



Greater St. Catharines Community HEALTH CENTRE



A COMMUNITY FORUM: Designing Your Community Health Centre

THOROLD

Tuesday, February 26, 2008
9:15 – 11:30 a.m.
OR 6:45 – 9:00 p.m.
Canadian Corps
7 Clairmont Street, Thorold

- Light refreshments provided
- Wheelchair accessible

ST. CATHARINES

Wednesday, February 27, 2008
9:15 – 11:30 a.m.
OR 6:45 – 9:00 p.m.
Westminster United Church
180 Queenston Street,
(next to St. Catharines General Hospital)

- Light refreshments provided
- Wheelchair accessible

This is your chance to take a seat at the drawing table and help design a great Community Health Centre. Everyone is welcome – healthcare providers, members of social service organizations, faith communities, professional associations, municipal or government officials, concerned citizens, volunteers, and consumers of primary health care services.

The session will include:

An overview: What is a CHC?

Community profile: What are the statistics telling us?

Community feedback: Small group sessions to hear your comments on what the CHC should look like.

Summary: A wrap-up of the group comments and discussion of what happens next.
There will be time for questions and answers throughout the session.

Be a part of this exciting initiative!

For more information, contact:

Ruth Davies, Community Liaison Coordinator @ 905-650-2781 or e-mail rdavies@cmhaniagara.ca. There is no cost to attend this event, but seating is limited, so please call or e-mail by February 13, 2008 and let us know which session you would like to attend.

Special needs or concerns? Please give us a call.

Information is also available on our website:
greaterstcatharineschc.org

Background

APPENDIX J

**Greater St. Catharines Community Health Centre
Communications Plan**

In 2005, the Ministry of Health and Long-Term Care (MOHLTC) announced the opening of the Community Health Centre (CHC) for 2007/2008. (See MOHLTC backgrounder documents).

A CHC is a not-for-profit, community-governed organization that has the purpose of delivering primary health care to members of the community, with an emphasis on services to people experiencing barriers to care.

Primary health care is integrated care, illness prevention, health promotion and community development delivered through a social determinants of health framework. *{Include plain language definitions of illness prevention, health promotion, determinants of health, chronic disease management and community development}*

CHC services complement existing healthcare services in the community, and staff work closely with other service providers to give their clients the most comprehensive care possible. CHCs have been in existence since the early 1970s. (See Section 6 of information binder supplied by AOHC).

In 2006, the Ministry hired the Association of Ontario Health Centres (AOHC), a policy and advocacy organization supporting CHCs province-wide, to recruit a steering committee (SC) of community stakeholders who would lead the development of Greater St. Catharines CHC. The SC was officially appointed in _____ and in _____, received Ministry funding to begin this process with particular focus on involving community members. This process is called community engagement.

<p><i>Public Environment</i></p>	<p>There are currently six CHCs operating in the Hamilton Niagara Haldimand Brant (HNHB) LHIN: North Hamilton CHC, Hamilton Urban Core CHC, Centre de santé communautaire Hamilton/Niagara (Welland), De dwa dehs nye's Aboriginal Health Centre, The Greater Fort Erie Health Services Corporation – serving Fort Erie and Port Colborne.</p> <p>Other new CHCs or satellites include; The Greater St. Catharines CHC serving St. Catharines and Thorold and the Niagara Falls CHC. Provincially, there are 54 CHCs. There are just over 300 CHCs nationally.</p> <p>Community members and local service providers generally remain unaware about CHCs.</p> <p>Across the province, community and social services tend to be supportive of new CHCs and recognize the potential for partnerships with CHCs.</p> <p>Some existing health service providers see CHCs as competing with for funding, patients and staff, in particular family physicians.</p> <p>There are several Family Health Teams operating in the Niagara Region. Family Health Teams are a key component of the government's plan to build a health care system that delivers on three priorities - keeping Ontarians healthy, reducing wait times and providing better access to doctors and nurses. The teams include an interdisciplinary team of physicians and other providers such as nurse practitioners, nurses, social workers and dieticians all working together to see more patients and to keep them healthy.</p> <p>The Greater St. Catharines CHC will create an environment to foster and develop: Interdisciplinary collaboration, effective co-ordination and communication among providers, and recognition of the value of the expertise and skills of each member of the family health team, including the rostered members.</p> <p>Provincial government has been supportive of the CHC model of healthcare delivery. Responsibility for CHC has recently transitioned to the Local Health Integration Network. The 2007 election have not hindered the development of new CHCs announced in November 2005.</p> <p>Local governments and HNHB LHIN are very supportive of the new CHC. Municipal and Regional staff work collaboratively in the recruitment and retention of Family Physicians.</p> <p>Local media has historically been supportive of community health initiatives.</p>
----------------------------------	--



<p><i>Goal / Key Objectives</i></p>	<p>Objectives of the community engagement process:</p> <ul style="list-style-type: none"> • To determine the CHC's initial priority programs and populations. • To identify potential future partnerships for the CHC. • To determine the CHC's initial catchment area. • To complete the CE process and receive funding for the next phase of the "pre-operational" process.
<p><i>Communication Objectives</i></p>	<p>To raise awareness and support of the upcoming CHC.</p> <p>To foster interest and participation in the CE process and in the CHC following completion of the CE.</p> <p>To increase public understanding of the benefits of community-governed primary health care for their community.</p>
<p><i>Target Audiences</i></p>	<p>Primary</p> <ul style="list-style-type: none"> • Local health and social service providers that focus on – children and youth, mental health and addictions, disabilities, corrections, education, employment, environmental health, faith, families, food security, local and municipal government, hospitals, housing, long-term care, primary health care, recreation, seniors, settlement, women. • Members of the general public • Mayors McMullan and D'Angela • MPP Jim Bradley – Assistant Matt Robinson • MPP Peter Kormos • MP Rick Dykstra – Assistant Dave Schulz • MP John Maloney – Assistant Frank DiBartolo <p>Secondary</p> <ul style="list-style-type: none"> • Local health reporters and media contacts – St. Catharines Standard (Peter Downs), Niagara This Week, Thorold News? • Economic development officers, municipality and chamber members • Individuals responsible for local physician recruitment – City of St. Catharines (Brian York), Niagara Region (Jill Cappa), City of Thorold - Council (Mike Charron), NHS (Joan Hatcher)
<p><i>Key Messages</i></p>	<p>The Greater St. Catharines CHC will improve the health of St. Catharines and Thorold residents.</p> <p>The new CHC will strengthen the viability of the community through partnerships among providers and better infrastructure.</p> <p>Participate in the process - adding your voice is what makes it your CHC.</p>

Strategies	<p>Community engagement strategies include:</p> <ul style="list-style-type: none"> • Review existing health reports and research, interview representatives from key health and social services and facilitate groups of potential service users to identify a) key health issues in the community; b) priority populations; and c) the CHC's catchment area, for future programme planning. • Conduct service provider survey (asset mapping survey) to gain a more complete picture of health and social services in the community, for future partnership discussions and programme planning. • Hold one or more community forum events to inform the community and gain endorsement or corrections to the findings of the community engagement process.
Media strategies	<p>Develop / foster relationships with the local media, TV and radio producers. (See <i>From the Ground Up</i>, Media Relations Chapter 3.5 for detailed information regarding media relations.)</p>
Tactics	<p>Establish communications milestones.</p> <p>Write press releases (based on AOHC information) for media. (Go to www.aohc.org).</p> <p>Take out advertisements and/or free community calendar notices to notify the public about the community forum event (and focus groups if applicable). Include church bulletins and school newsletters.</p> <p>Develop general speech and PowerPoint presentation for speaking engagements.</p> <p>Develop message for the online health service provider survey, and distribute it to providers through the SC network of contacts.</p> <p>Invite local press to the community forum event.</p> <p>Attend local health fairs, conferences, special events and community meetings, when applicable.</p> <p>Develop an information sheet for distributing to the public.</p> <p>Develop briefing notes for the mayor, MPP, and MP.</p> <p>Utilize steering committee networks and contacts to advertise community engagement activities.</p>
Timing	<p>Dates to avoid:</p> <p>Remembrance Day: November 11, 2007</p> <p>Hanukkah: December 5, 2007</p> <p>Christmas / Boxing Day: December 25/26, 2007</p> <p>New Year's Day: January 1, 2008</p> <p>Polish Christmas: First two weeks of January 2008</p> <p>Valentines Day: February 14, 2008</p>

<i>Timeline</i>	Surveys ready for distribution: Conduct key representative interviews and focus groups: Identify local media, and issue first press release: Announce community forum event:
<i>Spokespeople</i>	SC chairperson(s) or designate and Lead AOHC consultant/Provincial Coordinator of Emerging Groups

APPENDIX I

**Greater St. Catharines Community Health Centre
Community Forum Feedback**

Location	What health & social services or programmes are working well in the area?	What are the top primary healthcare needs in the area?	What staff, services &/or programmes should be part of Greater St. Catharines CHC?	Where should the CHC be located?
THOROLD Date: Tuesday, February 26, 2008 Time: 9:15 a.m. – 12:00 p.m. and 6:45 – 9:00 p.m. Location: Canadian Corps, 7 Clairmont Street <i>(29 participants)</i>	<ul style="list-style-type: none"> ▪ CCAC ▪ Contact Niagara ▪ Education of services in schools ▪ Family health team – use of Nurse Practitioners ▪ Good public health – Robin Williams, healthy babies, health promotion ▪ Meals on Wheels ▪ Niagara Pride ▪ Prompt response for kids and youth ▪ Tele-health 	<ul style="list-style-type: none"> ▪ Lack of culturally competent services ▪ Poor communication between existing services ▪ Services for people with concurrent disorders ▪ Services for seniors with mental health issues ▪ Transportation barriers 	<p>Programmes/services:</p> <ul style="list-style-type: none"> ▪ Advocacy re: medication ▪ Alternative medicine ▪ Community kitchen ▪ Dental care ▪ Diabetes education ▪ Foot care ▪ Geriatric services ▪ Health promotion ▪ Healthcare for men ▪ Information and resource centre ▪ Labs on site ▪ Mental health services ▪ Newcomer services (e.g., Spanish, Somali communities) ▪ Oral health ▪ Pharmacy ▪ Services for LGBT populations ▪ Support groups (e.g. new mothers, smoking cessation, 	<ul style="list-style-type: none"> ▪ Accessible by public transportation ▪ Central ▪ Downtown St. Catharines ▪ Good parking ▪ Outreach to isolated populations (e.g. low income, homelessness, at-risk



Location	What health & social services or programmes are working well in the area?	What are the top primary healthcare needs in the area?	What staff, services &/or programmes should be part of Greater St. Catharines CHC?	Where should the CHC be located?
<p>ST. CATHARINES Date: Wednesday, February 27, 2008 Time: 9:15 a.m. – 11:30 p.m. and 6:45 – 9:00 p.m. Location: Westminster United Church, 180 Queenston Street (51 participants)</p>	<ul style="list-style-type: none"> ▪ 211 service ▪ Across to tests results ▪ Aids Niagara ▪ Alzheimer Society ▪ Bethlehem Place ▪ Brock student health ▪ CHC movement in Niagara ▪ Common assessments 	<ul style="list-style-type: none"> ▪ Address the social determinants of health through advocacy (e.g. poverty, affordable housing) ▪ Caregiver support ▪ Chronic disease prevention management (e.g., cancer, heart 	<p>nutrition, diabetes, suicide prevention)</p> <ul style="list-style-type: none"> ▪ Youth programmes <p>Staff:</p> <ul style="list-style-type: none"> ▪ Communication Coordinator ▪ Dietitians ▪ Nurse Practitioners ▪ People that link professionals and community ▪ Specialists (e.g., Podiatrist) ▪ Staff that reflect populations to be served ▪ Therapists ▪ Volunteer Coordinator 	<ul style="list-style-type: none"> ▪ Centralized location ▪ Church, Welland, St. Paul ▪ Downtown St. Catharines ▪ Fairview Mall ▪ Former Domtar plant on Glendale

Location	What health & social services or programmes are working well in the area?	What are the top primary healthcare needs in the area?	What staff, services &/or programmes should be part of Greater St. Catharines CHC?	Where should the CHC be located?
<ul style="list-style-type: none"> ▪ Community Care ▪ Creativity, ▪ Distress Centre ▪ End of life cure network, Suicide prevention ▪ Food banks between agencies ▪ Health bus ▪ Healthy babies healthy children programme ▪ Hospice Niagara ▪ Hospital ▪ Inter-planning happening through the LHINS ▪ March of Dimes ▪ Medical officer of health ▪ Mental health outreach Geriatric assessment program ▪ More communication and inclusion between providers ▪ More FHTs ▪ New pain management centre on Pelham Rd. ▪ Niagara Centre for Independent Living ▪ Niagara pride working with sexually and 	<ul style="list-style-type: none"> ▪ disease) ▪ Doctors ▪ Geriatric services (e.g. medication education) ▪ Health promotion ▪ Housing help ▪ Mental health services (e.g., psychiatry, age-specific, counselling) ▪ Pain management ▪ Special services for men (e.g., sexual health) ▪ Specialists ▪ System navigation ▪ Transportation supports 	<ul style="list-style-type: none"> ▪ trade workers) ▪ Food and clothing bank ▪ Health promotion (e.g. healthy eating) ▪ Meeting space ▪ Mental health and addiction programmes (e.g., concurrent disorders, age-specific, grief) ▪ Outreach services ▪ Parenting skills (including grandparents) ▪ Pharmacy ▪ Physiotherapy ▪ Public education ▪ Resource centre ▪ Seniors programmes (e.g. home support) ▪ Transportation supports and services (e.g., fare, Sunday service, para-transit) ▪ Well baby clinic <p>Staff:</p> <ul style="list-style-type: none"> ▪ Counsellors ▪ Dieticians 	<ul style="list-style-type: none"> ▪ providing there would be a health bus ▪ High density of seniors ▪ Lake St. ▪ Linwell area ▪ Near Brock University ▪ Needs to be on a bus route ▪ Old hospital site ▪ Pen Centre ▪ Queenston area ▪ Schmon Parkway ▪ Stokes community centre ▪ Thorold – satellite 	

Location	What health & social services or programmes are working well in the area?	What are the top primary healthcare needs in the area?	What staff, services &/or programmes should be part of Greater St. Catharines CHC?	Where should the CHC be located?
	<ul style="list-style-type: none"> gendered diverse youth Organizations serving seniors population Out of the Cold program OW and ODSP – bi-direct re-imburement for medical transportation Partnerships between social services Public health prenatal programme Regional partnerships with Housing Authority (gives agencies right of referral) Rich in services Seniors community program Sense of community spirit, even protest Service to people with developmental issues Short-term housing for abused people Social housing Walk-in Clinics (number of) Wellspring 		<ul style="list-style-type: none"> Financial counsellors Gerontologists Nurse Practitioners Dietitians Pharmacists Physicians Social workers Specialists (e.g. Physiotherapist) <p>Attributes:</p> <ul style="list-style-type: none"> Knowledgeable Non-medical approach Respectful 	

Location	What health & social services or programmes are working well in the area?	What are the top primary healthcare needs in the area?	What staff, services &/or programmes should be part of Greater St. Catharines CHC?	Where should the CHC be located?
	<ul style="list-style-type: none"> ▪ Wisdom ▪ Women's place ▪ YMCA and YWCA children's programmes 			

APPENDIX H

**Greater St. Catharines Community Health Centre
Focus Group Data – Potential Priority Populations**

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
Lunch Out, Meals on Wheels Thorold-St. Catharines (SENIORS/St. Catharines) – 31 participants	<ul style="list-style-type: none"> Healthcare is free (compared the US) Quicker access to specialists (compared to the UK) 	<ul style="list-style-type: none"> Application process to get a new doctor Can't get medical appointments Doctors demand that you not use walk-in services Doctors do not listen Expensive medications Inaccessible doctor's office Long wait times No contact with doctor OHIP doesn't cover everything Unprofessional doctors 	<ul style="list-style-type: none"> 24/7 phone support Alternative medicine Care for those who don't have a good doctor Childcare Crisis centre Dental care Doctor who listens Evening and weekend hours Footcare Friendly staff Laboratory Non-medical, holistic approach Offer refreshments Offer sign language Pharmacy Physiotherapy Shuttle service Student placement Volunteers 	<ul style="list-style-type: none"> Accessible by transit or walking Downtown Free parking Look at closing schools and churches Martindale
PFLAG (LGBT) – 9 participants	<ul style="list-style-type: none"> Aids Niagara Brock University CMHA Methadone clinic Niagara Pride Support Services 	<ul style="list-style-type: none"> High suicide rates among trans community Ignorance and discrimination of service providers, educational system 	<ul style="list-style-type: none"> Anti-oppression training that is ongoing Connection to school boards via youth workers Counselling services for 	<ul style="list-style-type: none"> Check out closing schools and churches Downtown St. Catharines Near Brock University Note that there is

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
	<ul style="list-style-type: none"> ▪ Out of the Cold ▪ PFLAG ▪ Regional Public Health ▪ School nurses ▪ St. Catharines Public Library ▪ Transgender Niagara ▪ Transparent Unitarian Church 	<ul style="list-style-type: none"> ▪ Invisibility ▪ Lack of strategies to address homophobia, transphobia across sectors (e.g. healthcare, education system) ▪ Lack of transportation between municipalities ▪ Mental health services are lacking for youth, seniors, autistic ▪ Niagara is conservative and non-accepting ▪ Organizations are not funded properly ▪ Reluctance to seek care due to ignorance of providers ▪ Specialized transit is not necessarily accessible ▪ Youth are thrown out of home, can lead to incarceration, homelessness, unemployment – compounding issues 	<p>students</p> <ul style="list-style-type: none"> ▪ Educate service providers and broader community about serving LGBT populations ▪ Education for healthcare providers about LGBT specific health issues (partner with existing organizations) ▪ Faith-based services ▪ Health education for LGBT populations ▪ LGBT curriculum for student credit (e.g. social support program that includes life skills, team approach, CAS, wraparound approach) ▪ Meeting spaces ▪ Mental health services for adolescents ▪ Not being required to 'come out' ▪ Outreach ▪ Partner to develop 'trans-useful' resources 	<p>no direct bus from Thorold to downtown St. Catharines</p> <ul style="list-style-type: none"> ▪ On a bus route

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
Youth Advisory Committee, FACS (YOUTH) – 9 participants	<ul style="list-style-type: none"> ▪ Free medication (for some) ▪ Getting a lollipop for doctor at the end of appointment ▪ Healthcare is better than the States ▪ Nice nurses, oral surgeon 	<ul style="list-style-type: none"> ▪ Abuse of the system ▪ Bus system sucks ▪ Doctors pass away ▪ Expensive medications ▪ Long wait time ▪ Not enough doctors ▪ Not everything is covered by OHIP ▪ Overuse of 	<ul style="list-style-type: none"> ▪ Partner with multicultural centre ▪ Partner with Niagara Police ▪ Services around mental health issues, etc. ▪ Raise awareness about homophobia ▪ Resources for questioning populations ▪ Services for LGBT populations ▪ Speak with LGBT populations that are deaf, developmentally challenged, newcomers ▪ Transitioning service (partner with SC transit) ▪ Transportation services 	St. Catharines: <ul style="list-style-type: none"> ▪ 4th Avenue ▪ Bunting (near the Mandarin) ▪ Martindale ▪ On a bus route ▪ Pen Centre (near the Keg)



GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
Transgender Niagara (LGBT) – 25 participants	<ul style="list-style-type: none"> ▪ Breast care clinic ▪ Circle of Health ▪ New young doctors 	<ul style="list-style-type: none"> ▪ emergency ▪ Strict about walk-in 	<ul style="list-style-type: none"> ▪ well-being ▪ Germ free ▪ Gym ▪ Life skills ▪ Massage ▪ Nurse Practitioner ▪ Parenting skills ▪ Person appropriate ▪ Place to sit ▪ Reading materials ▪ Sexual health education ▪ Short waiting time ▪ Tai Chi, yoga ▪ Tax returns ▪ Youth friendly environment 	Downtown
		<ul style="list-style-type: none"> ▪ Closed-mindedness ▪ Ignorant physicians re: issues and needs of LGBT communities ▪ Lack of exposure ▪ Lack of respect, awareness and sensitivity ▪ Long wait times ▪ No mental healthcare ▪ Power of pharmaceutical companies ▪ Refusal of services 	<ul style="list-style-type: none"> ▪ Alternative healthcare (e.g. naturopath, homeopathy, emotional healing, massage, yoga) ▪ Do not out anyone! ▪ Eliminated need for a letter from the Clarke Institute (CAMH) for people who are transitioning ▪ Information and referral ▪ Look at all of the issues that impact one's 	

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
<p>YMCA Employment Services (NEWCOMERS / UNEMPLOYED) - 9 participants</p>	<p>YMCA, Canadian Red Cross, regional psychiatry program</p>	<ul style="list-style-type: none"> ▪ Doctors are overwhelmed – too many patients ▪ Doctors are rude ▪ Food from food bank is not healthy ▪ Long wait times ▪ Long waits for referral to specialists ▪ Misdiagnosis results in wrong prescription ▪ Multiple appointments 	<p>health e.g. immigration, ethnicity</p> <p>Meeting and program space</p> <ul style="list-style-type: none"> ▪ No affiliation with pharmaceutical companies ▪ Provide care to new residents (non-insured) ▪ Psychiatrist for support and letters for surgery ▪ Sensitivity training and education for all staff re: LGBT needs ▪ Support for families to support youth in coming out ▪ Trans staff 	<p>Central location, accessible by bus, near to other services</p>
			<ul style="list-style-type: none"> ▪ Dental care ▪ Food (e.g., Ensure) ▪ Healthy bus ▪ Healthy eating ▪ Inspire hope, self-esteem ▪ Mental health and addiction services ▪ Outreach ▪ Physical activity ▪ Programmes and 	

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
<p>Lunch Out, Meals on Wheels Thorold-St. Catharines (SENIORS/ Thorold) – 13 participants</p>	<p>Fortunate compared to the US; MOW TH-SC; Physiotherapist at the hospital; CCAC; paramedics / ambulance are quick and provide good services; some nurses are very caring</p>	<ul style="list-style-type: none"> ▪ Nurses are overworked – doing physical labour 	<p>supports for seniors and people with disabilities</p> <ul style="list-style-type: none"> ▪ Programmes for newcomers (e.g., settlement services) ▪ Recreational activities ▪ Shuttle service ▪ Social workers, counselors ▪ Soup kitchen ▪ Transportation fare 	<ul style="list-style-type: none"> ▪ On the border of St. Catharines and Thorold ▪ Ample free parking ▪ Accessible by bus
<p>Niagara Centre for</p>	<p>Some good doctors;</p>	<ul style="list-style-type: none"> ▪ Chaos at emergency (e.g., loose patient medication) ▪ Closing of Hotel Dieu ▪ Healthcare staff don't listen to patients ▪ Hospital is untidy ▪ Long wait at emergency – forces people to leave without receiving care ▪ Short-staffed at hospital, no beds ▪ Walk-in clinic closed due to high rent ▪ Bus system is not 	<ul style="list-style-type: none"> ▪ Dental care ▪ Ear, eye, nose and throat clinics ▪ Exercise for seniors ▪ Foot care ▪ Medical care for those whose doctor is not in the Niagara Region ▪ Mental health services ▪ Osteoporosis clinic ▪ Partner with the regional Public Health department ▪ Sign language interpreters ▪ Support for families ▪ Aboriginal health 	<ul style="list-style-type: none"> ▪ On the border

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
<p>Independent Living (PERSONS WITH DISABILITIES) – 6 participants</p>	<p>family health teams have Nurse Practitioners and good communication between their practitioners; FHT guarantees weekday appointment; access; networks (e.g., employment, social services), Niagara Rehab;</p>	<p>accessible to/from Brock University</p> <ul style="list-style-type: none"> ▪ Doctors do not have expertise in disabilities ▪ Have to book para-transit two weeks in advance ▪ Inaccessible pools ▪ ODSP won't cover gym membership ▪ Only one taxi company provides accessible vans ▪ Specialists are located outside of Niagara ▪ Staff avoid you when you're disabled ▪ Weight loss programs are expensive 	<p>services</p> <ul style="list-style-type: none"> ▪ Advocacy regarding direct funding, homecare ▪ Caregiver support (e.g., self help and counseling) ▪ Dentist who will see you in a mobility device ▪ Ensure accessibility – wide doorways, exam tables with hydraulics, track lift, bathrooms, dressing rooms, remove chairs in waiting room for people in mobility devices ▪ Evening and weekend hours ▪ Health promotion regarding diabetes, weight loss ▪ Information and resource centre with computers, tools for online research ▪ Lab and x-ray services ▪ Mental health services – psychiatrist, psychologist, 	<p>of St. Catharines and Thorold</p> <ul style="list-style-type: none"> ▪ Mobile health unit ▪ Points of access in the community ▪ Accessible by transit ▪ Handicapped parking spaces, free parking

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
<p>Folk Arts Council of St. Catharines (ESL STUDENTS / NEWCOMERS) – 13 participants</p>	<p>Good psychologists; nutrition programmes; children's area in the Ontario Works building; YMCA child care; Bethlehem child care; Hotel Dieu; Dr. Fraser provides hands-on training for international doctors; CAIPS</p>	<ul style="list-style-type: none"> ▪ Confidentiality regulations means that family can not access important information ▪ Doctors don't wash their hands in front of you ▪ Hard to find a female doctor ▪ International doctors can not get Canadian experience 	<p>social workers</p> <ul style="list-style-type: none"> ▪ Patience ▪ Provide education to practitioners and broader community about disabilities, alternative medicine ▪ Recreational activities for adults with disabilities over 18 years ▪ Shuttle service ▪ Staff with expertise in disabilities ▪ Training for staff – operation of equipment (led by person with a disability), sensitivity ▪ Translators, interpreters 	<ul style="list-style-type: none"> ▪ Downtown ▪ Easy access ▪ Parking

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
Start Me Up Niagara (STREET INVOLVED) - 13 participants	<p>Start Me Up Niagara (e.g., always improving services, no application process); Community Care (to a degree); Bethlehem Place; sexual health clinic (to a degree)</p>	<ul style="list-style-type: none"> ▪ Lack of psychiatrists ▪ Long wait times for appointment with doctors ▪ Long wait times in emergency ▪ Poor nutrition of children 	<ul style="list-style-type: none"> ▪ Food programmes ▪ Free or affordable medication ▪ Housing for people who have mental health issues ▪ Lab, x-ray services ▪ Pharmacist who also provide medication education ▪ Physiotherapy ▪ Shuttle bus ▪ Support for isolated seniors ▪ Translators ▪ Volunteers 	Downtown (e.g., Palace Theatre)
	<p>Start Me Up Niagara (e.g., always improving services, no application process); Community Care (to a degree); Bethlehem Place; sexual health clinic (to a degree)</p>	<ul style="list-style-type: none"> ▪ Food from food bank is not healthy ▪ Have to apply to be a patient ▪ Long wait times at emergency ▪ Not enough services for men ▪ Ontario Works office moved to Bunting Road ▪ Particular populations fall through the cracks (e.g., FASD) ▪ Staff at hospital not trained to deal with mental health services, not 	<ul style="list-style-type: none"> ▪ Advocacy ▪ Assistance with filling out forms ▪ Community kitchen ▪ Counselling for men ▪ Crisis response ▪ Detox ▪ Don't turn away people when they are high ▪ Folks who use the centre are also employed or volunteer there ▪ Job re-training ▪ Non-judgmental ▪ Odd job programme for men 	

GROUP / ORGANIZATION	ASSETS	BARRIERS / GAPS	PROGRAM / STAFF SUGGESTIONS	LOCATION
			determinants of health (e.g., grocery stores, local farmers, YMCA for physical activity)	



Greater
St. Catharines
Community
HEALTH CENTRE



George Kurzawa
Chair, Interim Steering Committee
JoAnn Theobald
Vice Chair, Interim Steering Committee

February 4, 2008
Presentation to St. Catharines City Council

What is a Community Health Centre

□ CHCs provide **holistic, patient-focused primary health care** based on the determinants of health.

- Income/Poverty
- Environment
- Education
- Gender identity
- Social exclusion
- Physical ability
- Geographical isolation
- Food security
- Working conditions
- Language
- Race
- Culture
- Age
- Sexual orientation
- Housing/Shelter
- Biology

FACT: Relative to both the province (13.0%) and the Region (17.0%), St. Catharines (18.1%) has a higher proportion of seniors in the 65 years and older age group.

A Short History of the Movement

Early 1970's
CHC's announced
as part of
'mainstream'
provincial system

1982
12 CHCs
launched as pilot
projects

1986
11 new CHCs
are opened

1990
Total # of CHCs
reaches 32

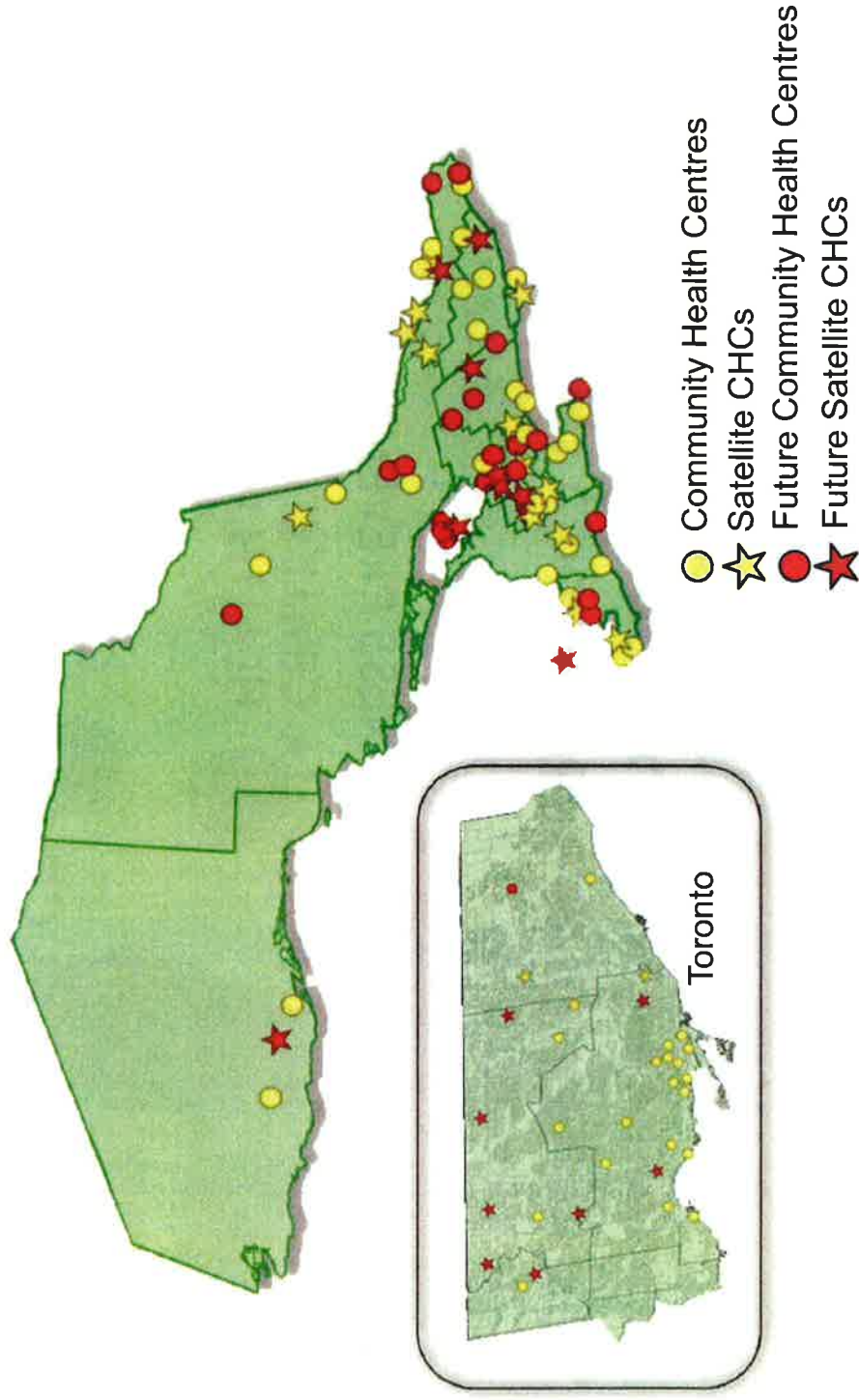
1995
Total # of CHCs
reaches 54

1997
Aboriginal
Access Centres
(AHACs) are
launched

2004
10 new satellite
CHCs announced

2005
22 new CHCs
and 17 new
satellites
announced

CHCs by 2007-08 (Full & Satellites)

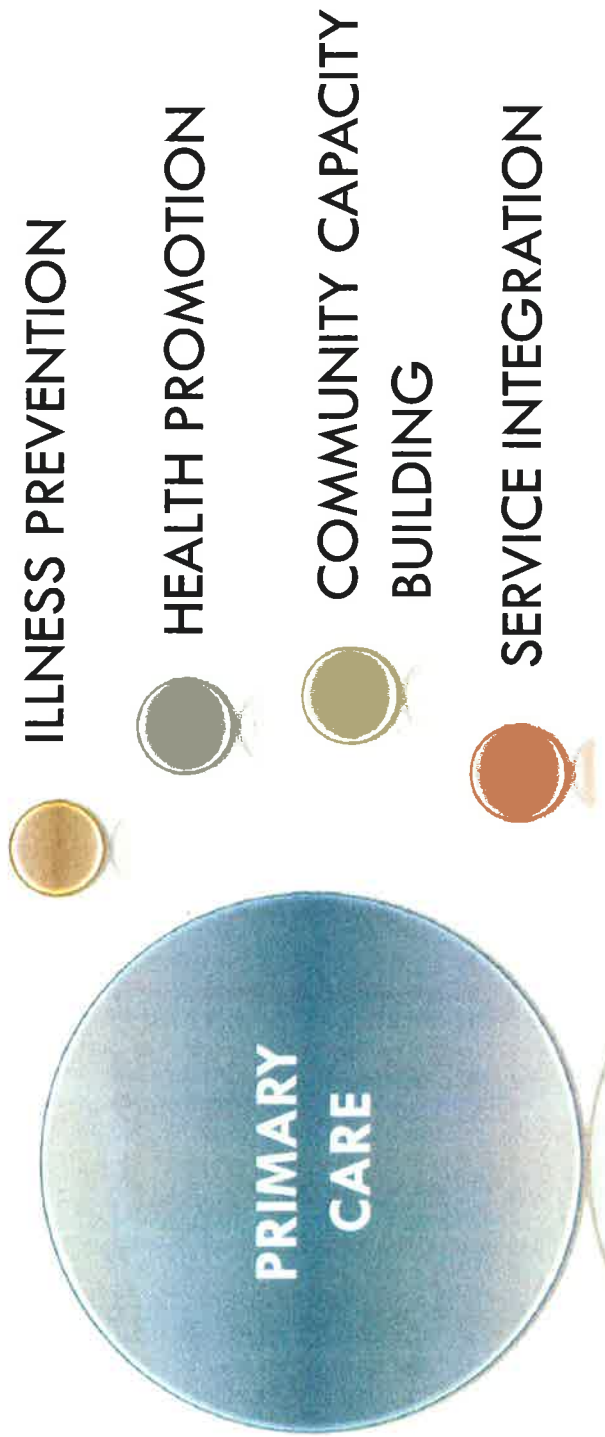


FACT: The populations St. Catharines (13.8%), and Niagara Region (13.2%) have significantly higher proportions of their incomes derived from government transfers compared to Ontario as a whole (9.8%). (LHIN Community Profile, 2006)

The CHC Model of Care



The CHC Model of Care focuses on 5 service areas:



FACT: Greater St. Catharines (13.7%) has higher rates of female-lone parent families. (Statistics Canada, 2006).



Model of Care cont'd

- The CHC Model of Care is:
 - **COMPREHENSIVE**
 - **ACCESSIBLE**
 - **CLIENT AND COMMUNITY CENTRED**
 - **INTERDISCIPLINARY**
 - **INTEGRATED**
 - **COMMUNITY GOVERNED**
 - **INCLUSIVE OF THE SOCIAL DETERMINANTS OF HEALTH**
 - **GROUNDING IN A COMMUNITY DEVELOPMENT APPROACH**


FACT: Fifty-nine percent (59%) of the 580,000 emergency room visits were considered to be 'non-urgent' conditions with potential to be treated in primary care settings, (e.g., minor infections, colds, cysts, etc.).
This is higher than the Ontario rate of 56% (MNHBLHIN, 2006).

The Community Health Centre is:



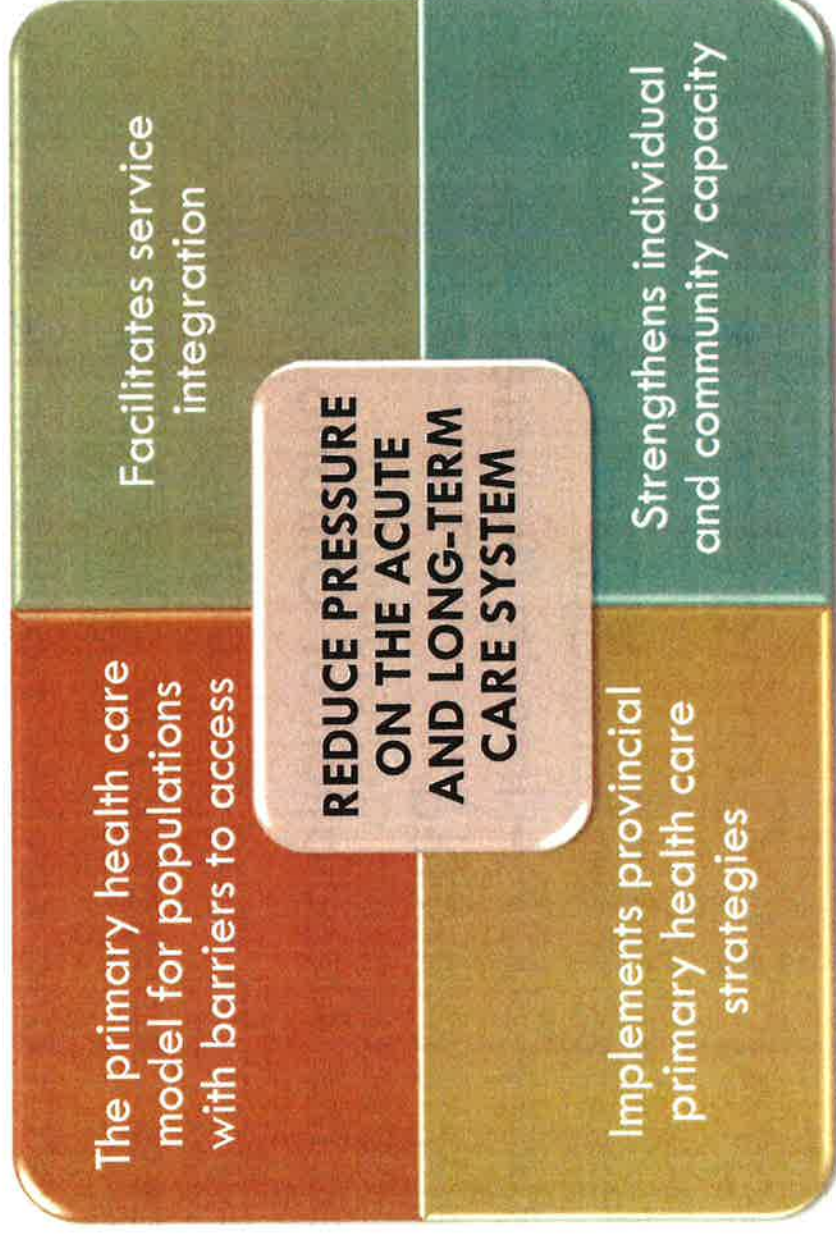
- NOT** a walk in clinic
- NOT** your local doctor's office
- NOT** an extension of an existing service or agency

FACT: Almost half of the people accessing mental health or addictions services must wait for 8 weeks or more – for 18%, the wait can be a year or longer (Region of Niagara, Department of Community and Social Services, 2007).



The CHC is intended to:

- Alleviate the burden on acute and long-term care



Greater St. Catharines CHC Process

- February 2007 – Interim (volunteer) Steering Committee elected
- Hired the Association of Ontario Health Centres consultant to lead the community engagement process October 2007 - April 2008
- Research and review population health data
- Community Forum Days
 - February 26 – THOROLD
 - February 27 – ST. CATHARINES

Process cont'd.

- Key informant interviews and partnership consultations
- Priority population focus groups
- Governance: continuing board training in community governance
- Pre-operational development
 - Partnership and priority population consultations, programs, service and health human resource planning, IT and site planning, budget projections
- Ribbon Cutting

THANK YOU.

For more information visit:
www.greaterstcatharineschc.org

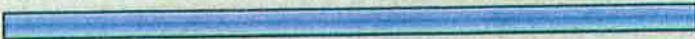

February 4, 2008

Presentation to St. Catharines City Council


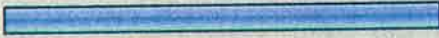



Greater St. Catharines Community Health Centre

1. For the purposes of this survey, please tell us the name of the organization or agency you are representing and your professional role/job title.

		Response Percent	Response Count
Job Title:		100.0%	8
Organization Name:		100.0%	8
		<i>answered question</i>	8
		<i>skipped question</i>	0

2. Which of the following communities does your organization work with? Check all the apply.

		Response Percent	Response Count
St. Catharines		62.5%	5
Thorold		62.5%	5
Niagara Region		100.0%	8
		Other (please specify)	1
		<i>answered question</i>	8
		<i>skipped question</i>	0








3. Which of the following age groups does your organization work? Check all that apply.

		Response Percent	Response Count
Children (0-6)		75.0%	6
Children (7-12)		62.5%	5
Teens (13-17)		62.5%	5
Young Adults (18-25)		100.0%	8
Adults (26-59)		87.5%	7
Older adults (60+)		87.5%	7
		<i>answered question</i>	8
		<i>skipped question</i>	0







4. Which of the following gender groups does your organization work with? Check all that apply.

		Response Percent	Response Count
Men		100.0%	8
Women		100.0%	8
Transpeople		25.0%	2
		<i>answered question</i>	8
		<i>skipped question</i>	0










5. Which of the following groups does your organization work with? Check all the apply.


		Response Percent	Response Count
Immigrants (less than 5 years)		40.0%	2
Refugees		40.0%	2
Persons with disabilities		60.0%	3
Caregivers of elderly, persons with disabilities or others		100.0%	5
First Nations, urban Aboriginal or Metis people		20.0%	1
Members of Lesbian, Gay, Bisexual, Trans, Two-Spirit, Queer or Questioning communities		40.0%	2
Francophone and/or French-speaking communities		60.0%	3
	Other (please specify)		2
	<i>answered question</i>		5
	<i>skipped question</i>		3











6. Which of the following groups does your organization work with? Check all that apply.


		Response Percent	Response Count
Persons with mental health issues		71.4%	5
Persons with substance use issues		28.6%	2
Person who are homeless or under-housed		14.3%	1
Victims of violence		14.3%	1
People experiencing / living in poverty		42.9%	3
Persons with chronic conditions (e.g. diabetes, asthma)		57.1%	4
	Other (please specify)		1
	answered question		7
	skipped question		1

7. What types of health services does your organization/agency offer? Check all that apply.

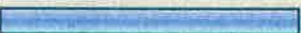



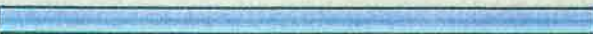



		Response Percent	Response Count
Case management		33.3%	2
Chronic disease management		33.3%	2
Clinical and medical services		33.3%	2
Health information and education		83.3%	5
Health promotion programs		66.7%	4
Long-term care		33.3%	2
Mental health and behavioural counselling		16.7%	1
Palliative care		33.3%	2
Physiotherapy or Occupational Therapy		0.0%	0
Services to uninsured clients		16.7%	1

Substance use services		0.0%	0
Walk-in services		16.7%	1
		Other (please specify)	3
		answered question	6
		skipped question	2






8. What types of social programs and services does your organization/agency offer? Check all that apply.			
		Response Percent	Response Count
Advocacy		42.9%	3
Employment services		0.0%	0
Financial counselling		0.0%	0
Food security		0.0%	0
Funder / provider of capital		14.3%	1
Homecare services		42.9%	3
Information, education and referral		57.1%	4
Legal services		0.0%	0
Outreach programs		28.6%	2
Programs and services in languages other than English		57.1%	4
Recreational programs		14.3%	1
Settlement services		0.0%	0
Social programs		14.3%	1
Spiritual and religious care and/or outreach		0.0%	0
Support and services for children and adults with special needs and their caregivers		42.9%	3
Supports for the homeless and under-housed		14.3%	1
Transportation		0.0%	0

Victims services		0.0%	0
Volunteer opportunities		42.9%	3
	Other (please specify)		0
	answered question		7
	skipped question		1

9. Are there specific areas, communities or neighbourhoods in St. Catharines and Thorold that you think would benefit from the presence of a Community Health Centre?		Response Count
		4
	answered question	4
	skipped question	4

10. In what capacity could your organization/agency potentially partner with the Greater St. Catharines CHC? Check all that apply.		Response Percent	Response Count
Providing operating &/or in-kind resources		42.9%	3
Co-locating / sharing space		14.3%	1
Sharing staff resources (i.e. provide for a full-time equivalent between your organization and the CHC to stretch budgets)		28.6%	2
Information and referral		71.4%	5
Jointly offering programs or services		85.7%	6
Partner on research initiatives		42.9%	3
Partnering in media campaigns or community awareness		57.1%	4
Other (please specify)		14.3%	1
	answered question		7
	skipped question		1

11. What are some of the ways in which you, in your professional role or as a community member, would like to be involved in the Greater St. Catharines Community Health Centre? Check all that may apply.

		Response Percent	Response Count
As a patient		0.0%	0
As a member of the interdisciplinary staff team		20.0%	1
As an advisor to future staff and or program development		60.0%	3
As a future member of the Greater St. Catharines Community Health Centre Board of Directors		40.0%	2
As a provider of capital		0.0%	0
As a future volunteer		40.0%	2
Other (please specify)		20.0%	1
		answered question	5
		skipped question	3

12. If you would like to stay informed about or involved with the CHC, please provide your contact information below:

		Response Percent	Response Count
Name:	<input type="text"/>	100.0%	6
Job Title:	<input type="text"/>	100.0%	6
Organization/Agency:	<input type="text"/>	100.0%	6
Address:	<input type="text"/>	100.0%	6
City/Town:	<input type="text"/>	100.0%	6
Postal Code:	<input type="text"/>	100.0%	6
Email address:	<input type="text"/>	100.0%	6
Phone Number:	<input type="text"/>	100.0%	6
		<i>answered question</i>	6
		<i>skipped question</i>	2

APPENDIX E

**Greater St. Catharines Community Health Centre
Service Provider Focus Groups Summary**

PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMMES, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE, COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
<p>Brock University (3 participants)</p> <p>Brock offers three doctors per day including evening hours between September and May; closed during summer months; international students remain on campus during summer; could use healthcare services</p> <p>General student population need help with healthy eating; life skills; mental health issues</p>	<p>30% of student population is from Niagara; 70% live outside of the Region. Students pay for an unlimited bus pass. 2,400 students live on campus during first year; remainder (9,000) live off campus in Thorold and St. Catharines</p> <p>CHC - Downtown, perhaps in hospital after it moves, meet with City to discuss revitalization</p> <p>Queenston and St. Paul Streets</p>	<p>Culturally and linguistically appropriate services and staff</p> <p>Literacy programmes</p> <p>Mental health services across the lifespan</p> <p>Planned parenthood</p> <p>Sexual health programmes</p> <p>Welcoming environment for LGBT populations</p>	<p>Brock facts (available on their website)</p>	<p>Student placement for Med plus and nursing programmes; accessibility coordinator at Brock who actively develops community partnerships; Brock could be a resource; research (community health science, lifespan); training CHC staff to work with transgender population</p>	<p>Could certainly find a representative of representation needed and follow up with Kim Meade</p>	<p>Niagara College</p> <p>Positive Space Coalition</p>
<p>Canadian Mental Health Association (3 participants)</p> <p>People living near, below or just above the poverty line (e.g. low</p>	<p>Assessment, outreach workers to build trust with the population,</p>	<p>Homelessness Employment report (Michael Lethby); Dave Pelett</p>	<p>Resource centre for mental health and addiction issues (they</p>	<p>CMHA sees primary healthcare as necessary for their client</p>	<p>Susan Venditti from Out of the Cold, The Raft, Canadian Federation of</p>	

PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMMES, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE, COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
<p>income seniors, working poor, homeless people who have concurrent disorders, those at-risk of becoming homeless) - Doctors are screening clients to see if they are appropriate: those with mental health, behavioural, addiction and lifestyle issues are screened out; it is difficult for these populations to admit that have issues; no social support nor connection to mainstream health and social service organizations; have challenges with connecting with others, won't</p>	<p>CHC</p>	<p>go to where they are at, provide people with blankets etc., primary healthcare services, welcoming safe environment that is respectful and non-judgemental, peer-lead initiative for the homeless, sexual health promotion, needle exchange, wrap-round supports for people with mental health issues (e.g. low income seniors, dietary needs), groups and staff focussed on concurrent disorders that is accepting of those who are not abstinent or actively psychotic, resource centre</p>	<p>(Manager of Housing) at Regional Niagara who did Child Poverty Study and shelter report</p>	<p>get funding for staff etc from the United Way), staff and resources at the CHC to develop a viable mental health program</p>	<p>populations and will stay on the board to represent these populations.</p>	<p>University Women, churches and religious leaders (e.g. Muslim community), Folk Arts Council, Stokes Community Village (Goodwill), Foodbank, Homelessness Initiative (AJ), YWCA Emergency Shelter (Elizabeth Zimmerman)</p> <p>Potential priority populations - Ask Susan Venditti about peer group with the homeless, CMHA will provide contact information for sex drop-in for sex trade workers</p>

PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMS, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE, COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
<p>receive pain medication if they have mental health or addiction issue as the person is labelled as drug-seeking</p> <p>Youth – street involved and couch surfing, transitioning from pediatric to family doctor so if they've left home this hasn't happened, do not pass the screening test due to addiction and mental health issues (concurrent), involvement with CAS, leaving foster care, ADHD, FASD, depression, anxiety, PTSD, sexual and physical assault, kicked</p>	<p>CHC</p>	<p>for mental health issues, same day service for the homeless, wound care for the homeless, capacity building social recreation program that brings these populations into the Centre, accompany these clients to the appointments both in and outside of the CHC, creative scheduling of programs</p>				

PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMMES, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE/ COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
<p>out of their homes,</p> <p>Sex trade workers ~ transient, substance use, seeking phc in emergency department and walk-in clinics, labelled by medical staff, long waiting periods, multitude of needs which emergency department does not provide, stigma, medical staff are disrespectful, mental health issues</p>						
<p>Niagara Health System (6 participants)</p>	<p>Western Hill, Rykert</p>	<p>Primary healthcare services Mental health programmes, Nutrition across the lifespan and particularly</p>		<p>Partner with NHS Addiction Services, Collaborate around chronic care to ensure that there are no gaps in</p>		<p>Meals on Wheels, District School Board of Niagara, Alzheimer Society of Niagara, Kidney</p>

PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMMES, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE, COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
<p>newcomers (e.g., Vietnamese, Somali, Central American, Jamaican) and seasonal workers</p> <p>Barriers – language and cultural barriers, transportation</p>		<p>during pregnancy</p> <p>Screening for cholesterol and chronic pain</p> <p>Healthy eating, weight management</p> <p>Physical activity</p> <p>Women's health screening</p> <p>Pediatrics</p> <p>Pre-crisis response</p>		<p>service; shared staffing; Real opportunity to connect with speciality programs that are dealing with chronic disease management at the NHS level.</p> <p>CHCs can focus on health promotion and disease management, and the NHS is there for more acute care.</p> <p>NHS has expertise for knowledge, information and referral that can be used for education at the CHC.</p>		<p>Foundation, Heart and Stroke Foundation, MPs and MPPs, Niagara Regional Police Service, Hospice Niagara</p>
<p>People with mental health issues – doctors won't take them on due to the complexity of their issues,</p>	<p>Western Hill, Queenston, low income housing</p> <p>CHC - St. Paul, Queenston St., downtown</p>	<p>Social workers, nurse practitioners, psychiatrists, counsellor, life skills training, physiotherapy, massage</p>	<p>Regional poverty report, legal reports are typically Toronto focussed</p>	<p>Support to clients who can not get paperwork completed for ODSP, referral</p>	<p>Deborah interested in sitting on the board or committees, Jennifer also has an interest in sitting on the</p>	<p>Welland clinic, Start Me Up Niagara, Folk Arts, Housing Help, Niagara Regional Housing, Regional Public</p>

PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMMES, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE, COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
<p>waiting lists for psychiatrists, can't get on to odsp if they don't have a doctor, psychiatrists are overwhelmed, lack of transportation, private practice doctors are reticent about seeing patients who are in the process of a medical appeal, doctors don't understand the complexity of issues, doctors not making referrals to other practitioners, no continuity, won't get put on odsp unless there is significant mental health history, seen as non-co</p> <p>People with chronic pain -</p>	CHC	<p>therapy, respect, sensitivity training, be cautious around advocacy as some fields are no longer, volunteer network for bringing people in for appointments (be careful of liability issues), emergency services, 24 hour care, x-ray</p>			board	<p>Health & Community Services, Regional mental health services, Gateway, YMCA, Dr. Fraser Mackay (methadone clinic), OW, ODSP, COMSOC (Gary Norris), Valerie Sherrett (region and could speak to seniors</p> <p>Potential priority populations - Women's Place (Gillian's Place)</p>



PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMMES, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE, COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
<p>on narcotic medication for pain, doctors won't take them or don't want prescribe the meds, blame the patient for their condition, burn through doctors in the past but now there aren't any available, inadequate follow-up, methadone clinics doc is providing, doctors don't understand the complexity of issues</p> <p>Seniors – Underserved, lose doctors when their doctors die, complex health issues so they are screened, lack of doctors</p> <p>Families living in poverty; vulnerable</p>	The downtowns in NF, FE, St. C, Pt.	<u>Should do:</u> should be available to	SHARE unit.	Deliver parenting programs,	Not at this time.	Wendy Stewart – SAEO – Sarah Pennisi –

PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMMES, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE, COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
<p>Department (3 participants)</p> <p>individuals (i.e. living with mental health illness/addictions); sex trade workers; and, youth (trust issues with some health care providers)</p> <p>Barriers - low income and all the factors associated with this, lack of culturally relevant services, transportation, and lack of a primary healthcare provider in general, lack of relevant services (teen health for the youth, mental health, chronic disease management for the elderly etc.).</p>	<p>Colborne; Crystal Beach; rural areas like Wainfleet, Smithville, Grimsby.</p> <p>CHC - In the downtowns of the selected community.</p>	<p>priority populations first, one-stop health care shopping, evening hours, easy access, staff must be trained in diversity, empathy, and working with vulnerable clients, using client-centred care approach.</p> <p><u>Services:</u> sexual health services, general family health, parenting support, health promotion, transportation (bus, taxi, shuttle).</p> <p><u>Staffing:</u> physicians, nurse practitioners, nurses, dietitians, youth counsellors,</p>		<p>prenatal classes, will provide free Ministry-subsidized medications & vaccines, & condoms, & health teaching resources. Some staff sensitivity training.</p>		<p>SAEO Director Maria Rosiana - Health Bus Adrienne Jugley - Community Mental Health Dan Labonte - Community Mental Health Bill Helmeczi - NCYS Betty Lou Souter - Community Care Susan Venditti - Housing Nadine Wallace - NRPS Det. Cliff Sexton - NRPS Courtney Pitre - Rainbow Squad - 905-688-6850 Shirley Scott - FE highschool</p> <p>Potential priority populations - Recipients of Ontario Works, food banks, Health Bus, subsidized</p>

PRIORITY POPULATIONS / BARRIERS	LOCATION OF PRIORITY POPULATIONS / CHC	SUGGESTED PROGRAMMES, SERVICES AND STAFF	REPORTS, NEEDS ASSESSMENTS	OPPORTUNITIES FOR COLLABORATION	GOVERNANCE, COMMITTEES	OTHER ORGANIZATIONS TO ENGAGE
		social workers, life skills counsellors, bus driver/taxi driver.				housing, youth attending FORT/RAFT and highschoools in identified priority cmtes (Eastdale, Kernahan Park, FE Secondary).