognized for leadership in 2SLGBTQ+ services and mental health and addictions (e.g., Counselling Connect)

Opportunities for Centretown CHC

OHT

- CHCs encouraged to continue to advocate for needs of vulnerable people using its leadership role within the Ottawa Health Team.
- CHCs can model an integrated model of primary care within their OHTs.
- CHCs should leverage their experience developing innovative programming and engaging in community co-design to stand up impactful programs and services within the OHTs.
- CHCs should attempt to lead/influence the development of indicators for OHT performance, as these will be the basis of new accountability and funding agreements.

Primary care

- Primary care is an area that is begging for innovative approaches, although unclear what role OHTs will play, or what funding will be available

Mental Health and Addictions

- Significant interest in MH+A at all levels
- City looking to expand its Lowertown-Byward Market pilot (led by Inner City Health) to other neighbourhoods through creation of "community tables" to take a collective impact approach (e.g., in Lowertown's case, creation of 24/7 community response teams to monitor and address community issues and residents in distress). Looking for CHCs to assume leadership in this area.
- Expand use of Place-based mental health approach (coordinating work of mental health providers in specific buildings; peer support; wellness activities)

Virtual care

- Will continue to be an important area for development
- Need more evaluation about the most effective role for virtual care – for whom is it most effective/appropriate? For what issues?
- What strategies can help ensure digital health equity?

Diabetes Education and Screening

- Health equity will be a key consideration in development of these programs, how to be creative in reaching populations that do not participate.
- As many people are unable to access primary care, it will increase the importance of the community-based Diabetes Screening Program and direct referrals to diabetes education. People are now at higher levels of acuity.

Community development/mutual support

- Mutual support has been extremely important for helping people to get through the pandemic and occupation. How could CCHC more intentionally support and engage with groups/online spaces where mutual aid is being organized?
- Explore possibility of support with all funders.

Appendix A – Summary of Key Themes in Discussion 1: Reflection

Common Theme	Occurrences	Related Themes
Mental Health and Addictions	(MH) 99, (ADD) 12	anxiety, depression, stress, caregiver stress, frustration, fear, burnout, feeling helpless and drained, trauma and grief
Isolation	83	loneliness, the loss of connection with neighbors and communities, and the growing fear of others
Reduced access to services and increased wait times	69	trouble accessing services, services being shut down and trouble accessing virtual services
Affordability	42	increasing financial strain, inflation, poverty, and food insecurity
Amplified Inequity	Transversal theme	

Appendix B – Report on Key Informants Interviews

Ontario Health East: Jai Mills, Rod Olfert + Renée Lebovitz Pelletier

Jai Mills is Acting Vice President, System Strategy, Planning, Design and Implementation. She is leading the Mental Health Strategy for the Eastern Region.

Rod Olfert is Lead, Planning and Implementation, and has been focused on Mental Health and Addictions.

Renée Lebovitz Pelletier is Lead, Planning and Implementation. Her focus is on chronic disease, especially diabetes.

Ontario Health priorities

- Newly released business plan describes five strategic priorities for the coming year:
 1. Reduce health inequities
 2. Transform care with the person at the centre
 3. Enhance clinical care and service excellence
 4. Maximize system value by applying evidence
 5. Strengthen OH's ability to lead
- A key priority in the coming year will be COVID recovery, paying particular attention to groups that had been severely affected e.g., children/youth, precariously housed, people dealing with mental health and addictions. The emphasis was to provide low/no barrier access to services, and to support people experiencing ongoing impact.

OHTs

- OHTs will be key places where innovation and health system transformation will happen. They will be expected to develop focused strategies to bring the partners together to share resources and break down silos to address specific populations and issues. One of their big roles will be to foster true partnerships and collaborations.
- OHTs will continue to focus on special/marginalized populations.
- CHCs have an important role to play at the OHTs. As the system is moving towards greater integration, they already represent an integrated model of care. In addition, they are heavily connected with vulnerable populations. It will be important for CHCs to bring this experience and these connections to the OHT; she sees CHCs taking a real leadership role in the OHTs. EDI framework will also support equity.
- CHCs can show other partners how to work effectively with vulnerable populations and co-design programs with them
- Big change in OHTs is that they will be accountable for the performance of the health system for the populations they serve. Shift from focus on outputs to outcomes.
- OHTs will have important role in QI on system level.
- This is a transition period. OHTs have been dealing directly with the Ministry of Health, and that is going to shift to Ontario Health in October/November.

- Not sure about what kinds of funding or other tools OHTs will have to do their work. Also unclear the level of autonomy and flexibility that OHTs will have in developing their approaches.

Mental Health and Addictions

- Mental Health and Addictions Centre of Excellence has been guiding the strategy.
- Focus will be on reducing the ALC numbers in hospitals to return them to the community, with appropriate supports e.g., supportive housing.
- Also focus on improving standards of care, coordinated access and linking Primary Care to mental health and addictions services.
- When asked about the idea of addressing the type of community trauma that was experienced during the pandemic and the occupation, she said she didn't feel this was well understood, and wanted to get a better sense of the actual needs and impact on the community.
- Counselling Connect has been a major initiative; plan is to take it across the province.

Primary Care/HHR

- With respect to the issue of problems in accessing primary care providers, the province will be addressing this through a Health Human Resources strategy.
- Ottawa Health Team should be developing a strategy to address the need in the population they serve.
- Also important to propose strategy to support wellness of health workers in OHT.

Diabetes Education and Screening

- Health equity will be a key consideration in development of these programs, how to be creative in reaching populations that do not participate. A new data strategy will be coming to support this work.
- Partnerships and building capacity
- As many people are unable to access primary care it will increase the importance of Diabetes Education and Screening. People are now at higher levels of acuity.
- "support people to keep well in the community"

Virtual care

- Virtual care will continue to be supported as an important strategy to increase access.
- Need to monitor the populations not well-served by virtual and develop alternative/mitigation strategies.

How CHCs/CCHC are viewed:

- CCHC is very much viewed as a leader, especially in 2SLGBTQ+ care.
- CCHC has also done important work in mental health, especially in Counselling Connect
- CCHC also seen as a leader in diabetes program.
- CHCs seen as bringing important expertise and leadership to OHTs, especially how to deal with vulnerable populations, and an integrated model of care.

City of Ottawa: Donna Gray

Donna Gray is General Manager of Community and Social Services

Key Strategies

The City's work in this area is guided by a number of key strategies:

1. Community Safety and Well-Being Plan

- The CSWBP is seen as a foundation for City's work with communities. Priorities identified in the plan are:
 - Discrimination, marginalization and racism
 - Financial security and poverty reduction
 - Gender-based violence and violence against women
 - Housing
 - Integrated and simpler systems
 - Mental well-being
- City will play a number of key roles in this process: convenor, leader, identify gaps, bring people together.

2. Anti-Racism strategy

- Will be an overarching strategy to deal with racism in system and structures.
- "If we address these, there will be value for all groups."

3. Community Funding Framework

- Provides guidance to City's approach to supporting community organizations
- Priorities:
 - Poverty reduction
 - Community development
 - Social infrastructure
- Types of funding:
 - Sustainability funding
 - Project Funding
 - Community Fund
 - Civic Events Funding
 - Emerging and Emergency Needs fund
- General criteria based on:
 - Needs/impact
 - Look for greatest impact
 - Align resources to areas of city experiencing greatest inequities
 - Efficiency/collaboration
 - Transparency/accountability
- City has been funding some coalitions (e.g., Indigenous) to build capacity

4. Coordination of Funders

- Grantmakers Forum has also been important for helping funders to work in coordinated way
- Local Ministry table aims to simplify and coordinate funding
- Work will be informed by CSWBP
- City is prepared to coordinate approach to multi-Ministries

Work on Specific Issues:

The City cited work on a number of specific issues:

Mental Health

- City supporting Guiding Council on Mental Health that is developing alternative strategies to respond to mental health crises (alternatives to police)

Seniors

- Seniors needs being considered in Affordable Housing Strategy
- City will be developing new Older Adult Plan in next term of Council

Newcomers

- Being considered in the Anti-Racism Strategy
- City support of OLIP, and helping to engage City departments

Role of CHRCs:

- CHRCs seen by City as extremely important players in implementation of CSWBP
- Looking to CHRCs to take leadership as “community tables” are established to develop a coordinated, integrated, neighbourhood-based approach to address priorities
- In Mental Health and Addictions, City is not a major player – look to CHRCs for leadership (together with Guiding Council on Mental Health)
- Pilot in Lowertown (led by Inner City Health) could serve as a model for community-based response to mental health and addictions. Includes outreach, peer support, etc. “Need to get response out of hands of institutions and into the community.” City would like to spread this approach to other parts of Ottawa, especially where there is high concentration of street-involved people.
- Collective impact approach.
- CHRCs could also play important role in harm reduction/safe supply.
- CHRCs will be required to show how they are addressing needs of IBPOC communities.
- Food security will be another important area for action; CHRCs can be developing neighbourhood strategies.
- City is also aware of lack of access to primary care, especially for marginalized groups.

United Way of Eastern Ontario: Michael Allen + Dennise Taylor-Gilhen

Michael Allen – President and CEO of United Way East Ontario.

Dennise Taylor-Gilhen Vice President, Community Impact of United Way East Ontario.

CCHC received one-time Funding from United Way (\$571,955) to fund Counselling Connect activities which will all be spent by June 30, 2022.

Area of Focus:	Priority:
All that Kids Can Be:	early-childhood education, support for young parents, after-school programs, school-based

Every kid should have the basic building blocks to stay on track to succeed—in school, and in life.	addiction counselling, and housing supports for youth experiencing homelessness
Healthy People Strong Communities: Ensuring our communities are great for everyone by improving equity, connections and overall well-being.	Significant focus on seniors and caregivers and mental health and problematic drug use
From Poverty to Possibility: A job, a purpose, a sense of belonging—ensure more people in communities achieve financial independence and stability.	job training and mentoring for youth, newcomers and people with disabilities, as well as education for employers

Opportunities: Future Direction and how to apply it to investment?

Future Direction:	Application in Investment?
United Way across Canada are focused on DEI and working in a collaborative way with indigenous communities	-Culturally appropriate supports (i.e., mental health services and problematic substance use supports) - United for All: coalition of 44 organizations representing 150+ partners who are all committed to overcoming hate-based violence, racism, and extremism in East Ontario.
Address exhaustion, burnout, fatigue	-Counselling Connect
Transformative, Modernized, Approaches	-organizations that address systemic, region wide changes (rural and urban) that include multi-sectoral partnerships
Food security, housing loss prevention, mental health and problematic substances esp. as it relates to OPIOD Crisis	-collaborate with different partners

United ways across Canada are focused on DEI and working in a collaborative way with Indigenous communities.

Ottawa Community Foundation: Marco Pagani

System Changes: Context: Community Foundations embed the 17 Sustainable Development Goals (SDGs) across their work. What does this mean?

- prioritize outcomes instead of outputs. Look toward the problem the initiative is solving rather than the activities that you are doing.
- Focusing on activities rather than outcomes kills growth and innovation and creates stagnation.
- Impact investing
- Coordinated efforts
- Use SDG language

- No focus on one particular "issue"

Opportunities:

1. The New Leaf Community Challenge (NLCC) is an annual process to select and develop a small number of strategically significant proposed initiatives that are then eligible for a major grant. The core OCF commitment is \$125,000, but is typically significantly supplemented by additional grant funding from OCF donors or other funding partners. 2022 focus is Human Resources. Transformative ways of addressing "Decent Work":
 - market-based compensation
 - policy or procedure for managing extra time worked
 - clear and transparent compensation grids, which leads to equity within the organization (addresses inequity issues for racialized and gendered staff).
 - offering benefits and adjusting salaries to inflation
2. **Merge the ideas of philanthropy and advocacy:** public sector support is often a key component to addressing systemic issues. Participating in activism and advocacy is just as important as financial support in achieving the outcomes desired.
3. CHCC to directly engage in lobbying and public policy advocacy that will help further progress in their cause area.
4. Example: social enterprises/microloans – get out of charity mindset.