

The Community Health Centre Model of Care: A Statement of Principles

CHCs offer a range of comprehensive primary health care and health promotion programs in diverse communities across Ontario. Services within CHCs are structured and designed to eliminate system-wide barriers to accessing health care such as poverty, geographic isolation, ethno- and culturo-centrism, racism, sexism, heterosexism, transphobia, language discrimination, ageism, ableism and other harmful forms of social exclusion including issues such as complex mental health that can lead to an increased burden or risk of ill health.

The CHC model of care focuses on five service areas:

- Primary care
- Illness prevention
- Health promotion
- · Community capacity building
- Service integration

The CHC Model of Care is:

Comprehensive:

CHCs provide comprehensive, coordinated, primary health care for their communities, encompassing primary care, illness prevention, and health promotion, in one to one service, personal development groups, and community level interventions.

• Accessible:

CHCs are designed to improve access, participation, equity, inclusiveness and social justice by eliminating systemic barriers to full participation. CHCs have expertise in ensuring access for people who encounter a diverse range of social, cultural, economic, legal or geographic barriers which contribute to the risk of developing health problems. This would include the provision of culturally appropriate programs and services, programs for the non-insured, optimal location and design of facilities, oppression-free environments and 24 hour on-call services.

Client and community focused:

Clients, patients, program participants and community residents are at the heart of a CHC's activities. Planning follows a population health approach and develops best practices for serving a given population's needs. In view of the special relationship that CHCs have with their communities, whether based on geography and/or specific populations, the needs of those groups and individuals are of primary importance.

• Interdisciplinary:

CHCs build interdisciplinary teams working in collaborative practice. In these teams, salaried professionals work together in a coordinated approach to address the health needs of their clients. Depending on the actual programs and services offered, CHC interdisciplinary teams may include physicians, nurses, nurse practitioners, dietitians, physiotherapists, occupational

therapists, social workers, Aboriginal traditional healers, chiropodists, counsellors, health promoters, community development workers, and administrative staff.

Integrated:

CHCs develop strong connections with health system partners and community partners to ensure the integration of CHC services with the delivery of other health and social services. Integration improves client care through the provision of timely services, appropriate referrals, and the delivery of seamless care. Integration also leads to system efficiencies.

Community governed:

CHCs are not-for-profit organizations, governed by community boards. Community governance ensures that the health of a community is enhanced by providing leadership that is reflective of its diverse communities. Community boards and committees provide a mechanism for centres to be responsive to the needs of their respective communities, and for communities to develop a sense of ownership over "their" centres.

Inclusive of the social determinants of health:

The health of individuals and populations are impacted by the social determinants of health including shelter, education, food, income, a stable eco-system, sustainable resources, anti-oppression, inclusion, social justice, equity and peace. CHCs strive for improvements in social supports and conditions that affect the long-term health of their clients and community, through participation in multi-sector partnerships, and the development of healthy public policy, within a population health framework.

• Grounded in a community development approach: CHC services and programs are responsive to local community initiatives and needs. The community development approach builds on leadership, knowledge and life experiences of community members and partners to contribute to the health of their community. CHCs increase the capacity of communities to improve community and individual health outcomes.