



Data Snapshot: What do Community Health Centres Do?

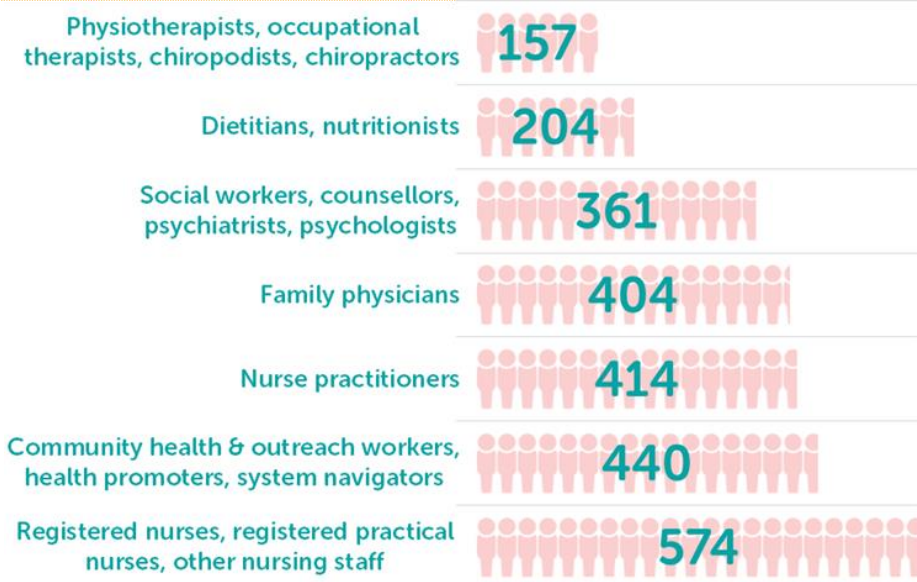
A Shared Model of Health and Wellbeing

Ontario's CHCs are guided by a shared [Model of Health and Wellbeing](#). This model outlines three guiding principles for the sector: **Highest Quality, People- and Community-Centred, Community Vitality and Belonging**, and **Health Equity and Social Justice**.

Who's on the team?

Comprehensive primary healthcare takes a whole team of interprofessional providers. The composition of each team depends on the needs, resources, and priorities of each community. Some of the people providing care in Ontario's 73 CHCs are shown at right.

Other members of our interprofessional teams include **pharmacists, settlement workers, dental staff**, and **traditional healers**.



Priority Populations

All Alliance members are committed to supporting the health and wellbeing of the **people in Ontario who face the most significant barriers**. Our sector has identified five populations as **our moral owners**: Black and Indigenous people and communities; 2SLTBQ+ people; Francophones, and people in rural, remote, or Northern communities.

Additionally, **Each Alliance member organization chooses local priority populations** according to their community's demographics, needs, and assets.



This word cloud reflects the priority populations named by our CHC members in a 2019 survey.

Meeting Complex Health Care Needs

The people served by our CHCs have complex clinical and social care needs due to social, economic, environmental and structural determinants of health. Clients seen in CHCs have an expected need for health care that is 70% higher than the average in Ontario.

Preventive & Supportive Care

Our members provide care and support for a broad range of clinical, social, and material needs. In keeping with our person-centred model of health and wellbeing, and enabled by our funding model, our providers can take the time they need to talk with clients and co-develop individualized care plans. When clients' needs are complex, care can involve multiple providers and care settings. Care coordination and inter-provider communication are essential to good health outcomes.

Some of the services our providers spend most of their time on are:

- Providing health advice & instructions
- Managing chronic illness
- Supporting mental health
- Conducting health assessments
- Discussing diagnoses and treatments
- Coordinating care
- Advocating for clients' needs
- Helping clients access resources

Ensuring Equity in Cancer Screening

Marginalized populations, who make up the bulk of our sector's clients, often have lower cancer-screening rates than the overall population. This is a result of accessibility challenges, competing priorities (meeting basic needs), cultural barriers, gender dysphoria, and knowledge gaps. Our members are working hard to advance equity in cancer screening rates.

67.4% Eligible clients who received colorectal cancer screening in 2021.

67.8% Eligible clients who received cervical screening in 2021.

61.3% Eligible clients who received breast cancer screening in 2021.

Developing Client and Community Capacity

Engagement with community and peers is a key ingredient in preventive and supportive care. Many of our members offer personal development groups (PDGs), which allow clients to connect with one another while developing skills for managing their health and wellbeing. PDGs are designed to meet local needs and build on the strengths of communities.

Some of the issues addressed by PDGs are:

- Mental health
- Chronic respiratory illnesses
- Eating disorders
- Substance use & addictions
- Sexual health
- Oral health

Embracing a Philosophy of Harm Reduction

Harm reduction seeks to optimize safety for substance users and everyone in the community. It is a strategy based in meeting substance users on their terms "where they're at." This is achieved with:

- Education on safer substance use
- Provision of substance use equipment
- Supervised substance use services
- Replacement therapy

The 109 member organizations of the Alliance for Healthier Communities are **Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), Indigenous Interprofessional Primary Care Teams (IIPCTs), Nurse Practitioner—Led Centres (NPLCs), and Community-led Family Health Teams (CFHTs)**. Across these different models, all Alliance members are committed to the same principles of **community-governed, comprehensive, primary healthcare; anti-oppression; and health equity**.

The data in this snapshot reflect the responses to our **2019 organizational survey of the Alliance's 73 community health centre (CHC) members** and practice data from our **Business Intelligence Reporting Tool (BIRT)**, which extracts information from our members' electronic medical record (EMR) systems.



