

# Health Promotion Activities in Ontario Community Health Centres: A Descriptive Report

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**Alliance for  
Healthier Communities**

Alliance pour des  
communautés en santé

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# Introduction

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The Alliance for Healthier Communities (Alliance) is a membership of comprehensive primary health care organizations across Ontario including Community Health Centres (CHCs). CHCs are comprehensive, salary-based primary care organizations, and adhere to an evidence-informed model of care called the Model of Health and Wellbeing.<sup>1</sup> This model provides a roadmap for primary healthcare delivery and is comprised of principles related to health equity, social determinants of health, and team-based care, to name a few.

In 2022, the Alliance released its new strategic plan, which included the objective to **demonstrate the value and impact of health promotion and community development**. As such the aim of this project is twofold; **to describe what health promotion looks like in CHC settings, and to measure the demonstrated impact of health promotion**.

The Ottawa Health Charter defines health promotion as “[...] *the process of enabling people to increase control over and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.*”<sup>2</sup>

Within CHCs, health promotion activities targeted at the individual level, are recorded as Personal Development Groups (PDGs) in the electronic medical record (EMR).<sup>\*</sup> They are a series of time-limited or ongoing sessions conducted, facilitated, or supported by internal or external staff, whose purpose is to effect changes in participating individuals' behaviour, knowledge, or attitudes. A PDG has a specific purpose that is defined to address one or more issues; it might also be targeted at specific populations.

This report will summarize the work that was completed for the initial component of this project, which was to describe what health promotion looks like in CHCs. This report will describe how health promotion priorities are identified, what the priorities were and whom the programs were intended for in 2021/22, how these programs are implemented and evaluated, and suggestions on how the Alliance could highlight the work of health promotion at the sectoral level.

<sup>\*</sup>Please note that Community Initiatives will be explored in a subsequent research project.

# Executive Summary

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Our findings from analyzing EMR and focus group data revealed:

## Personal Development Groups (PDGs)

- Over 2500 PDGs were recorded in 2021/22.
- Top three PDG themes/priorities: social support, food security and education, and physical activity.
- Top three PDG target populations: general community members, children and youth, and populations affected by chronic disease.
- Most PDGs were Ministry funded, done in partnerships, and evaluated.

## Health Promotion Priority Setting, Implementation, Funding, and Evaluation

- Health promotion priorities were determined using a variety of methods including internal and external data, centre strategic directions, community feedback and needs assessments, stakeholder analysis, etc.
- Health promotion programs in CHCs are low-barrier, culturally safe, and inclusive, and are done in partnership both internally and externally.
- Health promotion programs are currently highlighted at the individual centre level through various means: annual reporting, presentations, and shared online and through social media.

## Next Steps

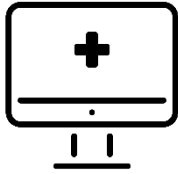
- Collaborative research project to demonstrate the impact of health promotion across the CHC sector
- A collaborative approach to the evaluation of health promotion work across the sector

# Methodology

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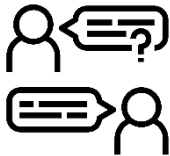
To address the first aim of this project, we created an inventory of our sector's PDGs to showcase the breadth of health promotion programming offered by our member centres, as well as conducted a series of focus groups with health promotion staff and managers to provide greater context:

## PDG Inventory



- Using the Alliance data warehouse, a list of PDGs that were implemented in CHCs during the 2021-2022 fiscal year as well as the associated issues addressed (these were used to group the PDGs into 15 categories reflecting overall topic areas) were extracted.
- These data were used to create 69 individual centre reports. Each centre was asked to validate their list of PDGs, the suggested topic category, and provide additional information on target populations, partnerships, funding sources and evaluation.
- Data were then collated to create an inventory which can be accessed by our member centres [here](#).

## Focus Groups



- Six focus groups were conducted with over 70 health promotion staff and managers across 42 CHCs.
- Participants were asked to share their perspectives on what health promotion looks like in their settings, how they identify program/service priority, how they currently evaluate the impact of their work, and any suggestions on how the sector as a whole should and could highlight their work.

# Findings

## Overall Snapshot of Health Promotion in CHCs

In 2021/22, approximately 2,452 PDGs were reported amongst 69 CHCs (82% of which were urban centres), with the top three priorities for programming being social support, food security and education, and physical activity (see Table 1). Of the centres (n=57) that validated and provided target population data for their PDGs, the most prevalent populations reported were the general community (24%) and children and youth (15%) (see Table 2).

Table 1: Personal Development Groups (PDGs), by theme, 2021-22

THEME	Count	Percentage
Social supports	653	26.6%
Food security/education supports	419	17.1%
Physical activity supports	343	14.0%
Chronic disease management	239	9.7%
Mental Health and well-being support	218	8.9%
Parenting supports	168	6.9%
Addiction supports	144	5.9%
Youth and childhood support	82	3.3%
Health education	74	3.0%
COVID-19 supports	34	1.4%
Financial and employment supports	27	1.1%
Newcomer supports	26	1.1%
Indigenous supports	25	1.0%

*Note: Chronic disease management includes support for diabetes, chronic pain, cardiovascular, etc. Parenting support includes: caregiver support, pre and postnatal care. Health education includes: wound care, falls prevention, etc.*

Table 2: Personal Development Groups (PDGs), by target population, 2021-22

PDG by the target population	Count	Percentage
General community members	454	24.1%
Children and youth	286	15.2%
Disease/condition specific	252	13.4%
Older adults	247	13.1%
Parents	148	7.8%
Language or culture-specific	70	3.7%
Indigenous community	67	3.6%
Newcomers	61	3.2%
2SLGBTQ+	54	2.9%

Clients who identify as women	51	2.7%
Rural community	44	2.3%
People who use drugs/substances	27	1.4%
Low income	24	1.3%
Black community	20	1.1%
Food insecure	19	1.0%
Homeless, precariously housed	17	0.9%
Socially isolated/lonely	16	0.8%
Other	13	0.7%
Caregivers	10	0.5%
Clients who identify as men	7	0.4%
<p><i>Note: PDGs, whereby a target population was not recorded or provided, were labeled as n/a and excluded from the calculation. *Other: college students, individuals in a transitional day program, Military community, convicted, unvaccinated population, etc.</i></p>		

## Designing and Implementing Health Promotion Programs

### Identifying Health Promotion Priorities and Activities

In CHCs, health promotion priorities are identified through a variety of approaches to ensure programs and services are relevant, address the needs of their communities, and promote health equity. These include:

- ✓ Focusing on priority populations that are served by the centre (e.g., rural, Black community, LGBTQ2S+, etc.) and/or strategic directions
- ✓ Stakeholder analysis to identify what community partners are working on and opportunities for collaboration
- ✓ Community needs assessment
- ✓ Analysis of strengths and opportunities (e.g., SWOT) to ensure program meets the needs identified from a community level perspective
- ✓ Grant funding opportunities
- ✓ Feedback from priority populations, client advisory committees/councils, volunteers, and primary care staff

*“Effective health promotion programs are those that have been requested by the community and support people’s health and wellbeing, adding great value to their lives. These programs often respond to one of the primary needs in our community, which is connecting to others (sense of belonging), or addressing food security.” – Focus group participant*

Community and client priorities are identified by gathering both qualitative and quantitative data. Centres examine their client experience survey data (an annual survey sent out to all clients of a CHC), as well as their primary care referrals and issues

addressed during primary care visits. For example, many centres examine their top 10 issues addressed to identify what programs need to be created to support those needs. EMR data is also used to generate lists of clients who are at risk and vulnerable and would benefit from specific programming. Social prescribing referrals are an additional avenue for centres to identify client needs (e.g., one centre saw an increase in food security referrals, so the centre implemented an on-site food bank and procured food gift cards).

Centres gather qualitative feedback through informal and formal discussions with clients, volunteers, and primary care staff. Many centres also gather input from their client advisory committee/councils (i.e., a space for community members to have a voice and share their feedback on the processes and priorities of the agency) and/or conduct focus groups with clients from each priority population to identify priority areas.

Prior to starting a program, centres use a variety of tools and processes to determine the need for a particular initiative. They assess the community needs, target population, best practices, key stakeholders involved, and past initiatives that have addressed similar issues (see Appendix A for example). In addition, CHCs take into consideration what programs and services are already being offered in the community to avoid duplication of services and supports that already exist.

*“All our programs go through an evidence-informed practice process, [...] a program planning template and a series of questions that our providers complete when they're planning the program to ensure that our programs are, say, for example, relevant, they're responsive to the client's needs and the community's needs, they're also based off of either evidence or any promising practices, as well as making sure that the programs that we have are accountable to our clients and other stakeholders” – Focus group participant*

### *Funding and Community Partnerships*

Health promotion programs implemented in CHCs are carefully planned and designed to appropriately use limited resources and funding. They are funded through a variety of sources and often rely on grants, partnerships, and volunteers. For example, most PDGs (74%) offered in 2021/22 were primarily funded by the Ministry (i.e., base organizational funding) (see Figure 1). Of total organizational expenses recorded in 2021/22, only 13.3% were spent in the service areas of Health Promotion, Education, and Community Development.



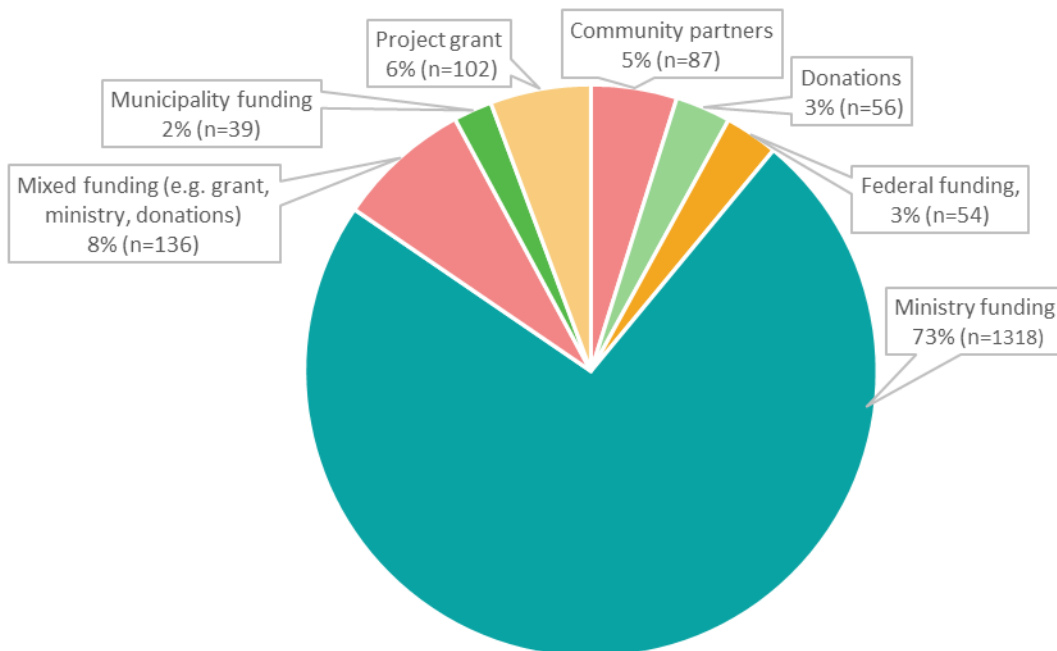


Figure 1: Personal development groups (PDGs), by funding source, 2021-22

Due to limited funding, CHCs rely upon and collaborate with municipal, regional, and provincial partners to co-create innovative health promotion programs. For example, of the 54 centres that provided partnership data, just under half (40%) of all PDGs were reported to be done in partnership and a total of 532 partnerships were reported overall; the majority being community-based. For the full list of partnerships, see (Appendix B).

**COMMUNITY-BASED PARTNERSHIPS**  
66% (N=349)



**HEALTHCARE-BASED PARTNERSHIPS**  
15% (N=81)



**GOVERNMENT-BASED PARTNERSHIPS**  
13% (N=69)



**EDUCATION-BASED PARTNERSHIPS**  
6% (N=33)



### *Supporting Volunteer-led Programs*

Many CHCs support and leverage community volunteers to lead programs and some have embedded a peer-led model in which staff-led programs are transitioned to volunteer-led by offering peer support and training to empower their clients. Training volunteers to lead programs helps contribute to the long-term sustainability of programs once funding runs out. A few centres also embed civic engagement and skill building within their health promotion work to help support clients and community members taking part in advocacy.

*"[...] I think one of our strengths has been our peer-led model with some of our health promotion activities. We're running a really successful Somali men's group right now in partnership with another agency around mental health and addiction support. And we have a couple of the men who provide peer support, who do outreach to help us get other men to come to the group." – Focus group participant*

### *Reducing Barriers to Participation and Creating Culturally Safe Spaces*

CHCs primarily focus on providing services to those facing barriers to care, thus health equity is at the forefront of all programs and services. Most programs offered are free or low-cost and transportation costs are frequently subsidized. To further reduce barriers to participating and promote inclusivity, centres strive to create culturally safe spaces by offering cultural and language-specific programming. Centres are also flexible and responsive to client and community feedback and need by quickly adapting programs to meet those needs (e.g., quickly transitioning in-person programs to virtual platforms during the COVID-19 pandemic to combat loneliness and social isolation).

*"we're always thinking about [...] how do we meet the needs of the communities in the best way that is barrier-free..." – Focus group participant*

### *Linking Primary Care and Health Promotion*

One unique aspect of health promotion within CHCs is that due to the CHC model of care (i.e. team-based care and wraparound services), clients attending health promotion programs can be linked to other programs and services offered by the centre including primary care, and vice versa. As a result, clients can receive care that addresses multiple aspects of their health. To further strengthen the link between primary care and health promotion, centres such as North Lambton have created a pathway toolkit (see appendix A) in which the top 20 primary care visits based on diagnosis are mapped onto the available programs offered by the centre. This toolkit essentially helps providers see which health promotion programs could be beneficial for their clients and their needs.

*“[...] internally we connect with our teams to see if there’s any feedback that they have or trends that they’re seeing to help to support and inform the design of the programs” – Focus group participant*

### *Evaluating Programs for Continuous Improvement*

To continuously improve programs and services, as well as gather data on the outcomes of their programs, centres regularly evaluate the impact of their programs. In 2021/22, 60% of all PDGs were evaluated. Evaluations typically assess changes in participants’ knowledge and skills, physical and mental health, social inclusion, equity and access (e.g., barriers to participation), and overall satisfaction with the program. Some centres have created a set of core questions that are used in all program evaluations which are then supplemented with program-specific questions, while others have created program-specific evaluation tools (see Appendix A for examples). Program evaluation data are then shared internally and externally in a variety of ways:

- ✓ Annual reports
- ✓ Presentations to the board
- ✓ Staff presentations (e.g., knowledge mobilization rounds – bimonthly meetings where internal evaluation results of programs are shared back to the primary care team to discuss findings and any practice level changes needed to be made)
- ✓ Newsletters
- ✓ Social media
- ✓ CHC website

*“When one participant raves to their neighbor about the program and brings them to it next time, we know the program has been successful at having had an impact.” – Focus group participant*

### *Suggestions on How to Highlight the Work of Health Promotion*

For ideas on how to measure and demonstrate the impact of health promotion, we asked focus group participants to share their thoughts on how the Alliance could and should highlight their work. Several suggestions were shared which included:

- Producing an annual report that highlights success stories of programs and describes the impact of the client-centered holistic approach, the model of health and wellbeing, and the benefits of health promotion supporting primary care.

- Co-designing a research project using participatory-based approaches (e.g., photo voice, model of most significant change, etc.) and focusing on outcomes related to healthcare savings.
- Creating a standardized set of questions for program evaluation.
- Need for better ENCODE-FM codes (i.e., issues addressed) to represent the strengths-based approach of health promotion.

## Next Steps

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### What are we going to do with what we learned?

- Work with sector members and clients to highlight and report the health promotion work being done throughout the year.
- Work with the sector members and clients to continue to identify creative and innovative ways to highlight health promotion work.
- Work with sector members and clients to co-design a research project using quantitative and qualitative data to measure and demonstrate the impact of health promotion across the CHC sector.

*If you have any questions or comments regarding this project, please do not hesitate to contact either [Sara.bhatti@allianceon.org](mailto:Sara.bhatti@allianceon.org) or [Stephanie.bale@univ.ca](mailto:Stephanie.bale@univ.ca)*

## References


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- 1) Rayner J, Muldoon L, Bayoumi I, McMurchy D, Mulligan K, Tharao W. Delivering primary health care as envisioned: a model of health and well-being guiding community-governed primary care organizations. *Journal of Integrated Care*. 2018 May 14;26(3):231-41.
- 2) The Ottawa Health Charter. World Health Organization. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

# Appendices

## Appendix A – List of Resources

### Access Alliance - Program Evaluation Tool



**On-the-Ground Program Evaluation Tool (Core)**

*The preamble to using this tool: The following survey questions link directly to indicators in the Department Logic Model for Community Health and Wellness. These are standardized – i.e. used to measure diverse programs across the agency using common indicators. Wherever possible, please include these questions in your own tailored feedback survey (with the understanding that not ALL need be included). Ideally, your final survey would include a combination of some standard questions and some unique to your program.*

*If a change in knowledge/skills/awareness (of the client) is expected to result from participating in the program, a Pre-Post test is recommended (administered at the beginning and at the end, to measure change). If this is not appropriate, or possible, proceed with a survey at the end of the program.*

**INFORMED CONSENT**

Program name: \_\_\_\_\_ Date of the survey: \_\_\_\_\_

Dear Clients,

We are conducting this survey to improve the quality of our programs/services with improved accessibility, equity, quality, and identification of your needs.

- The survey will take approximately [INSERT #] minutes to complete.
- Participation in this survey is voluntary. You can withdraw at any time. Your decision to participate or not participate will not affect the services/program you receive from Access Alliance or from any organizations.
- The findings will remain anonymous and confidential, i.e. we will pool all the responses together in a way that no one will be able to identify you. Please do not write your name anywhere on this form.

Thank you.

**Knowledge and Awareness of Access Alliance**

We are asking these questions to know about your knowledge about Access Alliance programs, so that we can serve you better.

- After attending the program, I am more aware about the health and wellness resources available at Access Alliance. (e.g., programs, services)
 

Strongly Disagree  Disagree  Neither Disagree Nor Agree  Agree  Strongly Agree
- After attending the program, I am more aware about the health and wellness resources available in the community. (e.g., food banks, mental health resources)

- Which of the following factors prevented you or made it difficult for you to access this program at Access Alliance? (check all that apply)
  - Information or awareness of services
  - Lack of services in your local area
  - Confusion about who to go to in order to get help
  - Eligibility for services you want or need
  - Language
  - Childcare
  - Transportation Difficulties
  - Discrimination because you're an immigrant
  - Discrimination because of your race, culture, or religious background
  - Time when services are offered
  - Other, please specify: \_\_\_\_\_

**Satisfaction**

We are asking these questions to know more about how satisfied you were with the program.

- Overall, how would you rate the program?
 

Poor  Fair  Good  Very good  Excellent
- Would you recommend a family / friend to this type of program?
 

Definitely no  Probably no  Probably yes  Definitely yes

**Engagement and Empowerment**

We are asking these questions to provide an opportunity for you to influence the programs and services at Access Alliance.

- Is there anything else you would like to share with us that could help us improve the program? \_\_\_\_\_
- What new or additional programs & services would you like Access Alliance to offer?
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

THANK YOU VERY MUCH!

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(Sense of belonging is feeling like you are part of something, connected and accepted.)

Very Weak  Somewhat Weak  Somewhat Strong  Very Strong

- Has this program helped you to improve your feeling of inclusion in the community, if you felt uncomfortable or out of place beforehand? (e.g. because of your religion, culture, ethnicity, skin colour, or sexual orientation etc.)
 

Strongly disagree  Disagree  Neither disagree Nor agree  Agree  Strongly agree
- How many new positive relationships (e.g. friends, acquaintances, etc.) have you gained through participating in this program?
 

None  1  2  More than 2

**Family and Access**

We are asking these questions to know more about how the program was welcoming, accessible, and inclusive.

- I feel comfortable and welcome in the program.  No  Yes
  - If NO, Please tell us the reason(s) that you do not always feel comfortable or welcome in the program: \_\_\_\_\_
- Please read each statement below, and select one answer that tells us how you feel:
 

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. I found the registration process for the program easy.					
b. The staff members were easy to talk to and encouraged me to ask questions.					
c. I know how to make a suggestion or a complaint.					
- Is this location easy for you to get to?  Yes  No  Not applicable
- Does the hour of service at this location work for you?  Yes  No
  - If NO, what is the best time for you to come for programs/services or appointments? \_\_\_\_\_
- How do you prefer to hear about our programs/ services? (Check all that apply)
 

Website  Email alerts  Staff  Flyers  Monthly calendar  Family / Friends

Facebook  Twitter  Instagram  Other, please specify: \_\_\_\_\_

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Strongly Disagree  Disagree  Neither Disagree Nor Agree  Agree  Strongly Agree

**Individual Skills and Strengths**

We are asking these questions to know how the program has helped you improve your skills / strengths.

- The program has improved my -
 

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. Health and wellbeing					
b. Leadership skills					
c. Communication skills					
d. Networking skills					
e. Public speaking					
- Can you provide one or two examples of how you can apply the knowledge and skills developed through this program in your life? (e.g. I have increased my physical activity to prevent diabetes after attending the Prevent Diabetes program)
  - \_\_\_\_\_
  - \_\_\_\_\_
- Please rate your agreement with the following statement "After attending this program, I have gained knowledge that allows me to speak up for myself and my needs".
 

Strongly Disagree  Disagree  Neither Disagree Nor Agree  Agree  Strongly Agree
- Please rate your agreement with the following statement "After attending this program, my physical health has improved".
 

Strongly Disagree  Disagree  Neither Disagree Nor Agree  Agree  Strongly Agree
- Please rate your agreement with the following statement "After attending this program, my mental health has improved".
 

Strongly Disagree  Disagree  Neither Disagree Nor Agree  Agree  Strongly Agree

**Social Inclusion**

We are asking these questions to know more about your sense of belonging and engagement with the community.

- How would you describe your sense of belonging to this area, neighbourhood or local community? \_\_\_\_\_



## Seaway Valley CHC – Program Charter

Program Name		Levels	Location(s)	Evaluation Tools	
Program Title		Are there different program levels?	List all locations program is offered (i.e. SVCHC and any other locations SVCHC leads program)	Any program evaluation tools being used (i.e. pre-program assessments, weekly surveys, post-program assessment or 1-month post-program follow-up assessment, etc.).	
<b>Internal</b> Manager Responsible: Team Lead: Team Members: Admin: Communications: Evaluation: Data and Finances: Trained Instructors: Trained Volunteers:  Fill in the names of the SVCHC staff and/or main volunteers that provide specific support for the program.		<b>External</b> Agency Name: Agency Members:  Agency Name: Agency Members:  Include information on any agencies that help with the planning or delivery of the program. This could include agencies that train instructors, provide space, or ones that provide special information sessions.		<b>Completed Resources</b> <input type="checkbox"/> Health Equity Impact Assessment <input type="checkbox"/> Logic Model  <b>Other Resources</b> <input type="checkbox"/> Journal Articles <input type="checkbox"/> Other _____	<b>Strategic Pillars</b> <input type="checkbox"/> Leadership in health system integration <input type="checkbox"/> Ensure equitable access to health and wellness <input type="checkbox"/> High quality equitable care <input type="checkbox"/> Nurture and sustain diverse  These are the four strategic pillars outlined in the 2021-2023 Strategic Plan
<b>Program Description</b> A clear and concise overview of the program. Could be taken from current advertisements/handouts/ program pamphlets. Information provided in another section on this page should be omitted from the program description.			<b>Root Causes of the Problem</b> What are some of the main issues contributing to the problem? Is it a lack of knowledge, poor coordination, aging population, or lower income? Include any available evidence.		
<b>Overall Program Goal(s)</b> - Broad, encompassing statements about the health impact to be achieved - Goals should be longer-term (e.g. 5 years) - Should not include any quantifiable measure - Refer in broad terms to the most important anticipated effect of the program			<b>Program Outcomes</b> - What are specific skills participants will gain while taking the program - What knowledge would someone who took the program have, that they would not have if they had not taken the program? - This information could be taken from the program's logic model if there is one completed		
<b>Anticipated Timeline, Frequency &amp; Key Milestones</b> Anticipated Timeline: How long will the program or session run for? Frequency: How often will the participants meet (i.e. once a week? Twice a month?) Key Milestones: Any special dates when activities or key deliverables/ results are expected to occur (i.e. registration, 1-month post-program follow-up, etc.)			<b>Class Size &amp; Number of Sessions a Year</b> Class Size: Number of participants for each session Number of Sessions a Year: Number of sessions offered annually		
<b>Resources Required</b> Staff How many staff members are needed and how often is their support required (i.e. at all sessions or just at registration?)		<b>Equipment</b> Any special equipment needed to run the program (i.e. exercise equipment, kitchen space, etc.)		<b>Training Required</b> Is there specific training required for program leaders or helpers and/or is there ongoing training required (i.e. annual refresher training)?	
		<b>Additional Resources</b> (i.e. any volunteer support required, handouts, advertisements, etc.)		<b>Date Updated</b> Date update completed  Date of Next Review Should be approximately 1 year from date of last update	
		<b>Risk Assessment (Please select and explain)</b> <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High Enter here any considerations for risk and safety (e.g., community location, outdoor space, staff isolated/alone etc.)		<b>Risk Mitigation Strategies</b> Please indicate what strategies will be used to mitigate any risks (e.g., staff/volunteers not alone, staff/volunteer trainings, cell phone w/emergency #s, etc.)	
				<b>Signatures</b> Manager Responsible: _____ Team Lead: _____	

## Seaway Valley CHC– Core Evaluation Questions

Core questions  
 These questions are asked in programs and services across the organization.

**I always feel welcome and comfortable \***

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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**This program is convenient & accessible for me**

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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**Staff & volunteers treated me with respect**

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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**Transportation is an issue for me**

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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**Do you think this program has had a positive impact on your mental health? (i.e. are you less lonely when you attend, do you feel content at the end of the session, etc.) \***

Very Positive Impact	Positive Impact	Neither Positive nor Negative Impact	Negative Impact	Very Negative Impact
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**How would you describe your sense of belonging to your community?**  
 (Sense of belonging is feeling like you are part of something, connected and accepted – check only one)

Very strong     Somewhat strong     Somewhat weak     Very weak

**How would you describe your own health? \*\***

Excellent	Very Good	Good	Fair	Poor
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**Which of the following conditions do you have?**

Cancer	Diabetes	Thyroid	Cardiovascular Conditions	Respiratory conditions	Arthritis	MS
Anxiety	Depression	Pain	Chronic Fatigue	Fibro	ADHD	Other

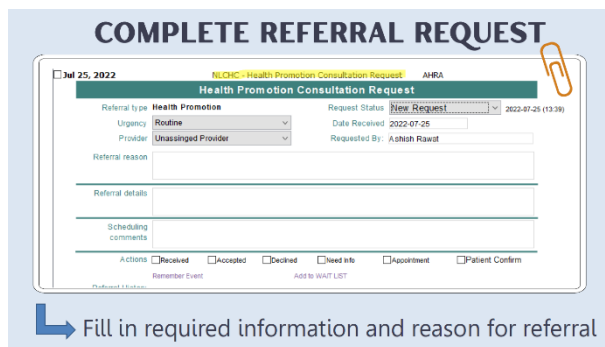
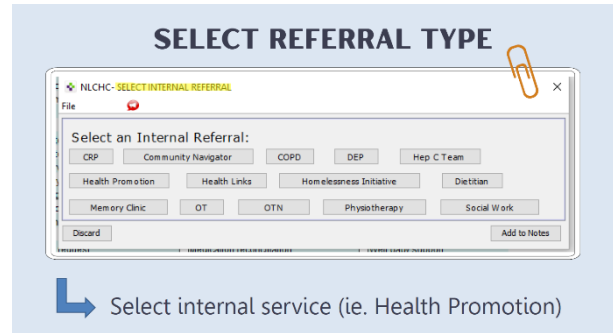
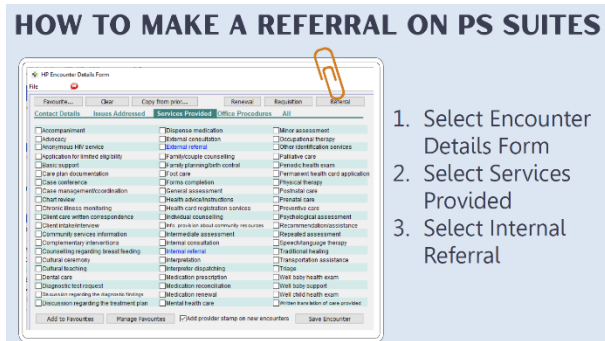
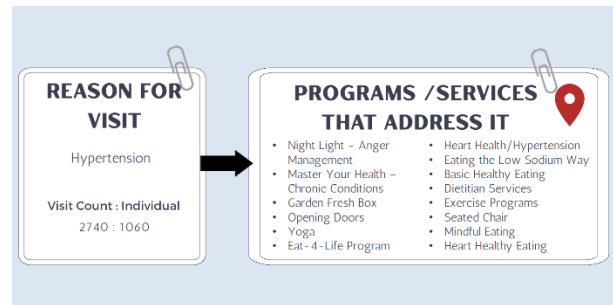
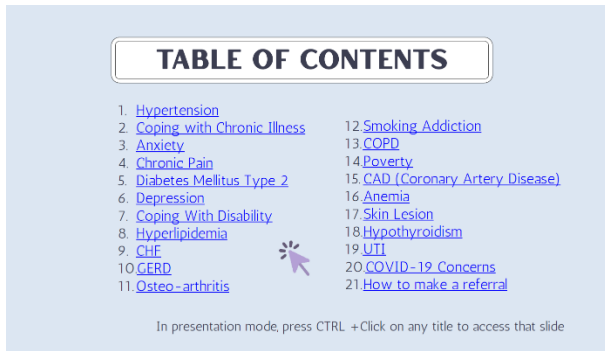
**How satisfied are you with this program?**

Very satisfied	Somewhat Satisfied	Somewhat dissatisfied	Dissatisfied
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**\*Indicates MHW Vital Eight Core Indicators**  
**Model of Health and Wellbeing Evaluation Framework Vital Eight Core Indicators**

1. % of organizations that offer specific programs / initiatives to reduce the following in their practice population: tobacco use, unhealthy eating/food insecurity, problematic substance use, obesity/healthy weight management, physical inactivity, and social isolation
2. % of clients reporting involvement in care decisions
3. % reporting self-rated physical health as excellent or very good
4. % reporting self-rated mental health as excellent or very good
5. % of eligible clients who received/offered colorectal / cervical cancer screening stratified by income
6. % of clients who always feel comfortable and welcome at [name of CHC]?
7. % of ongoing primary care clients receiving inter-professional care
8. % clients reporting very strong or somewhat strong sense of community belonging

# North Lambton CHC – Pathway for Care Toolkit



## Belleville & Quinte West CHC – Circle of Security Evaluation Tool

**Circle of Security – Participant Survey**

Thank You for attending the Circle of Security Program! We hope that this group met your needs and expectations. We look forward to your feedback as this will help develop this program further. Thank you for your time!



Date: \_\_\_\_\_ Facilitator(s): \_\_\_\_\_

Please **circle** the number that best describes how much you agree or disagree with the statement **BEFORE** you attended the Circle of Security Parenting class and **NOW**, after you completed the Circle of Security Parenting class.

		Strongly	Disagree	Neutral	Agree	Strongly
		Disagree				Agree
1. My level of stress about parenting is high.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
2. I have a positive relationship with my child(ren).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
3. I recognize the behaviors that trigger my negative response to my child (i.e. my "shark music.")	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
4. I identify and respond to my child's needs for support to explore and for comfort and contact (the top and the bottom of the Circle).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
5. When I fail to respond to my child's need (1 step off the Circle), I look for a way to repair our relationship.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
6. I step back and think about what my child's behaviour is telling me about his/her needs before I react (this Circle and Hands).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
7. I feel confident that I can meet the needs of my child(ren).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5

Adapted from Circle of Security International Participant Survey 2019

1

Location (check one): Quinte West [  ] Belleville [  ]

Did you like the location of the program? Check One **Yes**  **No**

Is the time that program is offered convenient for you? Check one: **Yes**  **No**

If no to either of the above, do you have any suggestions for different locations, days or time the group is offered?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please **circle** the number that best describes how much you agree or disagree with the statement.

		Strongly	Disagree	Neutral	Agree	Strongly
		Disagree				Agree
8. Meeting with a group of parents was helpful to me.		1	2	3	4	5
9. The leader did a good job working with my group.		1	2	3	4	5

What did you like best about the program?  
 \_\_\_\_\_  
 \_\_\_\_\_

How could this program be improved?  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Adapted from Circle of Security International Participant Survey 2019

2



## Rideau CHS - Group Program Experience Survey



### Group Program Experience Survey

We are asking for your help to improve our programs at Rideau Community Health Services (RCHS). Participation in the survey is completely voluntary and all your responses to the survey questions will be kept confidential.

<b>1. Please tell us the date you participated in the group program.</b>					
Date:					
<b>2. How did you hear about our group program? Select all that apply.</b>					
<input type="checkbox"/> Health Care Provider <input type="checkbox"/> Friend <input type="checkbox"/> Poster			<input type="checkbox"/> RCHS Website <input type="checkbox"/> Other, please describe _____		
<b>3. Please indicate which group program you participated in.</b>					
<b>Health Promotion</b> <input type="checkbox"/> Walk N' Talk Wednesday <input type="checkbox"/> Meditation Group <input type="checkbox"/> Yoga Group <input type="checkbox"/> Grief Group		<b>Nutrition Services</b> <input type="checkbox"/> Craving Change <input type="checkbox"/> Nutrition Walking Drop-In <input type="checkbox"/> Nutrition Drop In <input type="checkbox"/> 6-Week Cooking Class <input type="checkbox"/> Intuitive Eating <input type="checkbox"/> Cooking Class		<b>Diabetes Education</b> <input type="checkbox"/> Living with Diabetes – Getting Started <input type="checkbox"/> Living with Diabetes – Carbohydrate Counting & Label Reading <input type="checkbox"/> Pre-diabetes Education	
				<b>Other</b> <input type="checkbox"/> Well Baby Visits <input type="checkbox"/> Other _____	
<b>4. Reflecting on your experience when participating in the group program, please select the most appropriate response.</b>					
	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. The information provided was explained in a way that I could understand					
b. I was encouraged to participate and express myself in the group					
c. I feel comfortable and welcome when participating in this group					
d. The program helped me set healthy lifestyle goals.					
e. The program helped me make healthy lifestyle behaviour changes.					
f. I have improved my knowledge and skills.					
g. I feel more in control of my health.					
h. I feel more connected to community supports.					
i. The program helped me connect to community members with similar experiences.					
j. The program helped me feel supported by others.					
<b>5. Overall, how satisfied were you with the program you participated in?</b>					
<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied					
<b>6. Your feedback is very valuable. Please add any additional comments. (i.e. ideas for new groups or how groups might be improved)</b>					

Thank you for completing this survey. Your input will help us improve our programs and services. If you wish to contact someone at RCHS to further discuss your experiences, please send an email to our confidential inbox at [info@rideauchs.ca](mailto:info@rideauchs.ca) or call (613) 269-3400 ext 224.

## Appendix B - Full List of Partners

- 1) Please note that we used our best judgement to categorize these partners however many of these can fall under multiple categories.
- 2) A more comprehensive list which includes the names of the CHCs who have partnered with these organizations can be accessed by my member centres [here](#)

### COMMUNITY-BASED PARTNERS

(e.g. Food Banks, Library, Charities, Employment services, Family Services, Legal Clinics, Religious centres, etc.)

<p>2 Spirits of the First Nations            Aawjiwnaang Community Centre            Abigail's Learning Centre            Access Employment Services            The AIDS Committee of Cambridge, Kitchener, Waterloo &amp; Area            ACFO-Temiskaming            Afghan Women's Organization            Age friendly Thunder Bay            AGO            Aids Network            Alderville First Nations            All Saints Anglican Church            Alliance for Healthier Communities            Alzheimer's for Brain Health            Alzheimer's Society            Applegrove            Art Café            Arthritis Society            Arts for All            Banff Avenue Community House            BGC Ottawa            Big Brothers Big Sisters            Billings Bridge National Historic Site            Black Creek Farm            Bourget Foodbank            Brain Injury Association of London &amp; Region            Brant Ave. Neighbourhood Group            Brette Hamilton Yoga            Brock Youth Centre            Burlington Public Library            Canadian Arab Health Coalition            Canadian Centre for Christian Charities            Canadian Council for Youth Prosperity            Canadian Mental Health Association            Carleton Place Canoe Club            Caritas Internatioanlis            Carleton Place Water Dragons            Catholic Cross-Cultural Services</p>	<p>Nepean Rideau Osgoode Community Resource Centre            New Canadian Center of Excellence            Niagara Community Legal Clinic            Niagara Poverty Reduction Network            Niagara Summer Games            North of Superior Counselling            North York Harvest Foodbank            The Nourish And Develop Foundation            Northumberland County Housing            Ojibway One Centre            Ontario Afghan Family and Seniors Services Association            Ontario Federation for Cerebral Palsy (OFCP)            Optimist Club of West Lorne            Oriole Food Space (OFS)            Osteoporosis Canada            Ottawa Chinese Community Service Centre (OCCSC)            Ottawa Community Housing            OUTNiagara            Parent Resource Centre            Parkinson's Society            Pathways for Seniors            Pefferlaw Peat            People Advocating for Change Through Empowerment (PACE)            Perth Enrichment Program for Seniors            Perth Stingrays Swim Club            PFLAG Canada            Parents Lifeline of Eastern Ontario            Positive Living Niagara            Prosper Canada            Provincial Youth Outreach Workers (PYOW)            Quinte Wellness Centre            Quinte West Community Gardens            Quinte West Public Library            Rainbow Song Foundation            Red Cross</p>
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<p>Centre for Independent Living in Toronto  CFB Kingston Health Promotion Department  Mike Dean's grocer  City of Brantford Library  Community Development Council of Quinte  Community Food Centres Canada  Community gardens  Community kitchen facilities  Community Legal Clinic-Brant Haldimand  Norfolk (CLC-BHN)  Community members  Community Nature enthusiasts  Community Neighborhood House  Compassionate Ottawa  Confederation Court Community House  County of Lennox and Addington Libraries  Creative Minds Music Therapy  Crystal Ridge Community Church  Durham Regional Police  Daily Bread  Degroots Nursery  Destination Church  Dilcio Anshinabek Family Care  Dixon Hall  Elder Abuse Prevention Ontario and Durham  Elder Abuse Network  ENAGB Indigenous Youth Agency  Etobicoke Support Services for Seniors  Falls prevention network  Family and Children Services Niagara  Family and Community Action Program  Feed the Need  First Nations Community  First Words Preschool Speech and Language  Program  Food Share  Foodbank  Forest United Church  Fort Erie Lions Club  Fort Erie Native Friendship Centre  Fort Erie Public Library  Fred Victor Centre  French River Public Library  Funeral Home  Gender Journey Brant  Gillian's Place  Ginoogaming First Nation  Girls Inc  Golden Eagles Elders Lodge</p>	<p>RiverCity Vineard  Rolands Plants  Rotary-Sarnia  Rural Frontenac Community Services  Salvation Army  San Romanoway Revitalization  Sarnia Evangelica Missionary Church  Sarnia Produce  Scadding Court  Scarborough Women's Centre  Seas Centre and Hong Fonk  Seaway Valley Rapids  Second Harvest  Senior Tamil Centre of Ontario  Shelldale Family Gateway  Sketch Working Arts  Smiths Falls Figure Skating Club  Snow Road Community Association  Social Planning and Research Council (SPRC)  Société économique de l'Ontario  Speqtrum  St. Joseph's Care Group  St. Andrew's United Church  St. Lukes  St. Michael's Church  St. Paul's Church  Students Commission of Canada  Sutton Group Realty and Durham Elder  Abuse Network  Tatlock Community Association  Thames Art Gallery  The Access Point Employment Agency  The Adult and Continuing Education  Program at Mason Educational Centre (MEC)  The Bike Hub  The Good Companions  The Hub  The Neighbourhood Group  The Neighbourhood Organization  The Nourish and Develop Foundation  The Stop  The Table Food Centre  Thunder Bay Counselling  Thunder Bay Friendship Centre  Trans Niagara  Tri-County Literacy Council  Trinity Anglican Church  Unemployed Help Centre (UHC)  Ukrainian Church of Resurrection</p>
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<p>Guelph Neighbourhood Support Coalition  Hamilton Community Legal Clinic  Hamilton Pride  Hamilton Public Library  Hastings County - Home for Good  Helping Hands  Horticultural society  Huron County Food Bank Distribution Centre  Immigration Network  Indigenous Friendship Centre  Indwell  Inn of Good Shephard  Jane and Finch Community and Family Centre  Jewish Family Services  Junction Place (shelter)  Kettle and Stony Point Band  Kettle Point Family &amp; Children Services  Kind Space  Kinnewaya Legal Clinic  Kitchener Downtown Community Health Centre/Sanctuary Refugee Health Centre  Kiwanis Club  Kraftsman  Kyle's Place  Lambton County Libraries  Lambton Shores Nature Trails  Links for Greener Learning  Local Anglican Church  Local Mosques  Lost Rivers Toronto  Lutherwood  Making art making change  Markstay-Warren Public Library  Metabolic Syndrome Canada  Miizwebiik  Mooretown Sports Complex - St. Clair Township</p>	<p>Unemployed Help Centre  United Literacy  United Way  VCCO- Vietnamese Canadian Community in Ottawa  Victim Services Niagara  Vita Nova  W5 (Working Women with Immigrant Women)  Warden Woods Community Centre  Waterloo Wellington Self-Directed Management Program  Watson's Corners Community Association  We Grow Food  Weight Watchers  Wendover Optimiste club  Wesley Urban Ministries  West Neighbourhood House  West Scarborough Neighbourhood Community Centre (WSNCC)  Westmeath and District Recreation Association  Whitesand First Nation Community  Windsor Housing  Windsor Rest Homes  Woodbine Chinese Mennonite Seniors Program  Woodgreen Community Services  Working Women Community Centre (WWCC)  Writers Collective of Canada  YMCA  Yoga Outreach Project  Youth Hub  Youth Wellness Hub  Zion Memorial United Church</p>
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## HEALTHCARE-BASED PARTNERS

(e.g., Hospitals, CHCs, Ontario Health Teams, Pharmacy, Clinics, Treatment centers, Mental Health Care, etc.)

<p>Aamjiwnaang Health Services  Belleville Quinte West Community Health Centre  Better Living Health  Black Creek Community Health Centre</p>	<p>Mareas  National Association of Community Health Centres  Newgate 180  Niagara Falls Community Health Centre</p>
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<p>Bluewater Area Family Health Team  Bluewater Health  CAMH  Carlington Community Health Centre  Centretown Community Health Centre  Chatham-Kent Family Health Team  City of Kawartha Lakes Family Health Team  Connectwell Community Health Centre  Conway's Pharmacy  Cornwall Community Hospital  Country Roads Community Health Centre  Davenport-Perth Neighborhood Community Health Centre  Dr. Peter Centre  Fetal Alcohol Spectrum Disorder Ontario Network of Expertise  Flemingdon Community Health Centre  Gateway Community Health Centre  George Hull Centre for Children and Families  George Jeffery Treatment Centre  Grand Bend Community Health Centre  Grand River Community Health Centre  Health Access Thorncliffe Park  Healthy Living Champlain  Kettle and Stony Point Health Services  Kingston Community Health Centre  LAMP Community Health Centre  Lanark County Mental Health  Life After Fifty  Living Healthy Champlain  Living Healthy Champlain (Elizabeth Bruyere Hospital)  Living Well South East Ontario</p>	<p>North Eastern Ontario Family and Child Services  North Lambton LCHC  Ontario Aboriginal HIV/AIDS Strategy  Ontario Addiction Treatment Centre  Pathstone Mental Health  Planned Parenthood Toronto  Providence Care Personality Disorders Services  Rainville Health  Rehab Plus-Physiotherapy  Rexdale Community Health Centre  RFLA Allied Health Team  Rideau Community Health Services  Sandy Hill Community Health Centre  Sick Kids  Southern Ontario Dental  St Mary's General Hospital  St. Joseph's Healthcare  Stonegate Community Health Centre  Thamesview Family Health Team  The Four Villages Community Health Centre  Thunder Bay Counselling  Tilbury Family Health Team  Timiskaming Home support  Two Rivers Family Health Team  Unison Community Health Centre  Unity Health Toronto  Waterloo Breastfeeding Buddies  Wellkin Child and Youth Mental Wellness  West End Diabetes  Windsor Essex Community Health Centre  Windsor Regional Hospital</p>
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## EDUCATION-BASED PARTNERS

(e.g., Schools, School Boards, etc.)

<p>Brock High School  Brock Social Justice Centre  Brock Township Public Library  Centre for Employment and Learning  Early ON  EL Crossley Secondary School  George Webster Elementary School  Greater Essex County District School Board  Humber College  Ignace Public School  Junior Achievement Canada</p>	<p>Maltby Centre and Limestone District School Board  McMaster University  Mohawk College  North Addington Education Centre  Ottawa Carleton District School Board  St Lawrence College  Toronto District School Board  Trent University  Trinity United Church  Trios College</p>
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Lakehead University Community Legal Services Lambton-Kent District School Board Limestone District School Board Lincoln Centennial	The University of Toronto Nutrition Students Led the Workshop Upper Grand District School Board Windsor Essex Catholic District School Board The Change Healthcare
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## GOVERNMENT-BASED PARTNERS

(e.g., Municipalities, Federal Agencies, Public Health Organizations, etc.)

Brock Township Canada Revenue Agency Cité Clarence Rockland City of Bellville Recreation, Culture, and Community Services City of Hamilton City of Ottawa City of Sarnia City of Thunder Bay City of Toronto Community Care Durham County of Lambton Guelph Wellington Family and Children's Services Hamilton Park & Rec Hamilton Public Health Home & Community Care Support Services KFL&A Public Health Lambton Public Health Lanark County Leeds, Grenville, and Lanark District Health Unit Municipality of Lambton Shores Municipality Dutton Dunwich	Niagara Region Public Health North Toronto OHT Ontario Caregiver Organization Ottawa Public Health Pandemic Working Group Plympton-Wyoming Township Public Health Agency of Canada (PHAC) Region of Durham Region of Waterloo Region of Waterloo Public Health Service Canada South Stormont Township Southwest Public Health St. Charles Municipality STOP, Ottawa Model The Canadian Prenatal Nutrition Program Toronto Employment and Social Services Toronto Housing, Home & Community Care Toronto public health Township of North Frontenac Warwick Township Wellington Dufferin Guelph Public Health
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