



A Community Forum: the Next Phase of the



*Community meetings in
St. Catharines and Thorold
February 26 and 27, 2008*

The History



- In 2005, the Ministry of Health and Long-Term Care announced the opening of 22 new Community Health Centres (CHCs) across Ontario, including 1 in **St. Catharines**.
- In 2006, The Association of Ontario Health Centres (AOHC) brought together a **Steering Committee** for this new CHC through a process of **community engagement**.
- The Steering Committee chose a name for the CHC:

**Greater St. Catharines
Community Health Centre
(GSCCHC)**



Greater St. Catharines CHC

Steering Committee

George Kurzawa, Canadian Mental Health Association, *Chair*

JoAnn Theobald, Community member, *Vice-Chair*

Laura Ip, LJI Professional Services, *Treasurer*

Christopher Boccinfuso, Ministry of Labour, *Secretary*

Jill Cappa, Niagara Physician Recruitment Program

Michael Charron, City of Thorold

Myriam Dragicevic, Meals on Wheels Thorold-St. Catharines

Ed Klassen, Gateway Residential & Community Support Services

Linda Langston, Niagara Child & Youth Services

Coletta McGrath, Bayshore Home Health

Margaret Noseworthy, Community member

Ev Page, West Niagara Palliative Care Services

Nadia Walker, Visiting Angels Inc.

Brian York, City of St. Catharines



Greater St. Catharines CHC Community Forum



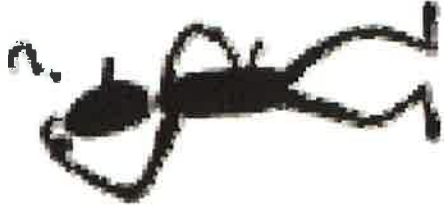
AGENDA

- 1. Welcome & Opening Remarks**
- 2. What is a CHC?**
- 3. Community Health Needs Assessment**
 - Population health profile
 - Community consultation
- 4. Your thoughts – small group discussions**
- 5. Reporting Back**
- 6. What's next for the Greater St. Catharines CHC?**

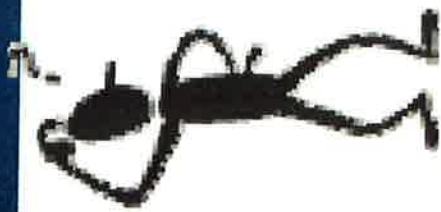
What is a Community Health Centre?



A Community Health Centre (CHC) is a **non-profit, community-governed organization that provides primary health care.**



- What is primary health care?
- Whom do CHCs serve? What makes CHCs different from other health care organizations?
- Are CHCs new?
- How do CHCs fit with the existing health care in our community?



What is Primary Health Care?



What is Primary Health Care?



**Health care
& treatment**
(primary care)

**Community
& individual
development**
Mentoring / Volunteering /
Peer development groups /
Training, etc...

**Health
promotion,
illness
prevention**

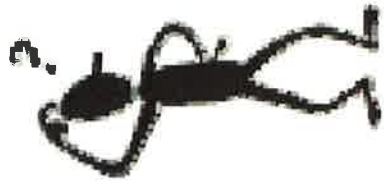
**Chronic
disease
prevention &
management**

What is Primary Health Care?



What you should be getting and what CHCs are mandated to provide - it's called **PRIMARY HEALTH CARE**:

- ✓ Health assessment
- ✓ Illness prevention / health promotion
- ✓ Primary reproductive care
- ✓ Mental health care
- ✓ Palliative care
- ✓ Provision/co-ordination of rehabilitation services
- ✓ Co-ordination of care across different settings, e.g., hospital, long-term care facilities, community
- ✓ Support care
- ✓ Education and support for self-care
- ✓ Diagnosis and treatment of episodic illness



Whom do CHCs serve?



Whom do Community Health Centres serve?

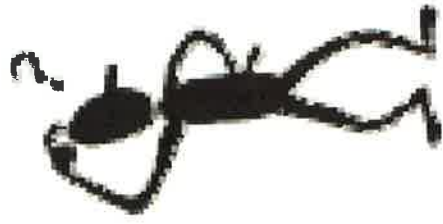


CHCs provide primary health care to

- Communities at large . . .
- . . . With a priority on people who have **trouble getting care** and/or have or are at risk for **health problems**.

Your local CHC

- Will provide health care & treatment to people living in the community (designated catchment area)
- Can offer other services to people living outside the community



What makes CHCs different from other health care organizations?



What makes CHCs different?



Community Health Centres

are at the forefront of

The Second Stage of Medicare

Huh?





“Let’s not forget that the ultimate goal of Medicare must be to keep people well, rather than just patching them up as they get sick.”

Tommy Douglas 1979



So what makes CHCs different?



OK, so what does that mean ?

The CHC Model of Care

IS:



The CHC Model of Care



- ❑ **Comprehensive**
- ❑ **Accessible**
- ❑ **Client and Community-centred**
- ❑ **Interdisciplinary, salaried providers**
- ❑ **Integrated**
- ❑ **Community-governed**
- ❑ **Inclusive of the social determinants of health**
- ❑ **Grounded in a community development approach**

The CHC Model of Care



□ Comprehensive

CHCs provide:

- ❖ primary health care,
- ❖ illness prevention and health promotion
- ❖ in one-to-one service,
- ❖ personal development groups and
- ❖ community-led interventions.



The CHC Model of Care



□ Accessible

- ❖ Location
- ❖ Design
- ❖ Programmes that are carefully planned
- ❖ Extended hours, 24 hour on-call services
- ❖ Cultural competency

The CHC Model of Care



□ Client and Community-centred

Programmes and services that

- ❖ Respond to the needs of you and your community
- ❖ Put **you** at the centre of your care
- ❖ Constantly adapt and refine our ability to reach and serve clients/patients and communities.

The CHC Model of Care



□ Interdisciplinary

- ❖ Physicians, nurses, nurse practitioners, dietitians, physiotherapists, dental/oral care workers, social workers, health promoters, community development workers, administrative staff working together for you.
- ❖ All health care providers are paid a salary and therefore can take the time that is necessary to assess all of you and address all your needs.

The CHC Model of Care



□ Integrated

Client care in the CHC is

- ❖ integrated,
- ❖ coordinated, and
- ❖ partnered with other health and social services in the community,
- ❖ creating a 'hub' of care that helps to ensure timely, seamless care, appropriate referrals; this way people don't 'fall through the cracks'.
- ❖ the whole system is more efficient and cost-effective.



The CHC Model of Care



□ Community-governed

- ❖ non-profit community boards
- ❖ made up of the 'neighbours' and clients of the CHC, people who know the community best
- ❖ give people a sense of ownership of 'their' CHC
- ❖ ensure community participation
- ❖ accountability
- ❖ a channel for local expertise, knowledge and opinions
- ❖ annual general meetings of the membership

□ Inclusive of the social determinants of health

❖ CHCs provide **holistic, patient-focussed** primary health care on the assumption that things like –

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

-- make a difference in our health & well-being.

➤ So CHCs advocate for a healthy public policy.



The CHC Model of Care



□ Grounded in a community development approach

CHCs

- ❖ are about more than individuals
- ❖ are about the community, building on local assets and skills.
- ❖ get involved in many ways to support the delivery of a whole range of community-based service
- ❖ know that

Empowered people make empowered communities.

What is a Community Health Centre not?



The CHC is **not** a walk-in clinic.

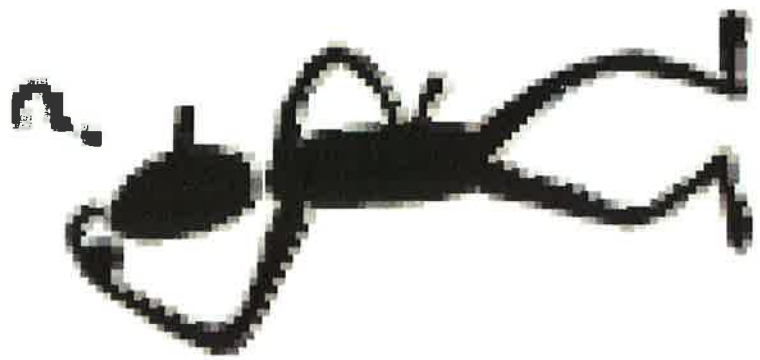
The CHC is **not** an Emergency Room.

The CHC is **not** a Family Health Team.

The CHC is **not** your local doctor's office.

The CHC is **not** an extension of an existing service
or agency.

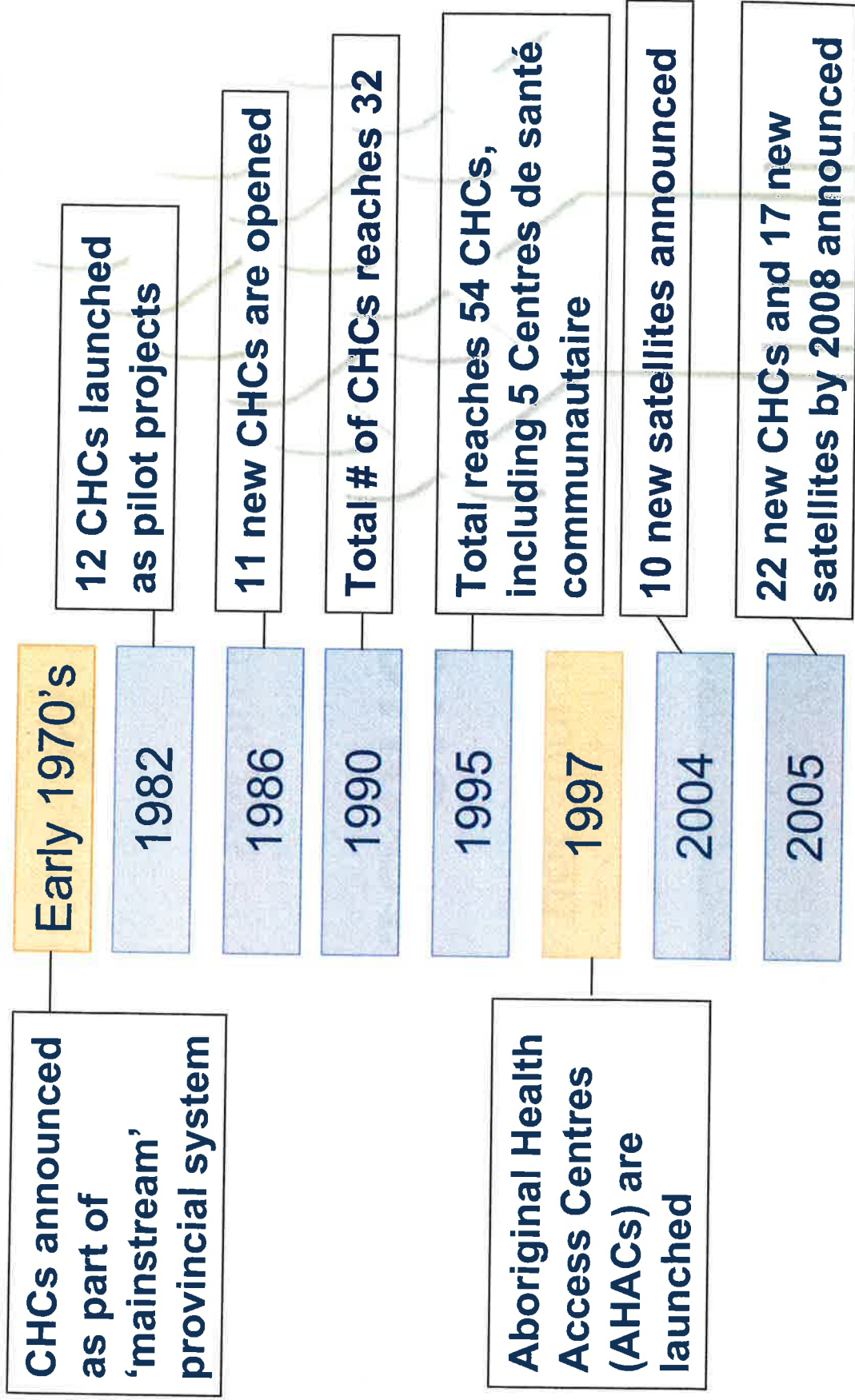




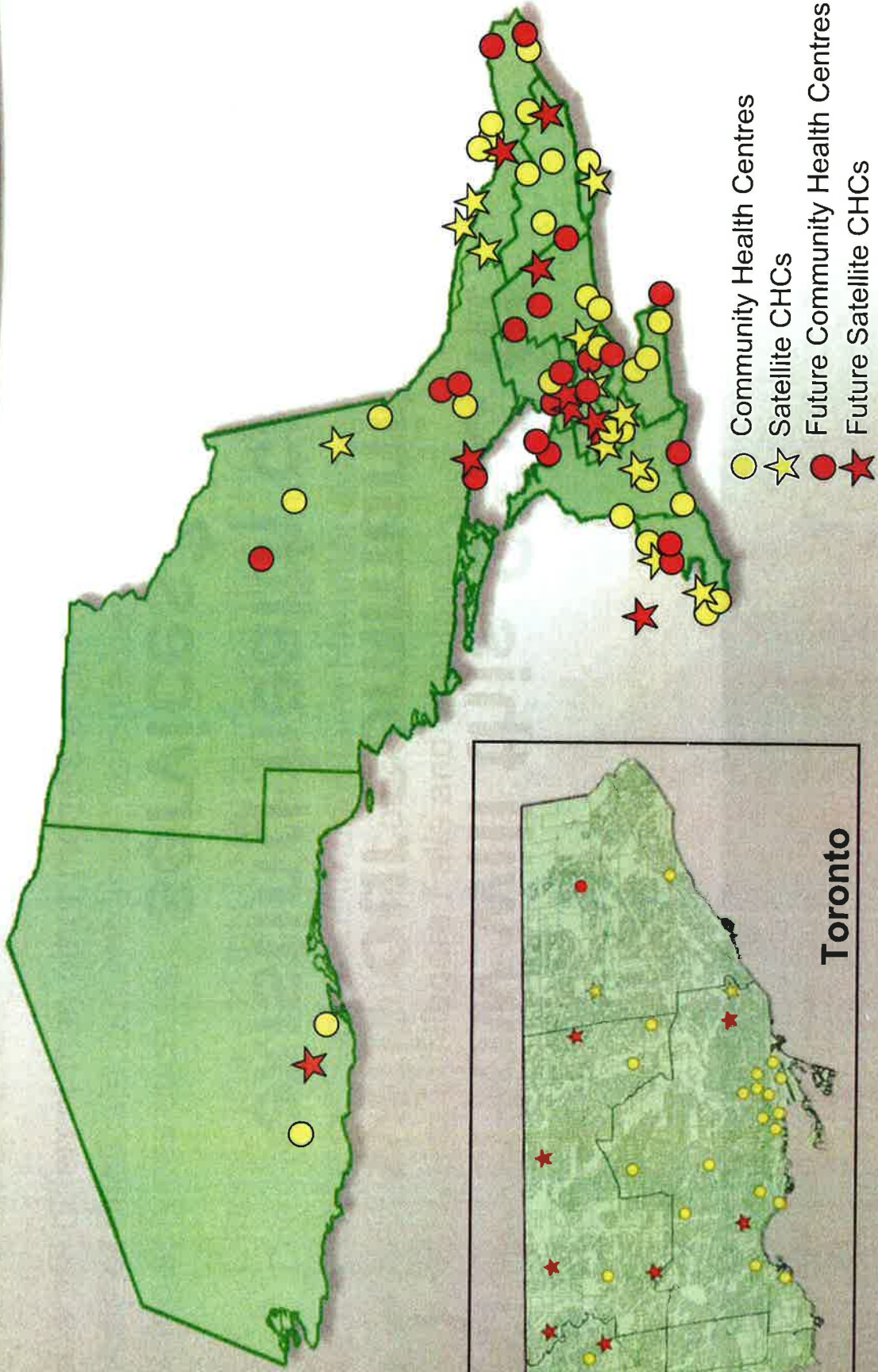
Are CHCs new?



Community Health Centres: A Short History of the Movement



CHCs by 2007- 08 (Full & Satellites)



Toronto



How will this CHC fit with our community's existing health care services?



CHCs and Existing Services



CHCs are different than other models of primary health care. They don't replace or duplicate, but enhance, complement and work in partnership with existing services such as:

- Other CHCs – In this LHIN there are five CHCs: Hamilton Urban Core, North Hamilton, De dwa dehs nye's Aboriginal Health Centre, Centre de Santé Communautaire Hamilton/Niagara (Welland), and Bridges (Fort Erie-Port Colborne). Two other CHCs are currently emerging in Niagara Falls and Brantford.
 - Hospitals
 - Public Health
 - Social service agencies
 - Schools, corrections, etc.
- ... and fill gaps in service where needed.

CHCs and the HNHB LHIN



The CHC also aligns with the priorities of the **Hamilton Niagara Haldimand Brant LHIN**:

- Health Promotion and Prevention
- Coordinated services for Children and Youth
- Assist Persons to live independently in the Community
- Support Persons with Mental Health and Addictions Issues
- Improve the quality of Care at the End-of-Life
- Specialized services for Frail Seniors



The role of CHCs in LHINS:

Alleviating burden on acute and long-term care



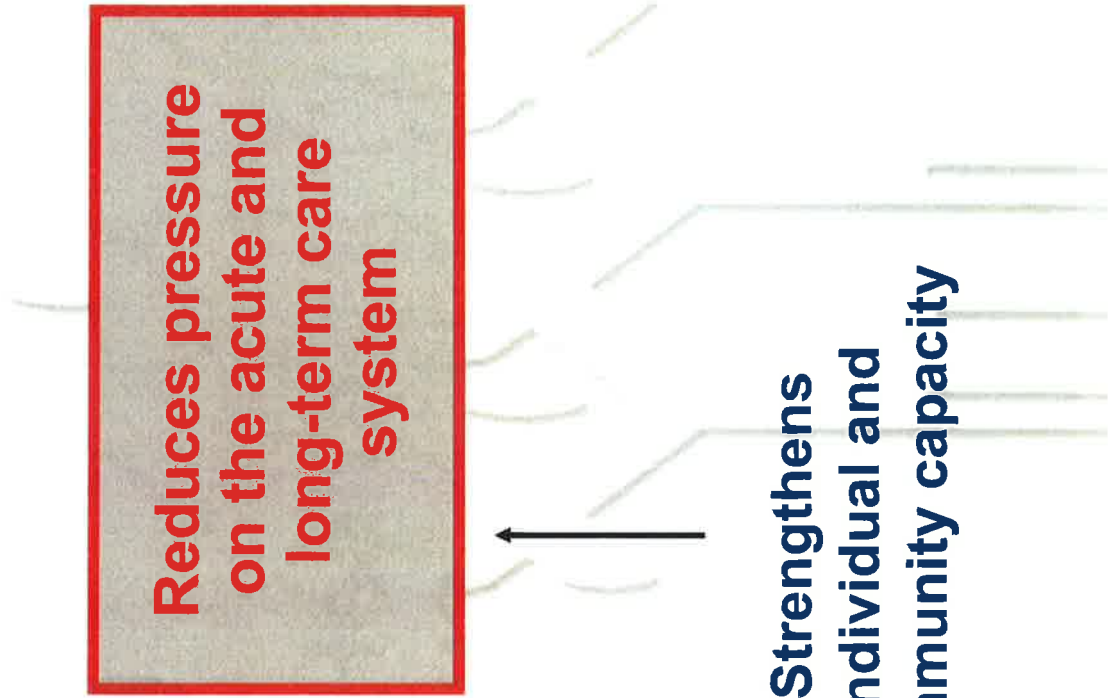
The primary health
care model for
populations with
barriers to access

Facilitates
service
integration

Implements
provincial primary
health care
strategies

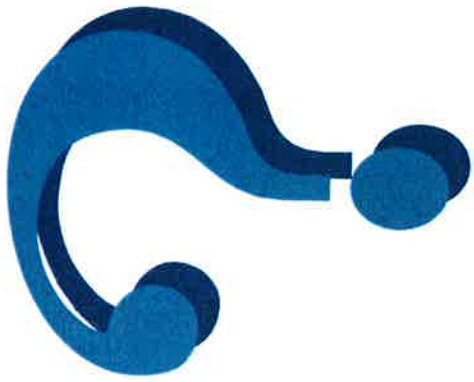
Reduces pressure
on the acute and
long-term care
system

Strengthens
individual and
community capacity





Questions





Community Health Needs Assessment

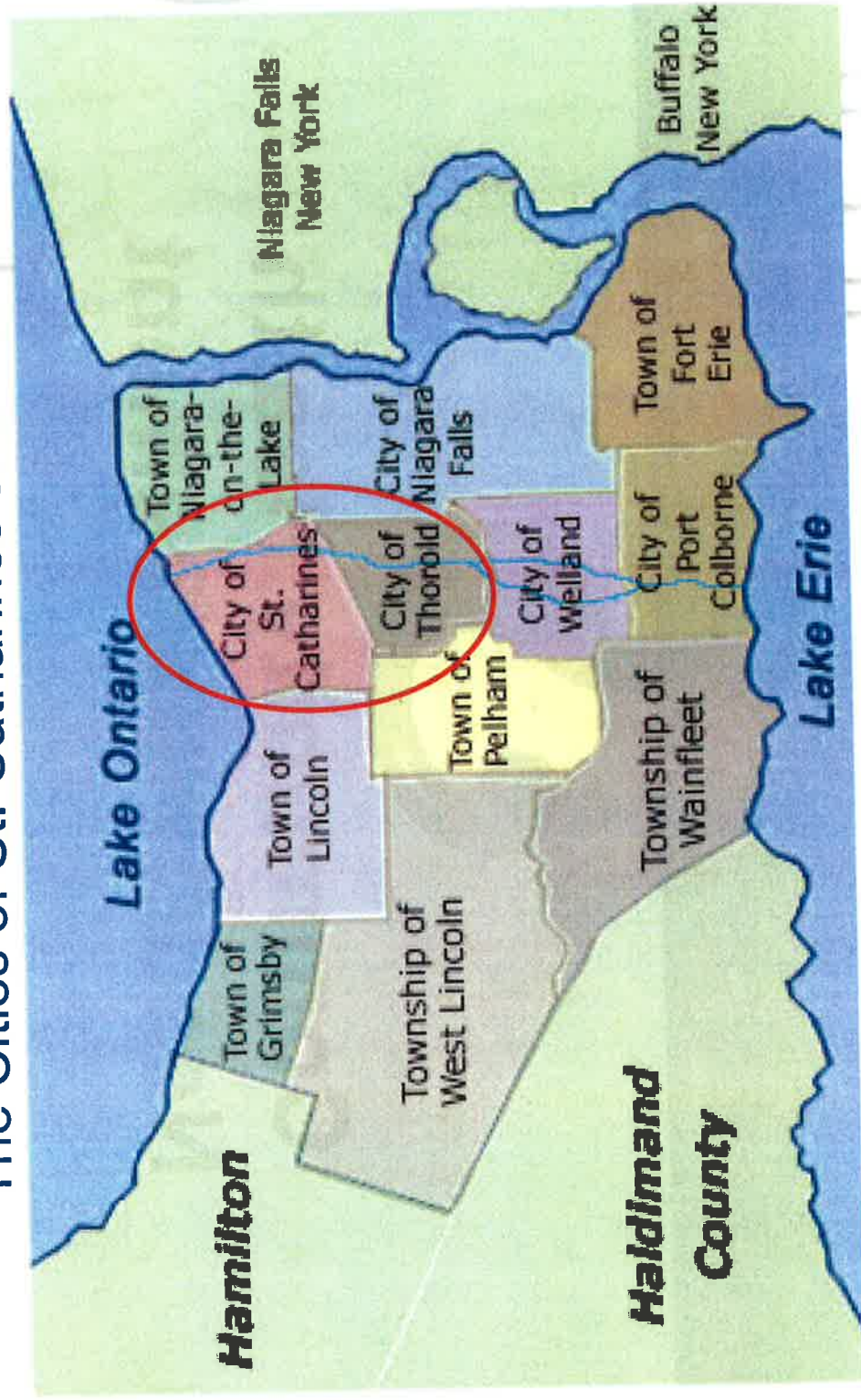


Community Health Needs Assessment



Focussed on:

The Cities of St. Catharines and Thorold



Community Health Needs Assessment



The community health needs assessment collects two main types of information:

1. Quantitative data (*Census Canada statistics, local population health reports, current and projected demographic trends*)

= **Population health profile**

2. Qualitative data (*expertise and opinions of people from a variety of sectors*)

= **Community consultation**

Community Consultation: Purpose and Questions



Since **October 2007**, we have been talking with service providers and concerned citizens about healthcare in the area, to learn:

- *Who is in greatest need of health care services?*
- *What challenges are they facing?*
- *What health services are missing? What services do we need more of?*
- *How can the Greater St. Catharines CHC help deliver needed services?*
- *Where should the Greater St. Catharines CHC be located?*
- *Who would like to volunteer – on the Board of Directors or on a future committee?*



Community Consultation: How is it being



The consultation is being done through:

- **Interviews** with representatives from many different sectors
(45 completed to date) :

Education	Employment	Environmental health
Faith	First Nations	Food security
Francophone	HIV / AIDS	Healthcare
Housing	Long-term care	Mental health
Settlement	Substance Abuse	Women
Services for Children, Youth, Seniors, People with disabilities		
- **Focus groups** with service providers, and concerned citizens.
(4 completed to date, with over 50 people consulted).
- **Presentations** to coalitions and community leaders.
(3 completed to date, with over 70 people consulted)
- **An online survey** for service providers.



Population Health Profile



Population Health Profile: Data Sources



Snapshot of data sources used:

- City of St. Catharines
- Hamilton Niagara Halidmand Brant LHIN
- Ministry of Finance
- Niagara Health System
- Niagara Training & Adjustment Board
- Ontario Trillium Foundation
- Region of Niagara, Department of Community & Social Services
- Regional Niagara Public Health Department
- *Statistics Canada*

Population Size and Growth



Community	Population size (2006)	Percent increase from 2001 (%)
Ontario	12,160,282	6.6
Niagara	427,421	4.1
St. Catharines	131,989	2.2
Thorold	18,224	1.0

Statistics Canada 2007. 2006 Community Profiles

By 2031, Niagara is projected to have **489 500** residents.

Ontario Population Projections Update, Ministry of Finance, Spring 2007

Population Size - Students



- Brock University has a student population of 17,000



Brock
University



- Niagara College has 6,000 full-time and 15,000 continuing education students