



CENTRETOWN
Community Health Centre

CENTRETOWN CHC **STRATEGIC PLAN 2023-2026**





CENTRETOWN
Community Health Centre

420 Cooper Street, Ottawa ON
K2P 2N6

t. 613-233-4443

e. info@centretownchc.org

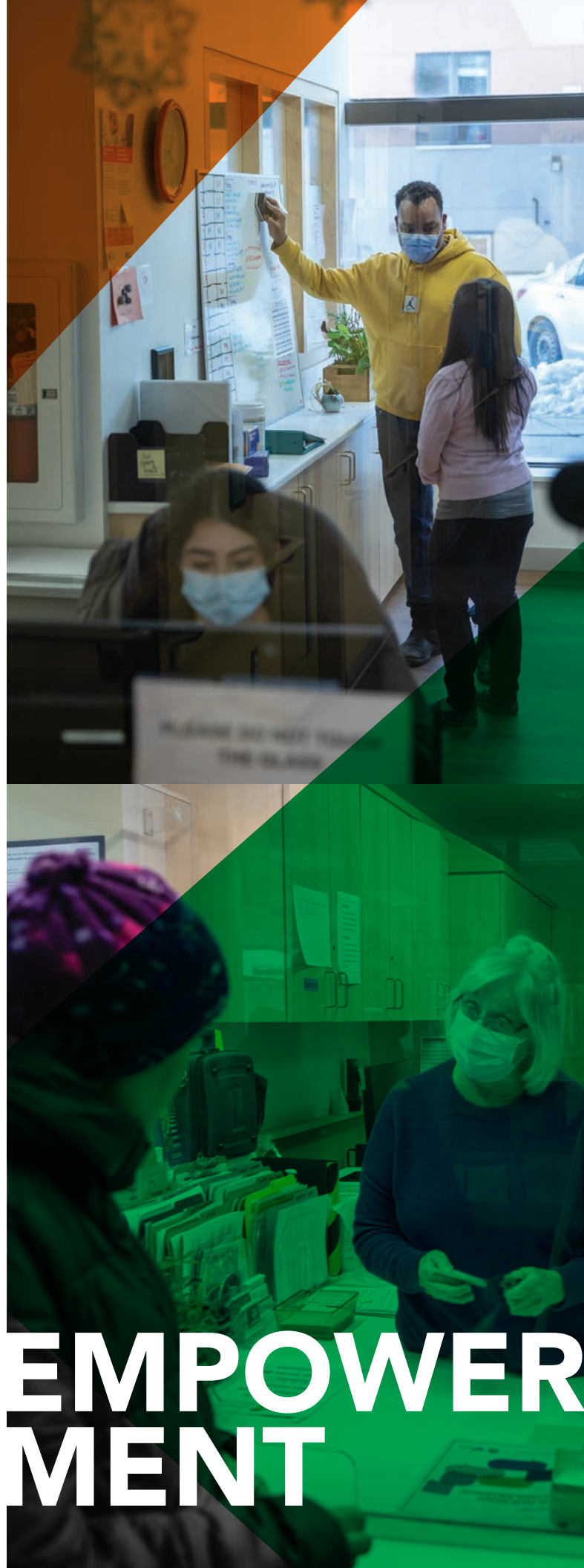


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EMPOWERMENT

2023–2026 STRATEGIC PLAN

Our Vision

A vibrant and inclusive community where individuals can thrive.

Our Mission

*Centretown Community Health Centre (CCHC)
provides health and social programs.*

We serve individuals, families and communities.

Our programs are inclusive and accessible.

We work with community to achieve health, safety and justice for all.

Our Values

Anti-oppression / Equity / Empowerment

Collaborative leadership / Continuous learning

Our Strategic Directions

Reimagining our
work from an
anti-oppression
perspective

**PRIORITY
AREA 1**



Supporting wellbeing
and contributing
to community
resilience

**PRIORITY
AREA 2**



Keeping
CCHC healthy
and resilient in
a changing
environment

**PRIORITY
AREA 4**



Building a virtual
care system based
on principles
of digital equity

**PRIORITY
AREA 3**



By 2026, we commit to...



PRIORITY AREA 1

Reimagining our work from an anti-oppression perspective

- 1.1 Involve our clients in program planning and evaluation.
- 1.2 Address our centre's biases and equity pain points. Create a more inclusive environment for clients, staff and volunteers.
- 1.3 Build up our health system's capacity to provide gender affirming care.
- 1.4 Become a learning hub for team-based care serving equity-deserving people.
- 1.5 Work to become a trusted partner for doing research together with equity-deserving groups.



PRIORITY AREA 2

Supporting wellbeing and contributing to community resilience

- 2.1 Improve the range of services and supports we offer to help our clients with their health and wellbeing.
- 2.2 Improve our community's ability to put in place a strong equity focused response to emerging issues.



PRIORITY AREA 3

Building a virtual care system based on principles of digital equity

- 3.1 Develop a hybrid model of care that meets the needs of all clients — especially clients who don't have access to technology.
- 3.2 Ensure that clients from all backgrounds can have a positive experience with our virtual care services.
- 3.3 Ensure that our staff feel well supported to deliver virtual care services.



PRIORITY AREA 4

Keeping CCHC healthy and resilient in a changing environment

- 4.1 Improve staff wellbeing and make sure they feel engaged and supported in their work.
- 4.2 Ensure that all staff have a professional development plan and feel supported to reach their goals.
- 4.3 Advocate for fair pay for all our staff.
- 4.4 Become a learning organization — where staff can test and scale new ways of doing things to improve our quality of care.
- 4.5 Make sure that our corporate services are resourced to meet the growing needs of our centre.
- 4.6 Provide staff with the technology to thrive in their daily work.

MESSAGE FROM OUR BOARD CHAIR AND EXECUTIVE DIRECTOR

Without a doubt, the recent COVID-19 public health crisis has tested our health care system. But it has also shone a new light on how uniquely positioned community health centres (CHCs) are to reach underserved communities. It has shown how effective our focus on reducing health inequities is when it comes to improving the health of our community.

When pharmacies and medical clinics offered COVID testing and vaccination, they often needed patients to provide an OHIP card. This posed a barrier to care for some newcomers and street-involved people. CHC funding does not rely on fee-for-service reimbursements linked to a client's OHIP card. This meant that Ottawa's CHCs were able to provide testing and vaccines to everyone who needed it, including people without insurance. We also worked with public health to provide food, supplies, health information (in many languages), voluntary isolation for people who tested positive, and other supports. These proved to be highly effective in reaching the communities facing the most barriers.

Traditional medical clinics did not have systems to gather their clients' demographic information. This made it hard for them to identify what communities were being impacted by higher rates of COVID-19. Yet, because of our focus on health equity, CHCs have been collecting this data for a long time. This helped us to play a supporting role, working with our public health partners, in monitoring community trends. It helped us identify groups that had poorer access to testing, as well as groups more affected by positivity rates. Ottawa's public health response was to partner with these hard-hit communities and use peer-led outreach strategies. We were able to improve access to care, social supports and accessible health information. This is the power of socio-demographic data in action.

During the pandemic, our primary care teams also visited shelters, rooming houses and community housing. They provided immunizations and routine care. Our staff also made proactive wellness calls to check in on clients with few social supports. They provided words of comfort and made sure clients were aware of resources they could access in the community. Our staff delivered exercise equipment to seniors' homes to ensure they could continue their exercise routines with us virtually. They staffed the city's respite centres to ensure that street-involved clients had a warm place to spend the day.

We worked with partners to develop new services when our community needed them most. This resulted in innovations such as Counselling Connect. This platform originally brought together counsellors from 13 organizations to provide free, rapid access to phone and video counseling through one website. The partnerships have grown to include more than 100 counsellors from more than 20 organizations.

Our staff rose to the challenge at a time when their own families were being tested and strained by the same lived realities as everyone else. They are nothing short of awe-inspiring.

As we plan for the next three years, we reflected on the hard-won public health victories. And on the resiliency that emerged in our community's darkest hour. What have we learned that can help us face our next great challenge as a strong and unified community? What community issues is our centre well positioned to tackle next? The discussions we've had throughout our planning process — with staff, with partners and with community — have helped to re-focus our attention. They have helped us identify some key issues that are impacting equity-deserving communities.

Throughout the COVID-19 pandemic, there has been a shadow epidemic. The epidemic of overdose-related deaths has taken a heavy toll on the community of people who use drugs. And on the people who love and support this community.

The lack of system capacity to provide gender-affirming care has led to unbearable wait times. Long waits for medically-supervised hormone starts and other types of care that can be lifesaving for trans people.

The closures of primary care practices in our neighbourhoods have left thousands without reliable access to family medicine. This includes seniors, newcomers and other people facing the most barriers. This, at a time when we have the physical space, the team and the desire to take them on — if only we had the funding for more staff.

The dearth of Indigenous health care offerings in Centretown is a deafening call to action. We must do more to ensure that First Nations, Métis and Inuit residents can access Elders, traditional healing practices and culturally-appropriate care in our shared space.

It has been our privilege to work with board members, community, staff, clients and partner agencies to better understand these issues. We are pleased to share the result with you today in the form of CCHC's strategic goals for the next three years. We look forward to continuing the conversations we've started. And to remaining accountable to those who've shared their time and wisdom with us along the way.



Mike Bulthuis,
President of the Board



Michelle Hurtubise,
Executive Director

ABOUT US

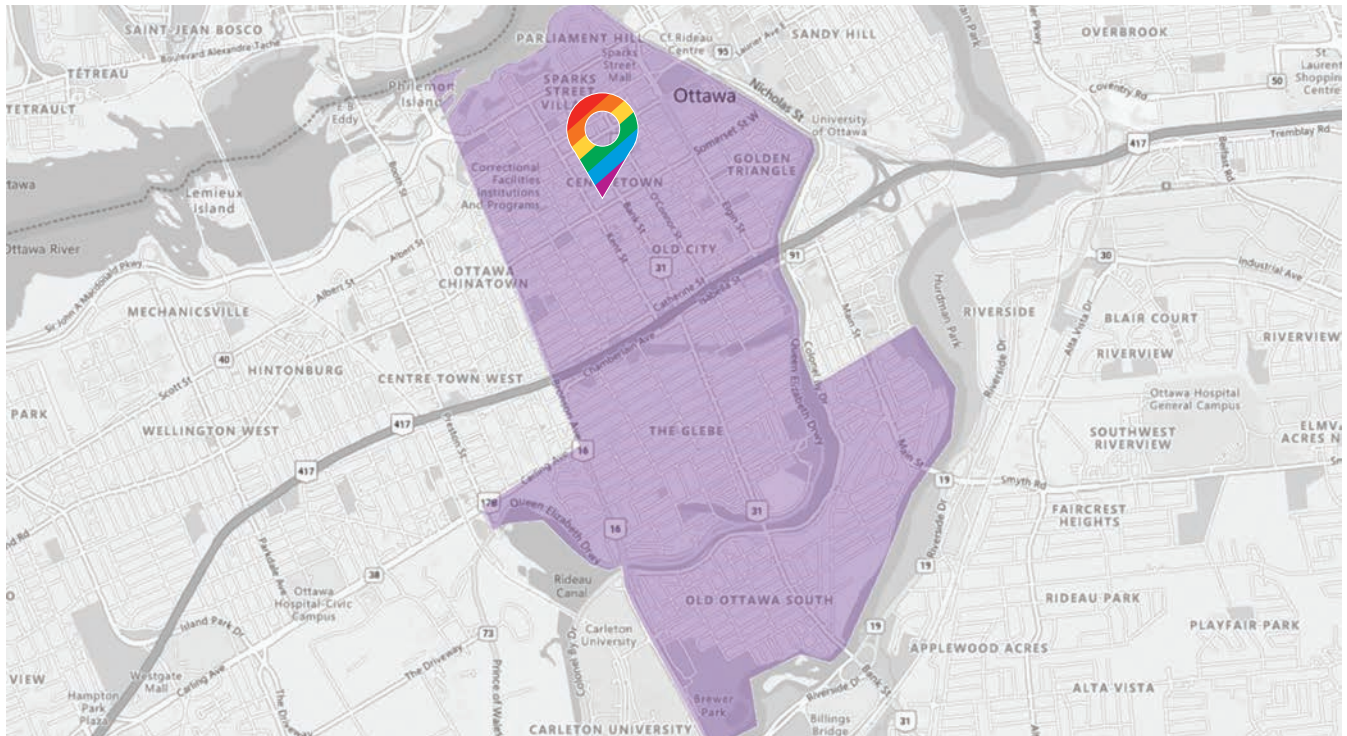


Figure 1. Historical Centretown CHC catchment area in Ottawa, Ontario.

Our Mandate

We are a non-profit, multi-service community health centre. We serve Ottawa as part of the Ottawa Health Team-Équipe Santé Ottawa (OHT-ÉSO). Our catchment (the area we serve) includes the Centretown, Glebe and Old Ottawa South neighbourhoods. Our interdisciplinary primary healthcare and health promotion programs support the health and wellbeing of 16,400 Ottawa residents (including 5,000 primary healthcare clients) who access our services every year.

In a fair and just society, all people would have equal opportunities to be healthy. But in our society, we know that a person's income level, skin colour, religion, country of origin, gender identity and/or sexual orientation can be predictive of poorer health outcomes. People from certain groups still face many barriers to the social determinants of health.

To bridge these health inequities, Centretown Community Health Centre (CCHC) offers low-barrier healthcare services and health promotion programs. These include:

- specialty health clinics (i.e., urban health, newcomer health, and trans health)
- mental health and substance use health services
- diabetes programs
- early year programs
- community health promotion

These programs and services are delivered by a caring and diverse team of more than 150 health professionals, including:

- doctors
- nurse practitioners
- nurses, social workers
- counsellors
- dietitians
- community developers
- health promoters
- outreach workers
- peer workers

We are a French Language Services designated centre. As such, we provide programs and services in both official languages. Cultural interpretation services are also available for all clients. And many groups facilitated by our diverse staff are offered in languages spoken in our catchment. These include Mandarin, Arabic and Somali.

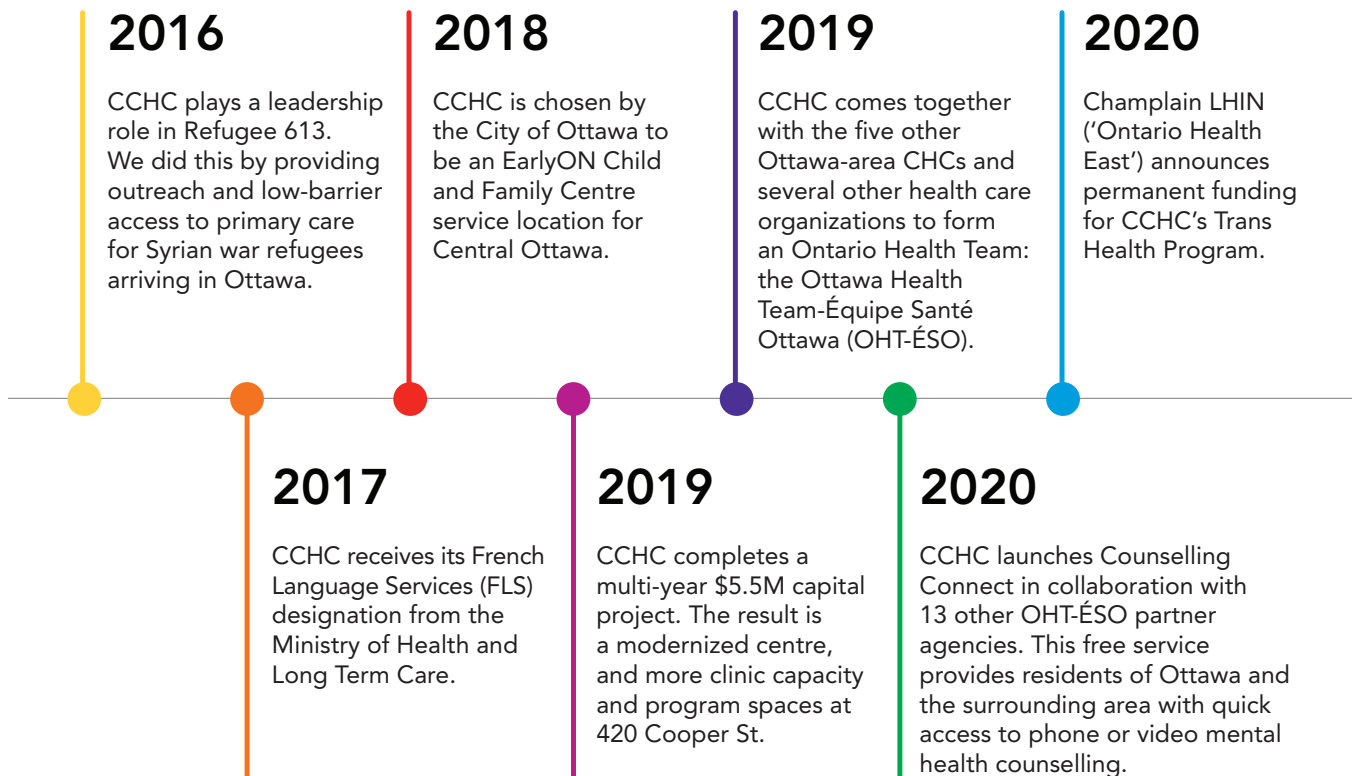
We are proud to be a community-governed organization. We strive to mirror the diversity in our community — from our board membership to our direct service staff. We work hard to respond to our community’s the evolving health and social needs.

Our History

CCHC has played an active role in improving our community’s health and wellbeing since 1969. For close to 55 years, we have built a strong reputation as:

- an effective advocate for healthy policies at the municipal, provincial and federal levels.
- a committed ally to 2SLGBTQIA+ people, Francophones, people who use drugs, seniors and newcomer families.
- a high-quality provider of diabetes programming for the Champlain region.
- a systems leader in the provision of gender-affirming care.

RECENT DEVELOPMENTS AT CCHC





Our Services

We believe in an integrated approach to care that is holistic, non-discriminatory, caring and innovative. Our services are delivered in a variety of ways, including one-on-one client care, personal development groups and grassroots community involvement. Our services include programs and services across several levels of care.

- Primary healthcare
- Community health promotion
- Diabetes programs
- Early Years (including EarlyON)
- Mental health and substance use health

As of 2020, we have been offering virtual options for nearly all CCHC programs. We aim to make it as easy as possible to access virtual care. We do this by working with partners to provide refurbished smartphones and subsidized phone plans for our low-income clients. We also provide virtual interpretation services for people with disabilities and people whose preferred language is neither French nor English.

Finally, we recognize that the health and wellbeing of some groups is best supported with in-person services. As such, we provide in-person services wherever this is the best way for our clients to get care.



EQUITY

OUR STRATEGIC PLANNING PROCESS

Applying a Design Justice Approach

The board of directors was setting the wheels in motion for this strategic planning cycle in late 2021. CCHC's executive leadership and board members were briefed on Sasha Costanza-Chock's Design Justice principles. We recognized that our board members represent Centretown's diversity along some dimensions. Yet, the people who will be the most affected by the planning decisions are also the least likely to be able to participate in typical planning processes.

For this planning cycle, CCHC wished to embrace an inclusive, community-based participatory approach. Our consultants, Manal Sayid and Ken Hoffman (Sayid Consulting), were asked to develop an engagement strategy that would centre the voices, strengths and needs of people with lived experience. Costanza-Chock's Design Justice principles provided a strong blueprint for this type of engagement.

DESIGN JUSTICE NETWORK'S 10 GUIDING PRINCIPLES

1. We use design to sustain, heal and empower our communities, as well as to seek liberation from exploitative and oppressive systems.
2. We center the voices of those who are directly impacted by the outcomes of the design process.
3. We prioritize design's impact on the community over the intentions of the designer.
4. We view change as emergent from an accountable, accessible and collaborative process, rather than as a point at the end of a process.
5. We see the role of the designer as a facilitator rather than an expert.
6. We believe that everyone is an expert based on their own lived experience, and that we all have unique and brilliant contributions to bring to a design process.
7. We share design knowledge and tools with our communities.
8. We work towards sustainable, community-led and -controlled outcomes.
9. We work towards non-exploitative solutions that reconnect us to the earth and to each other.
10. Before seeking new design solutions, we look for what is already working at the community level. We honor and uplift traditional, indigenous, and local knowledge and practices.

THE DESIGN JUSTICE APPROACH SHAPED CCHC'S PLANNING STRUCTURES AND PROCESSES IN THE FOLLOWING WAYS.

Seven community advisors who are part of equity-deserving groups were hired as core members of CCHC's Strategic Planning Committee.

Community advisors were paid a monthly stipend. This was to attend planning meetings and to share their insights, their expertise and their networks. This helped to make sure that we were not having planning conversations about community but rather with community. Community advisors sat alongside board and staff members. They improved the committee's understanding of key issues and trends. They also helped us reach out to more individuals and community partners to take part in our consultation process.

Our community engagement approach centred the voices, strengths and needs of specific equity-deserving communities. And, invited key stakeholder groups to prioritize strategic planning around these community voices.

We did not engage key stakeholder groups independently of one another. Because that would have centred CCHC (e.g., "How could CCHC partner with you to improve community health?"). Instead, CCHC convened a series of Community Listening Sessions. These sessions centred the needs and perspectives of specific equity-deserving groups experiencing significant barriers to health. Staff, clients and community partners were invited to learn from the wisdom of individuals with lived experience. And, to discuss opportunities to amplify existing community-owned solutions.

Strategic Planning Committee processes aimed to meet our community advisors where they were.

Some of the community advisors hired as core members of CCHC's Strategic Planning Committee were comfortable with planning processes. They were seasoned community advocates and/or had the privilege of good health. This gave them the ability to provide input more easily throughout the planning cycle.

Others' challenging life circumstances gave them an unmatched depth of knowledge. Yet, these circumstances also interrupted or limited their ability to engage at various points along the way.

We wanted to make sure that our community advisors could take part as much as possible. This meant ensuring that accommodations could be made in various ways, such as:

- printing and delivering meeting materials ahead of a virtual meeting if the person didn't have access to a printer.
- hosting hybrid virtual and in-person meetings whenever possible.
- pairing a community advisor with a trusted staff member. The one-on-one support helped explain planning processes. And helped the community advisory to share their input, whenever this was helpful.
- accepting input via email or phone before and after meetings.

Even when individuals are paid for their time, spending time on strategic planning may not be a priority. This can be especially true for people who may be:

- working poor
- living with substance use health, chronic health issues or disability
- raising young families
- engaging in social justice work
- otherwise struggling to subsist and stay well

Acknowledging truths about our social context and the work to be done as an ally organization.

Finally, we recognized that CCHC is part of a healthcare system that often feels uncaring about the interests of some equity-deserving communities. And that there would be different levels of trust in CCHC's ability to match its intentions with actions. Throughout the planning process, CCHC's staff and board members strived to mind our privileges and to make space for many perspectives. We worked to embrace tensions as powerful teaching moments.

In turn, we also strived to be transparent. We aimed to set realistic expectations about our organization's ability (or lack of) to change quickly. This was done by sharing the realities of our front-line staff. CCHC also shared key findings about staff wellness to help community advisors where CCHC is at. And, we spoke about the ongoing labour shortages, resource constraints and change fatigue as we approached the three-year mark of the COVID-19 pandemic. These conversations helped us reach a mutual understanding of CCHC's strengths, weaknesses, opportunities and threats.



COLLABORATIVE LEADERSHIP

Our Planning Timeline

Over the course of 10 months, our consultants worked with CCHC's Strategic Planning Committee to achieve the following key tasks.

1. Identify Equity-Deserving Groups and Key Stakeholders (February-March 2022)

The committee identified five groups with unique healthcare needs to place at the centre of our conversations. However, these groups should not be viewed as separate. There is a range of lived experiences and intersectionalities that exist among these communities. There is overlap between the groups.

For example, a Black trans woman may have distinct set of healthcare needs (e.g., gender affirming care, culturally-competent care). At the same time, she may also be facing additional barriers because she happens to be hard of hearing and live on a low income.

The five priority populations might drive what services we develop or grow. We also know there are other important categories of social identity and social determinants of health. They are important to consider as we plan how to offer services in the most accessible way. Our guiding principle is that the people experiencing the greatest barriers to care should also receive the greatest consideration.

Centretown CHC's 5 Priority Populations

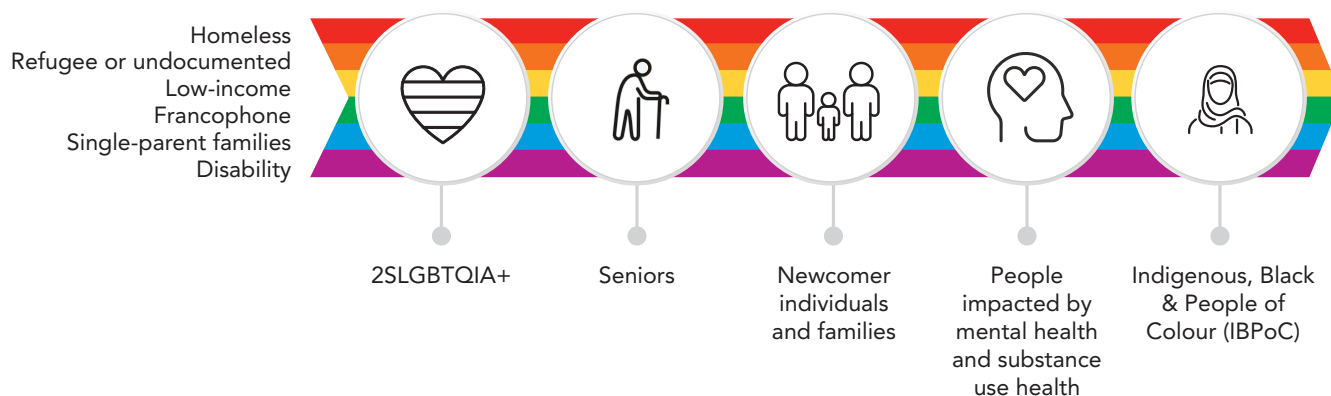


Figure 2. Five priority populations and important elements of intersectionality.

2. Define Areas of Strategic Inquiry (March 2022)

To focus our activities, the committee identified four areas of strategic inquiry. These areas guided our community engagement work to identify issues and opportunities for action. See our [2022 Environmental Scan, Appendix C: Backgrounder on Key Areas of Strategic Inquiry](#) for more information.



Figure 3. Manal Sayid (Sayid Consulting) & Ken Hoffman (One World Inc.)

3. Consult Stakeholders (April–June 2022)

With our community advisors' help, we created a list of stakeholders and community members with lived experience for each priority population identified. And, created a list of grassroots organizations, agencies and networks of people currently working to find solutions to the barriers to health experienced by these communities.

Community listening sessions were scheduled to centre the conversation around these equity-deserving groups' needs and strengths. And, uncovering the assets in our community that were currently supportive of each group's health and wellbeing. CCHC staff, board members, partner agencies, clients, volunteers and community members were invited to take part in these five community listening sessions. Common themes were analyzed and are summarized in *Appendix II – Staff and Community Engagement: Key Findings*.

To gain more insights on some areas of strategic inquiry, our consultants also arranged to have dedicated conversations with our:

- management team
- staff
- key funders (i.e., Ontario Health East, City of Ottawa, United Way East Ontario, Ottawa Community Foundation)

See our [2022 Environmental Scan](#) for more information.



CONTINUOUS LEARNING

4. Summarize Key Trends, Community Needs and Opportunities (July 2022)

An analysis of the relevant external political, economic, social, technological, environmental and legal trends and developments was conducted.

Major themes from the five community listening sessions were analyzed and summarized, alongside findings from the staff and management team conversations (see *Appendix II*).

Finally, a backgrounder on the key areas of strategic inquiry summarized the available evidence on key strategic issues using organizational data, community data, and findings from the scientific and grey literature. These key trends and findings were summarized in our 2022 Environmental Scan's Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis (see *Appendix I*).

5. Define Our Strategic Goals (Outcomes) and Prioritize Strategic Opportunities (July-August 2022)

The board members, staff and community advisors on the committee had time to read the 2022 environmental scan's findings. The group then got together for two half-day strategic planning meetings (July 5 and 7).

During the first meeting, the consultants helped the Strategic Planning Committee refresh CCHC's guiding principles. We used those principles to then update CCHC's mission, vision and values. Our newfound clarity about our social context and the challenges ahead of us was helpful. The CCHC Board of Directors reviewed and approved the new statements in August 2022.

Figure 4. Strategic planning model



In the second strategic planning conversation, we reviewed the SWOT analysis. We also reviewed data from the areas of strategic inquiry related to our organization's mission, vision and values. Our consultants also led an exercise to help prioritize broad strategic goals (labelled as "outcomes" in figure 4) for the next three years. As we categorized, themed and refined these desired goals, our four strategic directions became clearer. (Refer to page 2 for our Strategic Plan on a Page.)

6. Define Three-Year Goals, Strategic Initiatives and Key Performance Indicators Under Each Strategic Direction (September-October 2022), and Finalize the Strategic Plan

We wanted to make sure that our desired strategic outcomes were specific, measurable, achievable, realistic and time-bound (SMART). So our management team developed an action plan for each outcome. The action plan identified the initiatives, key performance indicators, and persons that would be essential for demonstrating meaningful progress.

A special session was planned in October for our community advisors to review the proposed action plan and provide feedback. Subsequently, the management team sequenced the strategic initiatives. They identified which would be year one priorities and which would come later, after building some essential groundwork.

Following this exercise, the Strategic Plan on a Page and action plan was finalized so that it could be reviewed and approved by the board in December 2022.



ANTI- OPPRESSION

2023–2026 STRATEGIC PLAN

Our Vision

A vibrant and inclusive community where individuals can thrive.

Our Mission

*Centretown Community Health Centre (CCHC)
provides health and social programs.*

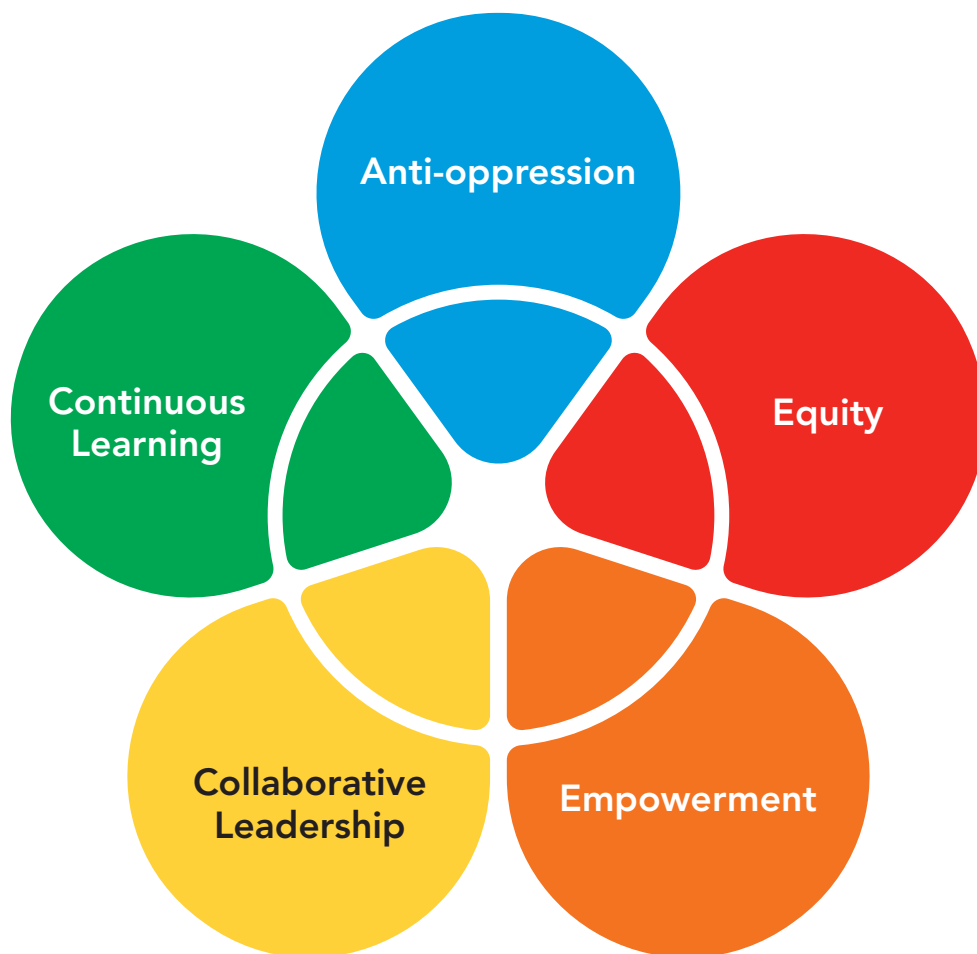
We serve individuals, families and communities.

Our programs are inclusive and accessible.

We work with community to achieve health, safety and justice for all.

Our Values

*Anti-oppression / Equity / Empowerment
Collaborative leadership / Continuous learning*



Anti-oppression

We acknowledge that historical and present socio-political realities and systems have resulted in systemic disadvantages for many members of our community. We commit to working from principles of justice, anti-oppression and decolonization to acknowledge these systemic injustices. And, to address them both within our centre and in the broader community.

Equity

We recognize and respect the agency, dignity, rights and strengths of the diverse people in our community. We commit to meeting the unique and diverse needs of the communities we serve. We recognize that unequal distributions of social capital in our society compromise access to the social determinants of health for certain groups. We strive to deliver services that address these inequities. This means providing equitable access to:

- appropriate, high-quality services.
- care experiences that are culturally safe, welcoming, and comfortable.
- service outcomes that optimize the health and wellbeing of all CCHC clients.

Empowerment

We believe in our clients' and our community's right to have a voice in decisions that impact them. They must have a voice in the care they receive. And, in broader systems planning and policy decisions that impact their health and wellbeing. We believe that clients and communities are experts based on their unique lived experiences. Clients and communities have valuable contributions to bring to decision-making processes.

Likewise, we believe in our staff's right to have a voice in decisions that impact their work, their job satisfaction and their wellness. We recognize that our staff's lived experiences and adjacency to the communities we serve is our

greatest organizational strength. We actively create opportunities for dialogue and feedback. This makes sure that this collective wisdom can guide our work in important ways.

Collaborative leadership

We look for what is already working at the community level. We honor and uplift traditional, Indigenous, and local knowledge and practices. We share our resources, knowledge and tools. We work with equity-deserving groups and partner organizations. Together we co-develop and amplify community-owned solutions to the health inequities these groups experience. We make sure that we work towards equitable health systems in ways that promote accountability, accessibility and collaboration.

Continuous learning

We embrace continuous learning as a means of:

- responding to our community's evolving needs.
- promoting excellence in our programs and services.
- reducing the likelihood and impact of organizational risks (e.g., client safety incidents).

We set annual improvement targets for the staff and client experience. We also strive to improve indicators of equity, effectiveness, and value-for-money for the services we offer. We encourage lifelong learning and support our staff to access a variety of professional development and growth opportunities. We embrace a culture of patient safety. When mistakes happen, we improve care by improving our systems, not blaming our people. We use data, evidence, best practice guidelines, and the lived experiences of our clients and staff. Taken together, these help us to engage in continuous quality improvement that is client-centred and community-focused.



DIRECTION 1

Reimagining our work from an anti-oppression perspective

The COVID-19 pandemic has highlighted important equity issues in our society. The client information and data we collected showed that some groups (e.g., recent newcomer communities) were affected more by the pandemic than other groups.

How would things have been different if more equitable health systems and decision-making structures had been in place? What if these communities had had access to the earliest public health data and to culturally-appropriate resources? What if they could have helped to shape the public health response? How could the contextual and cultural know-how of these groups have improved our local public health strategies from the very beginning?

These questions invite us to reimagine our centre's role in shaping the healthcare system. The system must proactively plan and engage with the communities experiencing the greatest barriers to health. It must put in place collaborative structures and practices that seek to share knowledge, resources and power. This is the path to healthier communities. We recognize that anti-oppression work must start from within. So CCHC has contracted QuakeLabs, a consultant, to review our organization's policies and processes.

"I like that the care I receive is feminist and non-judgmental. I feel comfortable talking about reproductive issues. I also like that the space is trans-inclusive, and that I feel all of my family members would be safe and respected here."

Client feedback on CCHC services (2022)

Our 2026 Goals

- 1.1. Involve our clients in program planning and evaluation.
- 1.2. Address our centre's biases and equity pain points. Create a more inclusive environment for clients, staff and volunteers.
- 1.3. Build up our health system's capacity to provide gender-affirming care.
- 1.4. Become a learning hub for team-based care serving equity-deserving people.
- 1.5. Work to become a trusted partner for collaborative research with equity-deserving groups.

Year 1 Strategic Initiatives

- 1.1.1. Develop and pilot processes for client co-design in at least 2 program areas.
- 1.2.1. Plan to implement the action items from QuakeLabs' diversity, equity and inclusion assessment and organizational audit. These action items will help to address CCHC's internal equity pain points.
- 1.2.2. Develop a performance measurement framework and evaluation tools (e.g., diversity audit). These will help to monitor the organization's performance on identified DEI priorities.
- 1.3.1. Pilot a knowledge transfer initiative between our Trans Health program and two local primary care clinics. This will increase system capacity to provide gender-affirming care.



DIRECTION 2

Supporting wellbeing and contributing to community resilience

The demand for mental health and social services has increased a lot over the past three years. This speaks to the collective trauma that our community has experienced.

Our community is still reeling from the impacts of the COVID-19 pandemic. From the convoy occupation. From the ongoing epidemic of overdose-related deaths. Certain groups have been significantly more affected than others.

During our community's greatest hour of need, many of the agencies providing vital community supports needed to close their doors or reduce operations. The number of places for street-involved individuals to safely exist, to get support, to use free WiFi and charge devices, to shower, and more, became fewer and fewer as the pandemic wore on.

Reflecting on these experiences led us to ask how we ensure that the voices of marginalized communities are heard in times of crisis. For people targeted by the convoy, how do we ensure that their grief can be processed and their sense of justice restored?

“Continue to advocate for support to those who were harmed by the occupation. Participate in any debriefings, learnings that arose from these incidents. Continue to explicitly connect programming to community health, so we don't lose sight of the common good. Continue to advocate for the rights of marginalized and vulnerable members.”

Staff feedback re: “How does CCHC support community healing and recovery in the aftermath of the COVID19 pandemic and trucker occupation?” (2022)

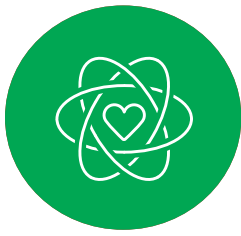
On a positive note, we saw neighbourhood-based support groups pop up in the social media space to support their neighbours. Good Samaritans came together on social media to share community resources, deliver groceries and shovel seniors' driveways. They donated clothing, furniture, food items and test kits to the families who needed them most. This has led us to ponder how CCHC could be better using social media to mobilize our community when crises occur.

Our 2026 Goals

- 2.1. Improve the range of services and supports we offer to help our clients with their health and wellbeing.
- 2.2. Improve our community's ability to put in place a strong equity focused response to emerging issues.

Year 1 Strategic Initiatives

- 2.1.1. Implement social prescribing more broadly across CCHC.
- 2.1.2. Pilot the Mental Health Social Prescribing initiative.
- 2.1.3. Identify sustainable funding for the Counselling Connect program.
- 2.2.1. Review and implement the recommendations arising from the Ottawa People's Commission examining the community response to the 2022 convoy occupation.
- 2.2.2. Work with Ottawa community health centres and Ottawa Health Team-Équipe Santé Ottawa partner agencies to debrief the COVID-19 pandemic response and identify lessons learned.



DIRECTION 3

Building a virtual care system based on principles of digital equity

We recognize that virtual care and hybrid care will be a focus for the delivery of health and social services moving forward. Yet, for some clients, virtual health care will never be the right fit. This is due to barriers in accessing technology, low technological literacy and/or the nature of their medical conditions.

Understanding how, when and for whom virtual care is (and isn't) appropriate and beneficial will be a big part of moving forward. Also essential will be making sure that we are implementing new technology in accessible and equitable ways.

Questions we'll be asking ourselves include:

- When is it appropriate to provide people with the option of an in-person or virtual appointment?
- How are we providing an active offer of French language and cultural interpretation services when people book an appointment online?
- How do we ensure that our virtual services are meeting the needs of clients with visual and/or hearing impairments?

Some clients may benefit from access to virtual care once they are provided with low-cost technology. Others might simply need a bit of coaching. For others still, equitable healthcare will mean continued in-person services.

“Digital equity – a state where people can readily and effectively access and use technology to participate in our society – is intricately bound to health equity.”

“Bridging the Digital Divide: Digital Equity Call to Action” by the Alliance for Healthier Communities (Fall 2020)

Our 2026 Goals

- 3.1. Develop a hybrid model of care that meets the needs of all clients — especially clients who don't have access to technology.
- 3.2. Ensure that clients from all backgrounds can have a positive experience with our virtual care services.
- 3.3. Ensure that our staff feel well supported to deliver virtual care services.

Year 1 Strategic Initiatives

- 3.1.1. Review best practice guidelines and consult CCHC clinicians to develop a centre-wide decision framework for identifying clients for whom virtual care is (and isn't) appropriate.
- 3.1.2. Assess client needs for those accessing our programs and services virtually. This is so we can make recommendations to programs that improve digital equity.
- 3.2.1. Monitor how different client groups experience our virtual care services. This will ensure that programs receive the necessary feedback to identify challenges and unmet needs, and continuously improve.
- 3.3.1. Collect baseline data on staff perspectives about how well-supported they feel to deliver virtual care services.



DIRECTION 4

Keeping CCHC healthy and resilient in a changing environment

We have seen more and more geopolitical, social, environmental and economic disruption over these past few years. As such, there is a clear need to ensure that our organization is prepared, adaptable and resilient in the face of an uncertain future.

This means embracing the success factors that enabled us to cope with the strains of the past few years. It also means shoring up the supports that were insufficient in retrospect. And, it means tending to those staff needs (e.g. professional development) that may have been neglected during this period of prolonged crisis.

It means improving our people's access to the right information at the right time — to better understand the community impacts of emerging crises. This way, staff can make sure that their strategies are having a positive impact and leaving no one behind.

Finally, it means having a better pulse on the staff experience. In the context of remote work, there are fewer outward signs when a staff person is experiencing burnout. We need a reliable means of knowing who may be struggling so that they can receive support.

Our 2026 Goals

- 4.1. Improve staff wellbeing and the degree to which they feel engaged and supported in their work.
- 4.2. Ensure that all staff have a professional development plan and feel supported to reach their goals.
- 4.3. Advocate for fair pay for all our staff.
- 4.4. Become a learning organization — where staff can test and scale new ways of doing things to improve our quality of care.
- 4.5. Make sure that our corporate services are resourced in a sustainable way to meet the growing needs of our centre.
- 4.6. Provide staff with the technology they require to thrive in their daily work.

Year 1 Strategic Initiatives

- 4.1.1. Implement the Guarding Minds @ Work staff survey tool and gather baseline data to protect the psychological safety of our workforce.
- 4.1.2. Develop a stronger risk monitoring and reporting framework for human resources (HR) indicators.
- 4.2.1. Improve our employee performance review (EPR) processes in consultation with staff and management.
- 4.2.2. Ensure all staff receive a timely EPR.
- 4.3.1. Advocate provincially with the Alliance for Healthier Communities to ensure equitable compensation for staff.
- 4.3.2. Develop a compensation strategy based on a sustainable organizational budget.
- 4.3.3. Reassess HR needs and develop a more sustainable staffing model for all program areas.
- 4.5.1. Review the composition and resourcing of our Corporate Services team to ensure key organizational functions are well supported.
- 4.6.1. Conduct a technological needs assessment for the centre to ensure that staff have the technology and supports they need to provide hybrid care in a hybrid workspace and that our procurements are delivering good value-for-money.

ACKNOWLEDGEMENTS

On behalf of the Board, we express our heartfelt thanks to the following individuals for their unique and invaluable contributions to Centretown Community Health Centre's (CCHC) strategic planning process. Your willingness to engage with us has ensured that our 2023-2026 session is starting off in a good way, informed by the diverse perspectives of people with significant knowledge of and adjacency to the priority populations that we aimed to place at the centre of our circle.

Strategic Planning Committee



Mike Bulthuis
Board Member



Tamara Chipperfield
Director, Mental Health and Addictions



Maria ("Queen Maria") Sabourin
CCHC Volunteer and Creative Writing Instructor
Community Advisor



Rakhi Dhawan
Board Member



Richard ("Rocky") Gordon
CCHC Client
Community Advisor



Meseret Haileyesus
Board Member



Kathy Henry
CCHC Volunteer and Cancer Survivor
Community Advisor



Michelle Hurtubise
Executive Director



Lynsey James
Director, Primary Care



Fae Johnstone
Executive Director at Wisdom2Action
Community Advisor



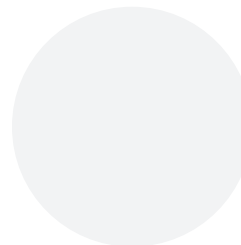
Alana Martin
Community Support Worker, Mental Health and Addictions



Arvind Mohandoss
Board Member



Michele Penney Kwe
National Steering Committee member at Righting Relations
Community Advisor



George Phiri
Intervention Development Coordinator at MAX Ottawa
Community Advisor



Siffan Rahman
Director, Diabetes Program



Project Lead
Alexandre Mayer
Health Analyst,
Corporate Services



Project Support
Frederic Jutras
Executive Assistant,
Corporate Services

Strategic Planning Consultants

Manal Sayid, Facilitator,
Sayid Consulting

Ken Hoffman, Facilitator,
One World Inc.

Report Content and Creation

Writing: **Alexandre Mayer**,
Health Analyst at
Centretown Community
Health Centre

Photography: **Jeffrey
Radbourne**, Photographer

Editing: **Heather Badenoch**,
Communications strategist
at Village PR

Graphic Design: **Kate
Cartwright**, Principal at
Kate Cartwright Designs



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Warsama Aden
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Board Member

Tamir Virani
Past Board Member

Rakhi Dhawan
Board Member

Rebecca Wolsak
Board Member

Paul Galipeau
Board Member

Elizabeth Cain
Staff Representative

Meseret Haileyesus
Board Member

Alexandre Mayer
Staff Representative

Centretown Community Health Centre
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APPENDIX I. SWOT ANALYSIS

| | Helpful (to the objective) | Harmful (to the objective) |
|-----------------|---|---|
| Internal | <p>Strengths</p> <ul style="list-style-type: none"> • Knowledge, expertise and reputation for gender-affirming care and chronic disease management (diabetes) • Highly competent, committed and self-motivated staff • Agile organization capable of adapting quickly to changing context and community needs • Equitable virtual care offerings (phone + video visits, access to low or no-cost technology for clients) • Innovative approaches to promoting wellness, such as social prescribing, urban outreach, social wellness calls, wrap-around supports, and Counselling Connect virtual counselling • Reputation as reliable partner and credible convenor • Leadership role within the Ottawa Health Team-Équipe Santé Ottawa | <p>Weaknesses</p> <ul style="list-style-type: none"> • Needs exceed current level of resourcing in a significant number of areas, including newcomer health, primary care, social support and practical assistance, and mental health and addictions • High level of organizational dependency (+95%) on government funding • Lack of public awareness about what CHCs do, which makes it harder to advocate for more resources • Over-stretched and under-resourced Corporate Services team is causing key functions to fail, including the employee performance review process, and systematic program evaluation • Lack of culturally appropriate service offerings for Indigenous clients and delay in implementing the Truth and Reconciliation Commission of Canada calls to action • Operating in crisis mode for more than three years has led to practical drift in some areas (e.g., ensuring staff have professional development plans) |
| External | <p>Opportunities</p> <ul style="list-style-type: none"> • Strong interest in expanding capacity of mental health and addiction sector, and funding neighbourhood resource team for Centretown • Increased focus on equity. Community health centres are seen as leaders in equity-based approaches to primary care. We are leaders in sociodemographic data collection and analysis. • Shortage of primary care physicians in Centretown, and CCHC's renovated and expanded space (room to grow) • Community need for expertise in newcomer health (Ukrainian newcomers, cross-border refugees, unprecedented immigration levels) • Emergence of strong neighbourhood-based mutual aid networks in the social media space | <p>Threats</p> <ul style="list-style-type: none"> • CCHC's 10+ year history of frozen base budget and relatively low rates of pay (staff retention) • Inflationary pressures (cost of living) for clients and staff • Provincial focus on hospitals rather than strong primary care / preventative care • Uncertainty and lack of strategic direction regarding the future of Ontario Health Teams • Increased frequency of hate crimes, hate speech, and alt-right/white supremacist ideology in the aftermath of COVID-19 and era of Trumpism • Aging population – increasing the medical complexity of our clients while leading to loss of corporate memory and experience in senior roles • Staff experiencing significant levels of change fatigue, burnout • Increasing frequency of extreme weather events and associated impacts on vulnerable residents |

APPENDIX II. STAFF & COMMUNITY ENGAGEMENT: KEY FINDINGS

Scope and Data Collection

The data collected from stakeholders included reviewing internal documents provided by Centretown Community Health Centre (CCHC), and a qualitative approach to gain an in-depth understanding of common themes and issues.

Sayid Consulting conducted:

- Two separate focus groups with CCHC's staff and leadership team.
- Key informant interviews with four CCHC's funders.
- Five Community Listening Sessions. These included a mix of clients, staff and community partners who belonged to (or were adjacent to) specific equity-deserving groups.

The number of participants for each focus group or listening session is identified in the summary of findings below.

Community Listening Session and Focus Group format

1. Participants were 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 were then asked about ways in which CCHC had been effective in helping them (or their clients) deal with these challenges. And, 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 and supports that will be needed to meet future challenges and opportunities, and stating their hopes for CCHC over the next five 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 and Community Engagement: Key Findings

From May to June 2022, more than 40 individuals representing community members, community partners from more 15 organizations, as well as CCHC staff, participated in the five Community Listening Sessions. These were hosted over Zoom by the CCHC and facilitated by consultants Ken Hoffman and Manal Sayid. The stakeholders contributed to the strategic planning process by sharing 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 and community members, community partners, CCHC staff | Seniors and caregivers facing barriers to care | 14 |
| Clients and community members, community partners, CCHC staff | Newcomers and refugees | 13 |
| Clients and community members, community partners, CCHC staff | 2SLGBTQIA+ | 14 |
| Clients and community members, community partners, CCHC staff | Indigenous, Black and People of Colour (IBPoC) | 12 |
| Clients and community members, community partners, CCHC staff | Mental health and substance use health | 12 |
| Total Responses: | | 132 |

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

Mental Health and Substance Use Health

Mental health and substance use health came up 99 times across all groups (Mental health: 87, substance use health: 12). Mental health came up as impacting staff, clients and community members. Related themes include anxiety, depression, stress, caregiver stress, frustration, fear, burnout, feeling helpless and drained, trauma and grief. The 2SLGBTQIA+ group brought up increased suicidality amongst the trans community. Themes related to substance use health came up in the staff and leadership groups, the Seniors and caregivers facing barriers to care, and the mental health and substance use health 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 Seniors and caregivers facing barriers to care 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 and 2SLGBTQIA+ 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 2SLGBTQIA+ and 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 substance use health 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 theme across all groups. In addition to the themes above, it was noted that equity-deserving communities had been the most impacted by the pandemic and other recent events. Although many of these are systemic issues that predated the pandemic, the pandemic amplified the issues. The pandemic made it difficult or impossible for groups to access the supports they had come to count on. The seniors and caregivers facing barriers to care group underlined growing discrimination, stationariness, isolation and health decline. The newcomers and refugees group described increased marginalization, hate crimes and harassment, and falling through the cracks. The 2SLGBTQIA+ group noted increasing hatred, personal safety concerns, and racism. The IBPoC group mentioned hate crimes, growing racism, bias, prejudice, systemic racism in health care, over-policing and living in survival mode. The mental health and substance use health group reported growing discrimination and feeling unheard.

Qualitative Analysis

| Common Theme | Occurrences | Related Themes |
|---|---|--|
| Mental health and substance use health | Mental health: 87 Substance use health: 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 | Theme across all groups. | |





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