# APPENDIX III: Backgrounder on Key Areas of Strategic Inquiry

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Presented to CCHC's Board and Strategic Planning Committee on **July 05, 2022**

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**While we might feel small, separate, and all alone,**
**Our people have never been more closely tethered.**
**The question isn't if we can weather this unknown,**
**But how we will weather this unknown together.**

- Excerpt from "The Miracle of Morning", by Amanda Gorman

# KEY QUESTIONS FOR STRATEGIC CONSIDERATION

As Centretown CHC's Strategic Planning Committee set out on its fact-finding mission for this environmental scan in early 2022, it identified 4 high-level areas of strategic inquiry:

i.) **How can we reimagine our work from an anti-oppression perspective?**
ii.) **What is our role in responding to our community's trauma?**
iii.) **What role can we play in community capacity-building?**
iv.) **How can our organization and its staff be supported to stay healthy and resilient in a turbulent environment?**

### Reimagining Our Work from an Anti-Oppression Perspective

#### *Supporting the health and wellbeing of Centretown's Indigenous residents*

As 2022 inaugurates the first National Day for Truth and Reconciliation, we are called upon to reflect on the slow pace of progress in implementing the National Truth and Reconciliation's 94 Calls to Action, of which only 11 had been implemented 6 years after the report was first authored in 2015 (Jewell & Mosby, 2021). As Centretown CHC undergoes an organizational review – dubbed the Anti-Racist Organizational Change initiative – to better align its policies with its values of anti-oppression, the organization must reflect on its role in reconciliation as the largest inter-professional primary care centre in the heart of our nation's capital.

Specific to the calls to action, Centretown CHC may be well-positioned to do a number of things:

1. Helping to identify and close gaps in health outcomes between Aboriginal and non-Aboriginal communities (Call to Action #19)
2. Recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested (Call to Action #22)
3. Ensure that Aboriginal peoples have equitable access to jobs, training and education opportunities in the corporate sector (Call to Action #92(2))

Centretown CHC has also been ensuring that its management and staff receive annual training to better understand the history of residential schools and their lasting impact on the health and wellbeing of generations of First Nations, Métis and Inuit people (Call to Action #92(3)). It has the opportunity to build on this work to deepen staff's understanding of the crucial concepts that will be important steppingstones on the journey to Indigenous allyship and reconciliation, such as the UN Declaration on

the Rights of Indigenous Peoples; Treaties and Aboriginal rights; Indigenous law; and Aboriginal-Crown relations.

Only once these concepts are fully appreciated can we begin to engage on Indigenous issues "in a good way" – both as an individual organization and as a convening member of the Ottawa Health Team.

Unfortunately, we must confront the reality that Indigenous peoples still routinely experience today when accessing the health care system in Ottawa. A recent report of Indigenous patient experiences, collected by Wabano's Share Your Story initiative, revealed that racial animus was most likely to be experienced in the emergency rooms and maternity wards of Ottawa hospitals (see Figure 1), as well as in health clinics and while receiving paramedic care in the community setting (Wabano Centre for Aboriginal Health, 2022).

These experiences were reported by a large percentage of study participants to have harmed their physical and mental wellbeing, as well as sown mistrust towards institutions such that three quarters (75%) of respondents reported actively reducing their interactions with health professionals as much as possible, even at their own risk, to avoid racist treatment (Wabano Centre for Aboriginal Health, 2022).

| Racism by Service/Department | Count | Percentage |
|---|---|---|
| Emergency | 128 | 43% |
| Health Clinic | 48 | 16% |
| Maternity | 29 | 10% |
| Paramedics | 14 | 5% |
| Mental Health | 13 | 4% |
| Dental | 9 | 3% |
| Surgery Unit | 9 | 3% |
| Specialist | 9 | 3% |

**Figure 1. Count of individuals experiencing anti-Indigenous racism in Ottawa by healthcare setting.**

Before attempting to play a larger role, Centretown CHC's leadership must be satisfied that we have strong mechanisms in place to invite and properly resolve complaints of anti-Indigenous racism experienced by clients accessing our care. It is also critical to begin engaging with Indigenous partners at different levels to guide our steps to answer the NTR's calls to action, such as reporting data on health inequities between our Indigenous and non-Indigenous client cohorts and working to expand access to Elders and traditional healing services in our catchment.

Finally, we heard the pain in the voice of our Elder as she reflected on the visible absence of non-Indigenous allies and partners from the first-ever National Day for Truth and Reconciliation's community events in the Capital region. We will not succeed in binding our fates together in the journey to collective liberation from

settler-colonialism so long as we continue to inhabit separate spaces and fail to show up for each other.

### *Supporting the health and wellbeing of racialized newcomer communities*

Newcomer communities and the agencies who serve them are vital to Ottawa's vibrant culture have been very clear in our consultations: the lack of primary care access in Ottawa is becoming a crisis. This lack of access exacerbates many known, pre-existing barriers to health for newcomers, which include but are not limited to (Canadian Pediatric Society, 2014):

- **Complex health insurance eligibility and entitlement rules**: Many family doctors are unfamiliar with what is covered by the Interim Federal Health (IFH) insurance program, causing confusion and extra work to navigate regulations when trying to provide care. As a result, some primary care practices may not readily accept IFH-insured patients.
- **Limited pre-arrival healthcare**: the absence or incompleteness of pre-admission exams/assessments, immunization records, medical histories, etc., can put newcomers at higher risk, especially when it results in a lack of follow-up/screening for a serious condition or a lack of diagnosis for trauma/social deprivation experienced in their homeland (or en route to Canada)
- **Limited language and literacy skills**: limited knowledge or capacity of primary care practitioners around the use of phone/video interpretation or the active offer of interpretation may lead many newcomers to attempt to communicate with their primary care provider in a non-fluent official language, to the detriment of their care
- **Lack of familiar with the Canadian healthcare system**: lack of familiarity with the services available to them (e.g. Health Care Connect), can lead to significant delays in being rostered to a primary care clinic and accessing the allied/specialist services that rely on a primary care referral; Newcomers may instead come to rely on walk-in clinics and urgent care, services that are easier to access but do not provide them the benefit of continuous, preventative care
- **Precarious finances**: Newcomers as a whole, and government-assisted refugees or undocumented individuals in particular, tend to be significantly poorer than the general population upon their arrival to Canada and are susceptible to accept riskier types of work to survive. Higher out-of-pocket costs for IFH- and uninsured newcomers means that many delay or avoid seeking care until otherwise manageable health conditions become medical emergencies.
- **Factors related to gender and culture**: True of all cultures and some especially, the interplay of gender dynamics and cultural norms can cause barriers to

quality care if not handled by a primary care provider with cultural insight and the competency to manage them.

The Ottawa Newcomer Health Clinic, which is run by our sister agency Somerset West Community Health Centre in Centretown, is a vital community asset that helps to address many of these barriers upon the arrival of newcomers to Ottawa, by providing interpretation, system navigation, and low-barrier services with a specific focus on newcomer health. However, this clinic was never intended as a long-term primary care clinic and operates under the assumption that most clients can eventually be transitioned to primary care practices. Without primary care capacity to accept newcomer clients, they are forced to seek out healthcare in sub-optimal locations, such as walk-in clinics or emergency rooms.

Community health centres (CHCs) are well-positioned to provide high-quality interprofessional care to newcomer families, given that all of their primary care providers are salaried (rather than operating under a fee-for-service model that relies of billing insurance). Unfortunately, most Ottawa CHCs are not accepting new clients since they are already operating at full capacity and the complexity of care for their existing clients is only increasing over time.

Combine the departure of several Centretown medical practices in recent years, as well as the fact that Ottawa saw the arrival of over 6,000 immigrants in 2021 alone (Hire Immigrants Ottawa, 2022), and we can begin to appreciate the urgency and scale of the challenges with newcomers' access to primary care in Ottawa's downtown core.

In order to keep up with incoming primary care demand from newcomers (see Figure 2), Ottawa would need to attract a new full-time family doctor or nurse practitioner every year. While governments generally cannot decide where it is that primary care providers will choose to set up their practices, funding MD or NP positions at Community Health Centres represents one of the few effective levers at their disposal to rapidly respond to emerging gaps in primary care access.

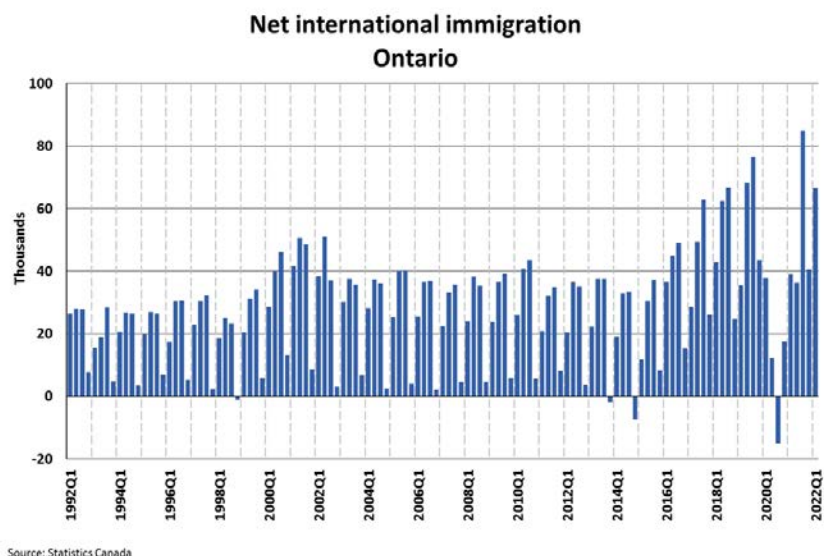


**Figure 2. Trend of increasing international immigration to Ontario, by quarter.**

In addition to primary care access, our Community Listening sessions surfaced concerns that the Federal government's target of bringing 400,000 newcomers to Canada per year over the next 3 years is essentially condemning them to experience health care as second-class citizens without a commensurate plan to ensure that our primary care resources are keeping pace with the incoming demand. This significant influx of people will enrich our communities and require that our teams are equipped to provide an active of French-Language and interpretation services no matter what modality clients are using to access our services – whether it be in person, over the phone, or via video visit. Teams will also need to be resourced in a way that reflects that there is no substitute for having lived experience as a newcomer to Canada when it comes to providing high quality care to new Canadians and supporting them to navigate new systems, social hardships and culture shock as they seek to build a new life for themselves in Canada.

Against a backdrop of inflation and eroding affordability, social angst, emboldened white supremacist movements, and worrying rises in hate crimes – including a 44% increase in hate-motivated incidents reported for Ottawa in 2021 (Ottawa Police Service, 2022) – there are significant reasons why certain health care institutions experienced as predominantly White spaces might feel uncomfortable or act as barriers to, for example, accessing mental health care among racialized newcomers

The question then becomes: how do we credibly communicate our Centre's values of anti-oppression, inclusion, and health equity, such that all feel welcomed and have confidence that they can receive safe and effective care? Previously mentioned strategies of enhancing French Language services/programming, as well as the active offer of interpretation services and the recruitment of more front-line staff with lived experience as racialized newcomers, must be complimented with a communications approach that showcases our organization's diversity – including the diversity of our Board, staff and volunteers – to help community members more readily perceive this diversity and provide assures that they will be met with a culturally safe space when they access our services.

Finally, Centretown CHC can commit to being an ally by supporting organizations such as the Ottawa Local Immigration Partnership (OLIP) in their advocacy efforts as they seek to ensure that the Federal government takes greater accountability when inviting foreign citizens to immigrate to Canada, by ensuring that immigration targets and arrival data are being used in systems planning in a way that minimally ensures that these targets are tied to commensurate investments in affordable housing, language training, and culturally-appropriate primary care.

### *Supporting the health and wellbeing of 2SLGBTQ+ communities*

Situated in Ottawa's Gay Village and host to the Gay Zone Gaie sexual health clinic, 2SLGBTQ+ focused counselling services (including a walk-in service), LGBTQ

Newcomer programming, as well as to the Trans Health Program, the Centretown Community Health Centre has a proud history of stepping up to meet the health needs of 2SLGBTQ+ residents.

However, keeping up with our community's expectations has grown increasingly difficult as the cohort of Ottawa residents openly identifying as trans and queer has significantly grown in size, while our Centre's budget has remained largely frozen over the last 10 years. To the credit of our funder, the Champlain LHIN (now Ontario Health East) has been an engaged partner on the trans health file, and thanks to important work by the Champlain Regional Planning Table (RPT) for Gender Diverse Health, Centretown CHC received permanent funding for its Trans Health Program in 2020.

Since then, referrals to Centretown CHC's Trans Health Program have doubled every year (see Figure 3), with the wait list now exceeding 2 years. Understanding that the mental health and safety risks faced by trans people are most pronounced during the time spent waiting for gender affirming care and that completing medical transitions in a timely manner can be lifesaving (Bauer, Scheim, Pyne, Travers, & Hammond, 2015), Centretown CHC is confronting the reality that it cannot continue to be the referral of choice for family doctors whose clients need transition supports (e.g. hormone starts, surgical referrals) and allied health (e.g. counselling).

Primary care practices throughout Champlain region will need to be trained to meet the needs of their transgender patients in the confines of their own practices. Our focus must therefore turn to regional capacity-building to ensure that wait times go down and that low-risk gender transitions are successfully overseen without needing a referral to a specialty clinic such as ours.

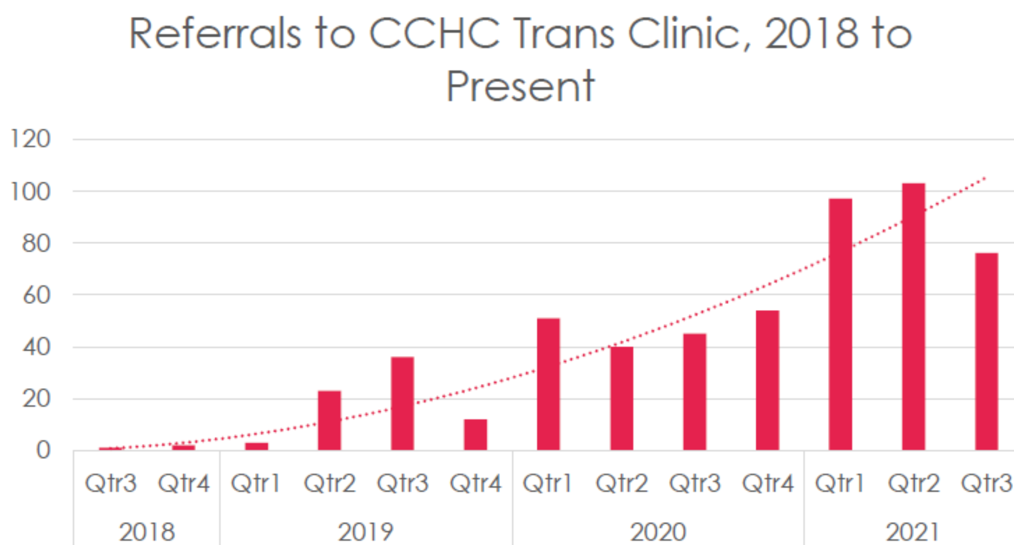


**Figure 3. Exponential trend in referrals to Centretown CHC's Trans Health Program, by quarter.**

Stepping back from the specific question of access to gender affirming care and looking at societal trends, we note that social acceptance in Canada for sexual

and gender diversity appears to be trending in a positive direction overall (Flores, 2021), but we also note that the health status of trans people, and trans adolescents specifically, continues to be exceptionally poor compared to the general population: A 2022 study found that among a large sample of Canadian adolescents aged 15-17, transgender adolescents were 5 times more likely to have had suicidal ideation in the past year and 7 times more likely to have attempted suicide in their lifetime, compared to their heterosexual, cis-gender peers (Kingsley, Hammond, Johnstone, & Colman, 2022). Importantly, experiences with bullying and cyber bullying were found to be a more significant contributing factor to suicidality for this group compared to other sexual minority groups.

Centretown CHC, in partnership with CHEO's Gender Diversity Clinic, have a continuing role to play in not only providing essential counselling services but also supporting the efforts of community-led support groups like SAEFTY, Kind Space, Max Ottawa, OSPN, and the Ten Oaks Project, by providing office and meeting space, mentoring, volunteer and job opportunities, and continuing to play an active role on the Champlain Regional Planning Table for Gender Diverse Health.

As an important strategic question, this planning cycle beckons us to ask: How could Centretown CHC meaningfully leverage the colocation of the many 2SLGBTQ+ support groups and services currently found at 400-420 Cooper St to become a truly integrated health hub for the 2SLGBTQ+ community in Ottawa?

### *Supporting the health and wellbeing of vulnerable seniors and their caregivers*

Between 2016 and 2025, Ottawa Public Health estimates that the senior population (65+) in Ottawa will increase by 44%. In that same time, the percentage of Ottawa residents who are seniors will grow from 15% to nearly 20%, or 1 out of every 5 Ottawan – in a demographic event that is already being dubbed the "Grey Tsunami" (see Figure 4). The societal implications will likely be profound.

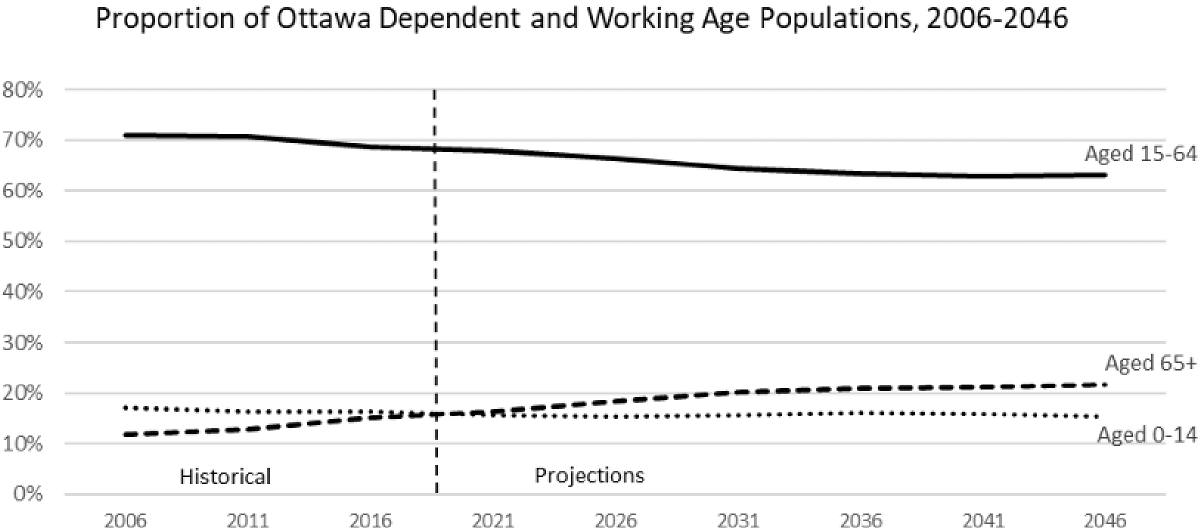


**Figure 4. Planning projection of Ottawa seniors as a percentage of the city's population (2006-2046).**

As the median age of our primary care roster rises – requiring more healthcare visits and resources to serve the same number of individual people – the number of people becoming frail and requiring community- and home-based supports in our community will concurrently increase, and challenge a system already struggling to meet the current level of need. While Centretown CHC has limited ability to impact the system's overall capacity, we do have the ability to ensure that seniors accessing our services experience care that is safe, culturally appropriate, and supportive to them and their formal and informal caregiver(s).

Several ideas have emerged from our Community Listening sessions, including finding ways to better tap into and participate in the mutual aid communities that have arisen online throughout the course of the pandemic. Doing so might allow us to draw on the best of both worlds – our formal inter-professional care supports as well as informal community-based networks – to address the many unique problems faced by vulnerable, isolated seniors living in community housing, rooming houses and shelters, whether it be unsafe housing and unlawful displacement (e.g., "renovictions"), financial or physical elder abuse, food insecurity, or simply difficulty using a computer.

Our Community Listening sessions have raised interesting questions such as: How can Centretown CHC ensure that it is a model provider of "senior-friendly care"? Adopting the recent framework by Provincial Geriatrics Leadership Ontario, with clear standards for Senior-Friendly Care (sfCare), could help our organization identify important priorities and evaluate progress towards just such a goal.

Ongoing work at the Centre has involved looking at ways to improve rates of assessment for frailty risk among seniors, so that coordinated care plans and community-based supports can be used to help achieve a client's goals around healthy aging before they incur significant functional decline.

We know that meeting a person's need for social connection and improving one's sense of community belonging is an important protective factor for many aging seniors, and we are committed to growing our efforts around social prescribing, which has demonstrated early success at our Centre in reducing inappropriate healthcare utilization and improving the sense of community belonging felt by our isolated seniors.

Social prescribing is an approach to care that sees primary care providers refer frequent visitors experiencing isolation to a 'navigator' or 'link worker' who can link a client to low-cost/low-barrier activities in their neighbourhood that leverage their strengths, interests, and goals, and allow them to build community with likeminded peers. It seeks to disrupt the "medical model" of health and take down walls between clients and staff, acknowledging that we all have gifts to contribute and that we all share the need to belong. If no suitable group or club currently exists, a client may be supported to start a group and promote it to other clients. The pilot has

shown positive results and it is now time to find a means of funding the full-time "link worker" position in the absence of time-limited project funding.

Finally, we must be prepared to support our seniors to the very end. This means ensuring that our primary care providers are having compassionate conversations around death and dying while our clients still have the capacity to make informed decisions about their care. It also means wrapping supports around formal and informal caregivers to ensure they can equip themselves to care for a loved one without compromising their own health and wellbeing in the process. To these ends, Centretown CHC continues to be involved in the Healthy End of Life Project (HELP) pilot project spearheaded by researchers at Carleton University, which is aiding to develop clinical tools to facilitate compassionate conversations.

### *Supporting the health and wellbeing of people impacted by mental health and addictions*

There is no question that the COVID-19 pandemic has had unequal impacts on the population: while some took the opportunities afforded by the pandemic to move into more spacious homes with dedicated office spaces, others went from living reliably in shelter beds to being forced to "sleep rough" on the street. While some Ottawans upgraded their coffee machines to maintain their morning rituals as they worked from home, other Ottawans saw their drug of choice become increasingly hard to come by, developed crystal meth addictions to counter the effects or wean themselves off of strong, fentanyl-laced opiates, and generally contended with a far more toxic supply and fewer safe places to use. The result has been a shadow epidemic of overdose-related deaths at double the rate that was seen during the months of the "opioid crisis" immediately preceding the COVID-19 pandemic (see Figure 5).

These secondary impacts of the pandemic among our most vulnerable community members has led to a significant increase in the number of people without shelter andr people who use drugs that now visit us daily for harm reduction supplies, shower services, or simply to check in with our Community Support Workers. Clients have been spotted sleeping rough just outside our offices. Some clients have been accessing the Centre in an intoxicated or decompensated state with greater frequency, challenging the Management Team to improve safety protocols and find means to shield staff from increasing occurrences of workplace violence and verbal abuse.

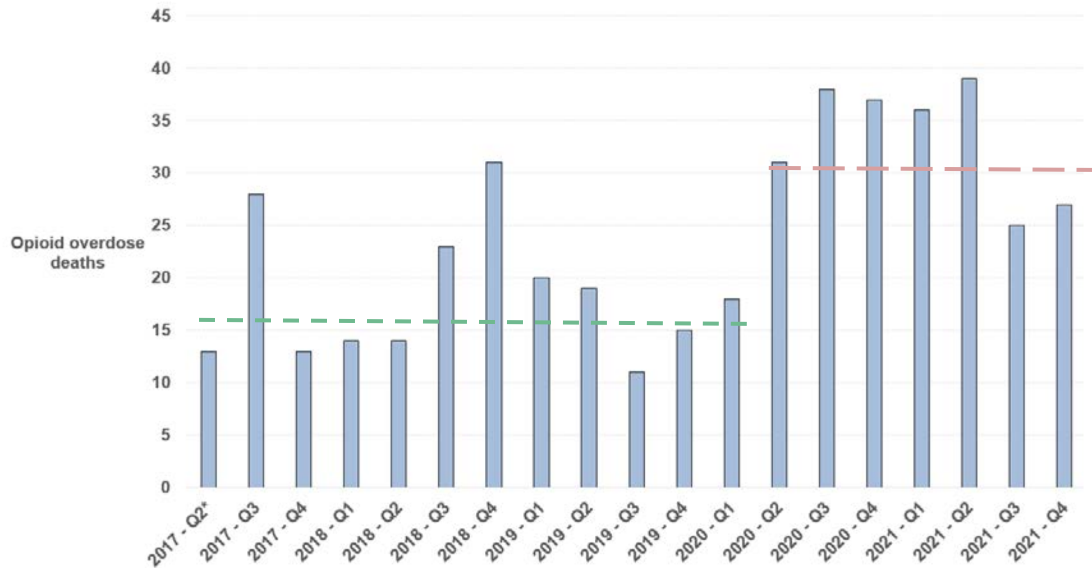


**Figure 5. Ottawa Public Health data on opioid overdose deaths in Ottawa, by quarter (2017-2021).**

Many addictions counselling and support programs in our community have shifted exclusively to digital delivery over the course of the pandemic, making them more difficult to access for clients without reliable access to technology or the internet. Perhaps in connection to this, our Urban Health services have seen a dramatic rise in service volumes, with nearly 3 times more unique clients (1,078) accessing the walk-in in 2021-22 compared to previous typical years (380). We have been able to supply technology (i.e., smartphones) to nearly 200 clients to ensure that we are able to maintain continuity of care throughout the pandemic and improve their access to community supports during COVID-related shutdowns of in-person services. However, our services can only go so far in supporting clients impacted by mental health and addictions, especially when it is still our government's policy to criminalize and marginalize people who use drugs rather than investing in evidence-based approaches to harm reduction.

The fact that a doubling in overdose-related deaths in our community has occurred as a quiet footnote in our public discourse and elicited no commitments for rapid action from our 3 levels of government speaks volumes about the ongoing bias, discrimination, and oppression that people who use drugs face in our society. It remains easier to "blame the victim" than to address the known determinants of drug use – family dysfunction, poverty, and child abuse, for example – or to reform the broken judicial system that results in incarcerated individuals having 4 to 7 times the prevalence of mental illness compared to the general Canadian population (among whom the prevalence of problematic substance use is estimated to be 85% to 90%) (Simpson, 2022) (Schultz, Bucerius, & Haggerty, 2020).

The evidence coming from Portugal is incontrovertible: decriminalization, when coupled with harm reduction approaches, alternative sentencing, and investments in treatment provision, has led to some of the lowest rates of overdose-related deaths, drug-related incarcerations, HIV/HepB/HepC incidence rates, and overall rates of

illicit drug use in all of Europe (Transform Drug Policy Foundation, 2021). However, Estonia's experience also teaches us that decriminalization alone, without harm reduction investments and a safer drug supply, is no panacea and can lead to the opposite outcomes. As Canada experiments tentatively with decriminalization, with British Columbia slated to decriminalize personal possession as of Jan 31, 2023, we must first confront the question of whether our organization is doing enough to support the safety and vital needs of people who use drugs as the only CHC not to offer supervised consumption services in Ottawa's downtown core (e.g. piloting mobile clinics, peer training approaches). We must also determine what else we could be doing to model anti-oppression in the healthcare we provide (e.g., by screening for adverse childhood events (ACEs) and providing wrap-around supports to individuals at higher risk, strengthening our practices around trauma-informed care).

Here, the mental health impacts of two years of social isolation on parents and youth should also be mentioned. Health care leaders have warned that the lagging health impacts of the COVID-19 pandemic will only be fully known to us once the pandemic subsides, and the latest Ontario Student Drug Use and Health Survey (OSDUHS) data should give us pause (see Figure 6): 38% of high-school aged youth in Ontario reported poor self-rated mental health last year (compared to 27% in the year prior), and 42% reported an unmet need for mental health support (compared to 35% in the previous year) (CAMH, 2022).

| | 2019 | | 2021 |
|---|---|---|---|
| Low subjective social status as school | 23% | ↑ | 30% |
| Nonmedical use of prescription opioids (past year) | 11% | ↑ | 13% |
| Fair/poor self-rated physical health | 11% | ↑ | 20% |
| 8 hours or more of sleep on school nights | 37% | ↑ | 49% |
| 3 hours or more a day of recreational screen time | 71% | ↑ | 83% |
| Fair/poor self-rated mental health | 27% | ↑ | 38% |
| Serious psychological distress (past month) | 21% | ↑ | 26% |
| Fair/poor ability to cope with difficult problems | 23% | ↑ | 34% |
| Sought counselling over the phone/internet (past year) | 5% | ↑ | 9% |
| Unmet need for mental health support (past year) | 35% | ↑ | 42% |

**Figure 6. Results from the 2021 OSDUHS Summary Report on the drug use and health of high-school aged youth in Ontario, compared to 2019 (pre-pandemic).**

Meanwhile, among Ontario parents, 28% reported increased alcohol consumption during the pandemic (nearly twice the percentage of adults without dependents), as well as a higher likelihood of reporting suicidal thoughts/feelings or having concerns about safety from domestic violence (Gadermann, et al., 2021).

The deterioration in the mental health status of vulnerable families, especially those living on a low income or having experienced a loss during the pandemic, would benefit from improved mental health screening and ensuring that parents are made aware of our early year supports and same-day counselling options through CounsellingConnect. By being proactive today, we can hope to prevent adverse childhood events during the pandemic and its aftermath, through parents who are better supported to cope with life's difficulties.

### What is Our Role in Responding to Community Trauma?

On January 28, 2022, a trucker convoy organized by far-right individuals descended upon Ottawa to occupy the downtown core in an effort to disrupt and terrorize the capital, with the stated aim of pressuring the federal government to lift public health restrictions just as the pandemic's fifth wave was once again spreading through our community.

At its peak, the occupation grew to 8,000 participants who shut down Ottawa's streets with impunity and rendered helpless the thousands of residents who were forced to listen to horns blaring loudly throughout the night as they steeled themselves psychologically to manage more unexpected fallout from the emergence of the Omicron variant. As residents watched the display unfold, sightings of confederate flags and nazi symbols were reported and the caustic tone of the protest began to echo the attempted coup witnessed on television screens across the nation just weeks earlier on the steps of the Capitol Building in Washington, DC. A business showcasing a pride flag was vandalized and anecdotes of verbal harassment and intimidation became widespread. Downtown residents felt trapped in their high-rise apartments, and the police response that many counted on to restore public order never came. In fact, it appeared feckless for so long that many wondered whether the reason was not a quiet approbation of the convoy's underlying politics. As a result, the public's trust in municipal institutions was broken in irreparable ways and people from Centretown's 2SLGBTQ+, IBPoC and newcomer communities were left to feel vulnerable in ways they had never experienced in Ottawa before.

During this time, Centretown CHC responded to the events by securing the front doors with additional staff while remaining open to the people who counted on us for services. It advertised its counselling services broadly, made friendly calls to check in on homebound and isolated individuals, and delivered meals and supplies to clients unable or unwilling to brave the loud, lawless proceedings on Bank St to access our Centre in person.

As we reflect on the particular cruelty of having subjected our inner-city residents to this torment as most struggled to stay afloat after two years of living through a pandemic, we acknowledge the community's need to be heard, to hold

our city's officials accountable, and to be allowed to heal, finally. Our Community Listening sessions have highlighted the need to create spaces where people can go to share difficult experiences and feel heard, as well as the importance of these being diverse spaces that enable us to bring a shared understanding of each others' struggles and to foster improved relationality and solidarity.

To this end, Centretown CHC announced in June 2022 that it would be collaborating with local leaders to organize a citizen-led People's Commission with the goal of holding space for public hearings on the trucker convoy (Laucius, 2022). This is a first step in signaling to the community that we are here for them, to hear and see them, and to acknowledge the pain and human impact that has to this day been insufficiently acknowledged by our governmental institutions. The question: How do we anchor this effort within our strategic directions and frame our broader role beyond primary care, for example in supporting our neighbourhood residents to heal from instances of collective trauma? Furthermore, how can we learn from the occupation to deepen our empathy and understanding of the harms caused by another centuries-old occupation, namely that of Indigenous lands and territories, to move towards our collective liberation from settler-colonialism?

### What role can we play in community capacity-building?

Centretown CHC occupies a privileged space as a large non-profit organization with a total headcount approaching 200 staff, a $12M budget, and a recently renovated space in a central location in the heart of our nation's capital. There is enormous potential for us to support equity-seeking groups and grassroots organizations to address important community needs by offering space, volunteering opportunities, and hiring individuals with lived experience to enrich our programs and services with their intimate knowledge of our clients' needs and of the community resources available to meet those needs.

Our strategic planning process has been significantly enriched by the inclusion of strong community voices and there is appetite to ensure that CCHC's next chapter improves the mobilization and strategic alignment of its planning, community development, and volunteer coordination functions to improve the extent to which clients can meaningfully shape the types of programming offered at the Centre, in accordance with community priorities.

When community needs exceed what we can feasibly provide, it is important that we create spaces where can connect community concerns about gaps in access and equity to decision-makers through effective engagement and advocacy. This approach is essentially what led to Centretown CHC's trans health program and it can undoubtedly continue to yield important innovations in safe and appropriate care for equity-seeking groups.

Centretown CHC is also a leader in collecting disaggregated data (e.g. around gender diversity, ethnocultural identity, income, newcomer status) for clinical and client experience outcomes for the purposes of monitoring and identifying gaps in equity. It has put this strength to work throughout the COVID-19 pandemic response to identify gaps in access to COVID-19 testing, and in Ottawa Health Team's quality improvement initiatives to monitor gaps in access to preventative cancer screenings. However, our planning and evaluation resources are thin and insufficient to play a broader community role in sharing data with equity-seeking communities to help mobilize action beyond a few large systemic priorities. Could our data practices be improved to facilitate an open data strategy, such that our limited internal resources do not act as a bottleneck to applied health research on health inequity?

## How can our organization and its staff be supported to stay healthy and resilient in a turbulent environment?

Wherever our clients experience trauma, we know that front-line staff at Centretown CHC work double-duty, living that same trauma with them, vicariously, in addition to being subjected to their own stressors at home. As a highly gendered workplace, Centretown CHC is predominantly comprised of female staff who have borne the brunt of the significant emotional labour involved in child-rearing and who have seen their children go through unimaginable hardship these past few years. They have moved mountains to try to keep elderly parents safe, to show up for clients, and to stay on top of their children's schedules, responding quickly to school and daycare closures in impossible ways. For all the resilience that they showcase daily, their mental health has clearly taken a significant toll, with 52% of staff reporting in an April 2022 survey that their mental health was currently 'fair' (46%) or 'poor'(6%).

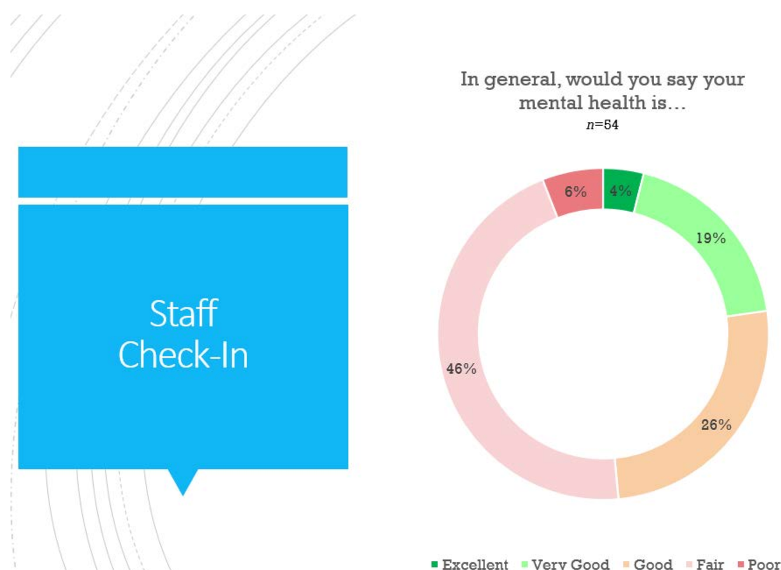


**Figure 7. Results from an April 2022 survey of Centretown CHC staff.**

As we respond to trauma externally, we must be mindful that our effectiveness in supporting community members is inextricably tied to our ability to support Centretown CHC's staff. How do we strategize effectively around staff wellness to ensure that our front-line workers can continue to show up for our community, and that our organization has the robustness and resiliency to weather future unknowns alongside our clients? How can the Management Team demonstrate their support of staff in the absence of supportive actions from government around compensation, adequate funding, and improved working conditions?

While our Management team has excelled at probing staff's needs and mental health status as needed throughout the past 2 years, it may be important to systematize this focus on staff wellness through improved HR reporting of risks to our health human resources, such as a consolidated view of the percentage of staff on stress leave, the percentage of departmental turnover, and the percentage of staff experiencing poor mental health, so that we can work to improve our workplace conditions with the same seriousness of purpose and data-driven approach that we apply to meeting other quality improvement priorities. This is especially timely as the Ottawa Health Team embraces the Quadruple Aim Framework for quality improvement, which adds "provider experience" as an important fourth dimension of care quality, alongside the more traditional dimensions of client experience, population health outcomes and value-for-money.

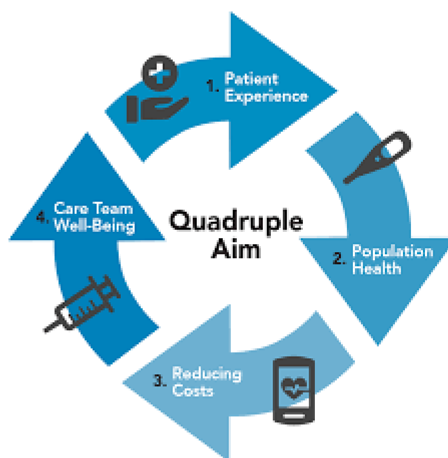


**Figure 8. The Quadruple Aim Framework for Healthcare endorsed by Ontario's Ministry of Health**

Finally, where can find opportunities to reintroduce moments of joy and social connection back into the work week with so many staff working from home and apart from each other? Understanding these as non-trivial imperatives will benefit our Centre's collective ability to respond to whatever crises 2023-2026 may hold in store for us.

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