Alliance for Healthier Communities
Advancing Health Equity in Ontario

The Model of Health and Wellbeing Works!

Here's how we know.

Our Benchmark: The Model of Health and Wellbeing

The common conceptual framework used by community-governed, comprehensive primary health care organizations in Ontario is the Model of Health and Wellbeing (MHWB). This evidence-informed model is a signpost that guides Alliance member organizations in delivering the highest quality care. This model lays out our foundational commitments:

- Delivering the **highest quality, people- and community-centred** care;
- Delivering care that's grounded in **community vitality and belonging**;
- Advancing **health equity and social justice**.

These commitments are the motivation behind the eight attributes of the MHWB. Collectively, the attributes describe our approach to comprehensive primary health care. In measuring and evaluating our sector's work, the commitments expressed in the MHWB are our benchmarks of success.

Measuring our Impact

Our sector's Evaluation Framework is a living document. It describes the key mechanisms by which Alliance members evaluate their work.* Key elements of the Framework include:

- **Results-Based Logic Model:** This map connects the conceptual principles and attributes of the MHWB to specific, measurable outcomes. These include reduced burden of illness, increased accessibility, better care integration, and more capacity to address the determinants of health.
- **Evaluation Questions & Indicators:** Strategic and overarching questions that guide evaluation activities and approaches. For example, "Does service integration and coordination in CHCs increase access for people experiencing barriers, relative to other models of care?"
- **Individual Client Information:** Using a common Electronic Medical Records System (EMR), our members record client interactions, information about their wellbeing, and sociodemographic data that can assist with planning and decision-making at the individual and organizational levels.
- **Business Intelligence Reporting Tool (BIRT):** This sector-built tool collects data from Alliance members' EMRs, allowing us to observe trends in outcomes at the centre and sector level.
- **Linked Data**: Alliance-member CHCs share EMR data with system partners such as the Canadian Institute for Health Information (CIHI) and ICES. This information is then linked to administrative data that tracks hospitalizations, emergency visits, and other uses of the health system. This helps us understand our clients' health journeys and see the system-level impact of our members' work.

** The data referenced here are currently being collected from Community Health Centres (CHCs). However, all Alliance members share the same commitments. We are working to enable all of our member organizations to collect comparable practice-based data.*

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The evidence is in: better health outcomes, lower system costs, and positive experiences for clients and providers.

☑ Our members make it easier to access preventive care.

- Tailored service delivery means CHCs have higher cancer screening rates despite seeing often hard-to-reach and marginalized populations.
- Community-based, culturally safe delivery of COVID-19 testing, information, and vaccination helped protect the health of structurally vulnerable people and communities, including those experiencing homelessness.

☑ CHCs are experts at managing chronic conditions.

- Salaried clinicians working in interprofessional teams can provide better support for chronic disease management, yielding better outcomes for clients with diabetes, CHF, and COPD.
- Linked datasets, including BIRT data, are enabling CHCs to identify community members with diabetes who are missing out on retinopathy screening. They follow up with targeted outreach and help accessing teleopthalmology to help people keep their sight!
- Culturally-tailored care supports better self-management of diabetes amongst Black Caribbean Immigrants.

☑ CHCs are helping to keep the health system sustainable.

- A 2012 research report from ICES using linked practice and administrative data showed that CHC clients had an 85% higher expected need for healthcare.
- Yearly analysis of new data shows that this pattern persists: In 2021, the average CHC client's expected need for health care that was 70% higher than others in Ontario.
- A 2020 review of 40 research papers found that CHCs reduce avoidable visits to hospital emergency departments and hospitalizations and have lower care-related costs in primary care, ambulatory care, inpatient care and emergency departments.

☑ CHCs are building communities and fostering a sense of belonging.

- Alliance-member CHCs pioneered social prescribing in Canada, which was found to build community capacity and help clients feel more connected.
- A 2010 study in Canadian Family Physician found that CHCs scored higher than other models for community orientation and meaningful community engagement.

☑ Trusted relationships and person-centred care lead to better experiences.

- Establishing a positive rapport and relationship-based care has resulted in better patient-experience outcomes and more joy in work for providers.
- A shared commitment to health equity fosters provider collaboration.

Seeing this on paper? *Scan the QR code on the left to see it online.*
Looking for references? *Scan or click the QR code on the right.*