Alliance for Healthier Communities
Advancing Health Equity in Ontario

Annotated Bibliography:

Evidence for the value and impact of Community Health Centres

There is an abundance of evidence demonstrating the value and impact of Community Health Centres (CHCs), the critical role they play in Ontario's Health System, and their potential to advance health system integration and sustainability. Research has shown that that CHCs provide superior preventive care and chronic disease management, advance population health, and make access to health care more equitable. They are uniquely adapted to supporting the health and wellbeing of marginalized communities and of people who live with social and medical complexity. This, in turn, reduces emergency department visits and hospitalizations. CHCs have also been shown to provide superior experiences to both patients and providers. In Ontario, CHCs are leaders in data collection and outcome measurement; this supports accountability to their funders and communities and drives continuous quality improvement.

The resources listed in this bibliography are diverse. They include peer-reviewed and grey literature as well as reports produced by and for the Alliance, its members, and system partners. We have organized them according to major themes; however, many of the articles address more than one of them, and there are, additionally, minor themes woven throughout. For this reason, we have listed a selection of keywords under each entry.

If you have questions about this document or the resources in it, please reach out LHS@AllianceON.org.

1 | Cost Effectiveness & Health System Sustainability

Alliance for Healthier communities (2023). Response to Auditor General Report: CHCs (2017). Presentation slide deck.

This presentation provides evidence for the value of community health centres (CHCs). It was developed in response to the Auditor General (AG) of Ontario's 2017 report on primary health care and her specific concerns about the CHC model. It describes CHCs' critical role in reducing healthcare costs and improving outcomes for marginalized populations. It also describes how CHCs have demonstrated leadership in terms of accountability to their funders and communities: In addition to

multiple funding agreements, they measure themselves against a sector-wide evaluation framework, and 80% undergo regular, voluntary accreditation.

Keywords: cost effectiveness, health outcomes, data collection & use, measurement, accountability, quality improvement

---

McMurchy, D. (2022). Emergency department costs averted attributed to Community Health Centres in Ontario. Handout prepared for the Alliance for Healthier Communities by Dale McMurchy Consulting.

This report quantifies the impact of Community Health Centres (CHCs) in Ontario on emergency department (ED) visits and associated costs. Using linked health system administrative data from 2022, the author compared the actual number of ED visits by CHC clients to the statistically predicted number for a population with equivalent complexity. She found that CHC clients had 21% fewer ED visits than expected. Based on an average cost of $323 per ED visit, this saved the Ontario health system $27 million in 2022 alone.

Keywords: cost effectiveness, ED visits, data collection & use

---

Jopling, S., D. Rudoler, J. Rayner, and W. Wodchis (2019). Impact of an interprofessional team-based care program on the health care utilization of patients with complex health and social needs. Poster presented at the 2019 CAHSPR Conference.

Researchers used electronic health records and administrative data to evaluate the impact of TeamCare on health system usage. TeamCare is an Ontario-based program that enables clients of fee-for-service clinicians to access team-based interprofessional care at a community health centre (CHC) or community family health team (CFHT). The evaluation found that enrollment in TeamCare was associated with significant reductions in hospital admissions and emergency department visits, thus improving patient outcomes while reducing costs to the health system.

Keywords: cost effectiveness, health outcomes, hospitalizations, ED visits, access, system integration

---

Yalnizyan, A. and D. Macdonald (2005). CHC cost-effectiveness: A review of the literature. Report prepared for the Association of Ontario Health Centres.

The literature review examined published evidence for the cost-effectiveness of Community Health Centres (CHCs). It found that CHCs provide better preventive care and chronic disease management, and although primary care is more costly at CHCs than in fee-for-service (FFS) models, the comprehensive care provided by CHCs yields cost savings for the health system due to averted hospitalizations. In the least favourable studies, the cost-effectiveness of CHCs was found to be equal to that of FFS models, while in the most favourable, CHCs showed cost effectiveness of 40% over FFS and much more effective disease prevention.

Keywords: cost effectiveness, health outcomes, preventive care, chronic disease management, comparison of models

---

2 | Preventive Care

Sayani, A., M. Vahabi., M. A. O'Brien, G. Liu, S. W. Hwang, P. Selby, E. Nicholson, E., and A. Lofters (2021). Perspectives of family physicians towards access to lung cancer screening for individuals living with low income – a qualitative study. *BioMed Central Primary Care* 22: 20.

The authors studied family physicians' perspectives on barriers and facilitators to lung cancer screening (LCS) for individuals living with low income, to inform strategies for making access to LCS more equitable. They identified four key themes: social disadvantage as a major determinant of health risks (such as smoking) and access to services; a mismatch between short, crisis-oriented appointments and patients' underlying, complex health needs; a need for equity-oriented and trauma-informed care; and the importance of access to holistic, interprofessional care and health supports. The authors conclude that interprofessional teams with salaried providers, as found in Community Health Centres (CHCs) are best equipped to support LCS among people with low income.

Keywords: preventive care, interprofessional care, equity

Rayner, J., L. Muldoon, I. Bayoumi, D. McMurchy, K. Mulligan, and W. Tharao (2018), Delivering primary health care as envisioned: A model of health and well-being guiding community-governed primary care organizations. *Journal of Integrated Care* 26 (3): 231-241.

This paper describes how community health centres (CHCs) operationalize the Model of Health and Well-Being (MHWB), a framework crafted to guide primary health care (PHC) delivery in organizations that belong to the Alliance for Healthier Communities. The MHWB lists eight essential attributes for service delivery: *grounding care in the determinants of health, addressing population needs, fostering anti-oppressive and culturally safe environments, adopting a community development approach, ensuring community governance, integrating interprofessional collaboration, emphasizing integration and coordination, maintaining accountability and efficiency*, and *ensuring accessibility*. The article elaborates on these attributes and provides clear examples of how each one improves care and outcomes.

Keywords: equity, interprofessional teams, population health, health outcomes

---

Collins, P. A., S. J. Resendes, and J. R. Dunn (2014). The untold story: Examining Ontario's Community Health Centres' initiatives to address upstream determinants of health. *Longwoods Healthcare Policy*, 10 (1): 14-29.

This study examined the scope, resource needs, partnerships, successes, and challenges of Community Initiatives (CIs) in Ontario. Community health centres (CHCs) have long recognized the impact of non-clinical factors on health and created CIs to address these determinants, but this work had not previously been systematically studied. This study demonstrates that although CIs have been successful in building community capacity and advancing population health, they are hampered by a lack of sustainable funding and structural support. Although they value their CIs as essential work,

resources to initiate and sustain them are not part of CHCs' core funding. For CIs to achieve long-term sustainability will require funders to recognize their role and impact.

Keywords: equity, social determinants of health, policy & planning

---

Ontario's Community Health Centres and the Canadian Cancer Society (2016). Cancer screening: How Ontario's Community Health Centres achieve results. Handout.

This info sheet provides data illustrating that Community Health Centres (CHCs) in Ontario surpass provincial cancer screening averages, despite serving a population who often experience barriers to preventive care. It also provides key insights about how this is achieved as well as change ideas to support spread and scale across the health system. Case studies from three CHCs exemplify diverse, population-based and measurement-based strategies used in the sector.

Keywords: preventive care, equity, population health, measurement

---

3 | Chronic Disease Management and Multimorbidity

Rayner, J., T. Khan, C. Chan, and C. Wu (2020). Illustrating the patient journey through the care continuum: Leveraging structured primary care electronic medical record (EMR) data in Ontario, Canada using chronic obstructive pulmonary disease as a case study. *International Journal of Medical Informatics* 140: 104159.

The authors used linked health system and administrative data to describe the journey of people with COPD through the health care system, demonstrating the value of collecting structured, linkable EMR data in primary health care (PHC) settings. The researchers accessed data that had been collected at the point of care in community health centres (CHCs) and centrally stored within the Alliance's Business Intelligence Reporting Tool (BIRT) data warehouse. Linking this data to health system administrative records allowed them to observe patterns of multi-morbidity, PHC encounters, and referrals to other internal and external services. They were also able to observe the clinical progression and increasing complexity of patients' health conditions over time. This demonstrates the importance and potential impact of standardized, linkable EMR data for improving care delivery and understanding disease progression.

Keywords: EMR, standardized data collection, chronic disease management, measurement

---

Aboueid, S., L. Bourgeault, and I. Giroux (2018). Nutrition and obesity care in multidisciplinary primary care settings in Ontario, Canada: Short duration of visits and complex health problems perceived as barriers. *Preventive Medicine Reports* 10: 242-247.

This study examined how interprofessional primary health care settings influence nutrition care practices among family physicians and nurse practitioners at Family Health Teams (FHTs), Community Health Centres (CHCs), and a Nurse Practitioner—Led Centre (NPLC) in Ontario. It explored both barriers and facilitators to effective nutrition care in obesity management. Key findings revealed that

NPLCs and CHCs offer longer consultation times, enabling more comprehensive care discussions. On-site dietitians are associated with improved referral rates and facilitate deeper conversations around nutrition care. Positive provider attitudes toward nutrition care and the availability of cost-free dietitian services further contribute to improved nutrition management in these settings.

Keywords: interprofessional teams, health outcomes, chronic disease management, preventive care

---

Hyman, I., E. Gucciardi, D. Patychuk, J. A. Rummens, Y. Shakya, D. Kljujic, M. Bhamani, and F. Boqaileh, (2014). Self-management, health service use, and information seeking for diabetes care among Black Caribbean immigrants in Toronto. *Canadian Journal of Diabetes,* 38 (1): 32-37.

The objective of this study was to investigate self-management behaviors and the utilization of diabetes care and information among Black-Caribbean immigrants with type 2 diabetes. Compared to their Canadian-born counterparts, Black-Caribbean immigrants more frequently accessed diabetes information and care from Community Health Centres (CHCs) and received guidance from nurses and dietitians, and they were significantly more likely to follow recommended diabetes self-care practices. The authors conclude that CHCs and allied health professionals play a critical role in supporting diabetes management within the Black-Caribbean immigrant community.

Keywords: population health, chronic disease management

Russell, G. M., S. Dahrouge, W. Hogg, R. Geneau, L. Muldoon, and M. Tuna (2009). Managing chronic disease in Ontario primary care: The impact of organizational factors. *Annals of Family Medicine* 7 (4): 309–318.

Authors compared chronic disease management (CDM) among four primary health care models in Ontario using interviews and chart audits. Community Health Centres (CHCs) outperformed other models in CDM. Contributing factors to this were identified as longer consultations, greater collaboration among care team members, and organizational readiness (for example, the presence of diabetes education and care teams). This is consistent with findings from previous, US-based studies. Across all models, factors associated with high performance were smaller practice sizes, lower patient-to-physician ratios, and the presence of a nurse practitioner.

Keywords: chronic disease management, interprofessional teams, comparison of models

---

4 | Population Health

Alliance for Healthier Communities (2023). Health promotion activities in Ontario's Community Health Centres: A descriptive report. Toronto: Alliance for Healthier Communities.

This report describes health promotion activities conducted by Community Health Centres (CHCs) in Ontario, highlighting their role in addressing social determinants of health, such as food security, mental health, and social belonging. Using focus groups, interviews, and program reviews, the authors found that CHCs employ evidence-informed practices to design programs that are relevant,

responsive, and accountable to community needs. Peer-led programs were identified as an effective strategy for engaging marginalized populations. Overall, CHCs were shown to enhance community health by fostering belonging, reducing barriers to care, and addressing critical health and social issues.

Keywords: health promotion, equity, population health, upstream supports

---

Haggerty, J., C. M. Scott, A. Quesnel-Vallée, T. Stewart, É Dionne, and N. Farmanara (2023). *Have primary care renewal initiatives in Canada increased comprehensive care for patients with complex care needs? Yes and no.* *Healthcare Policy* 19 (Special Issue): 53–63.

This study examined the impact of primary care renewal initiatives in Canada since the First Ministers' Health Accords (2001-2003), which aimed to promote comprehensive and integrated care models. The authors found that as of 2018, five provinces had continued with efforts to improve the comprehensiveness of primary health care, employing three main strategies: expanding traditional family practices, creating primary care networks, and/or increasing the number of community health centres (CHCs). They highlighted that increasing the number of CHCs was the most effective of these strategies, particularly for people with complex health needs, because CHCs uniquely integrate health and social care. Integration achieved with the other strategies was limited to medical care. Noting the increasingly complex health needs of people in Canada, the authors conclude by calling for a new, federal accord focused on integrating health and social services.

Keywords: policy & planning, interprofessional care, comprehensive care, health system integration

---

Mayo-Bruinsma, L., W. Hogg, M. Taljaard, and S. Dahrouge (2013). Family-centred care delivery: Comparing models of primary care service delivery in Ontario. *Canadian Family Physician* 59 (11): 1202–1210.

This study compares family centeredness in care (FCC) across four primary care models in Ontario. Measures of FCC include consideration of hereditary conditions, household income, and living situations, as well as awareness of the signs of child abuse. These measures were collected through surveys completed by patients and practice leaders. Patient-reported FCC scores were generally high across models, but practice-reported FCC scores were higher among community health centres (CHCs) than other models. Larger panel sizes negatively affected FCC, while multidisciplinary teams, more clinical services, and nurse practitioners improved provider-reported FCC. Patient-reported FCC was influenced by demographic factors like income, chronic conditions, and practice tenure. Findings indicated that strategies promoting multidisciplinary practices and smaller patient loads enhance FCC.

Keywords: interprofessional teams, population health, comparison of models

---

Dahrouge, S., W. Hogg, M. Tuna, G. Russell, R. A. Devlin, P. Tugwell, and E. Kristjansson (2011). Age equity in different models of primary care practice in Ontario. *Canadian Family Physician* 57 (11): 1300-1309.

This study examined how four primary care models in Ontario influence age-based care quality, specifically whether disparities exist across age groups and whether the type of primary care model

affects disparity. Overall, they found that older patients reported better care experiences and outcomes than their younger counterparts. Among young people, the likelihood of discussing a healthy lifestyle was found to be higher in those attending CHCs. The quality of chronic disease management varied considerably with age in FFS and capitation models but not in CHCs. The authors conclude that organizational structure of the salaried model (CHCs) might be more conducive than FFS or capitation-based models to reducing age-related health disparities.

Keywords: equity, health outcomes, population health, comparison of models, salary-based compensation

---

Muldoon, L., S. Dahrouge, W. Hogg, R. Geneau, G. Russell, and M. Shortt (2010). Community orientation in primary care practices: Results from the Comparison of Models of Primary Health Care in Ontario Study. *Canadian Family Physician 56* (7): 676–683.

Researchers compared four models of primary care in Ontario (Community Health Centres (CHCs), Health Services Organizations, Family Health Networks, and Fee-for-Service practices) in terms of their community-orientation (CO) – in other words, the degree to which they offer integrated primary care and community medicine tailored to the specific health needs of the communities they serve. CHCs consistently scored higher on all CO measures compared to the other models

Keywords: equity, system integration, population health, comparison of models

---

Patzer, K. (2006). A review of the trends and benefits of community engagement and local community governance in health care. Prepared for the Association of Ontario Health Centres by K.T. Patzer Consulting.

This report explores the role of community engagement and local governance in healthcare, focusing on how these approaches can enhance health outcomes, accountability, and resource efficiency. It shows that effective community engagement leads to better health outcomes, greater transparency, and more responsive and cost-efficient programs tailored to diverse populations. The conclusion emphasizes the importance of preserving community governance structures.

Keywords: Community governance, system sustainability, population health, accountability

---

5 | Equitable Access to Care

Kouyoumdjian, F., M. Kim, T. Kiran, S. Cheng, K. Fung, A. Orkin, C. E. Kendall, S. Green, S., F. I. Matheson, and L. Kiefer (2019). Attachment to primary care and team-based primary care: Retrospective cohort study of people who experienced imprisonment in Ontario. *Canadian Family Physician* 65 (10): e433–e442.

Researchers examined attachment to primary health care (PHC) among people who experience imprisonment in Ontario. They found significantly lower PHC attachment, both before and after release, compared to the general population; however, they observed that the rate of PHC attachment

increased during the study period. Compared to the general population, a higher proportion of PHC-attached patients who have been imprisoned access care from Community Health Centres (CHCs), and a lower proportion access care from Family Health Teams (FHTs). The authors suggest that this may be because of the geographical distribution of CHCs and FHTs and/or because salary-based physician compensation is better suited than fee-for-service or capitation to meeting the needs of people with high levels of health complexity. The study calls on decision-makers to explicitly consider this marginalized population when developing programs and policies.

Keywords: access, equity, population health, policy & planning, comparison of models, salary-based compensation

---

Lavoie, J.G., C. Varcoe, C. N. Wathen, M. Ford-Gilboe, and A. J. Browne (2018). Sentinels of inequity: examining policy requirements for equity-oriented primary healthcare. *BioMed Central Health Services Research* 18: 705.

The authors studied how Community Health Centres (CHCs) implement equity-oriented care, and they explored policy options to enhance CHCs' capacity for advancing health equity. They argue that CHCs have several key roles: Identifying existing inequities, developing care responses, advocating for systems to address emerging needs, and educating the system to respond to new needs. They found that CHCs' populations served often shift and expand in response to emerging needs, usually with limited resources. This strains their capacity and can lead to a risk of burnout. The authors recommend the following policy structures to enhance CHCs' capacity: Provide stable funding that aligns with community needs; adopt equity-oriented performance metrics; and provide agile funding that supports CHCs' their innate adaptability.

Keywords: equity, policy & planning

Glazier, R. H., J. Rayner, and A. Kopp (2015). Examining Community Health Centres According to Geography and Priority Populations Served, 2011/12 to 2012/13: An ICES Chartbook. Toronto: Institute for Clinical Evaluative Sciences (ICES).

Glazier, R. H., B. Hutchison, and A. Kopp (2015). Comparison of Family Health Teams to Other Primary Care Models, 2004/05 to 2011/12. Toronto: Institute for Clinical Evaluative Sciences (ICES).

These two reports, published in tandem, compare the demographics and case mix of primary health care models in Ontario, as well as clinical outcomes associated with those models. They show that team-based models (Community Health Centres (CHCs) and Family Health Teams (FHTs)) performed better in preventive care and chronic disease management. While CHCs had higher overall rates of Emergency Department (ED) visits and hospitalizations than FHTs, the authors note that this could be attributed to the social and clinical complexity of CHC patients in urban at-risk communities, who constitute about 20% of the sector's overall case mix. Even outside of urban at-risk areas, the CHCs had a higher proportion of clients with low income, recent registration (a proxy for recent immigration), and higher levels of morbidity and comorbidity. The FHTs served areas with higher income and fewer

newcomers. Additionally, ED visits by CHC patients were more often high-urgency and less often low-urgency than those by patients from FHTs or other models.

Keywords: population health, ED usage, equity, access to care, comparison of models,

Steps to Equity (2012). Towards equity in access to community-based primary health care: A population needs-based approach. Report prepared for Association of Ontario Health Centres.

This study examined the distribution of Community Health Centres (CHCs) and Aboriginal Health Access Centres (AHACs) in Ontario. Its purpose was to inform and set targets for an expansion of CHCs and AHACs that would advance equity in access to these models of care. The report concludes with several recommendations; these include expanding the models to reach the populations who would most benefit from them; collecting and using sociodemographic data to identify health disparities and inform decision-making; and adopting an equity-focused and population-needs based approach to planning and resource allocation.

Keywords: equity, access to care, policy & planning

6 | Provider and Team Experience

Rotenstein, L. S., A. J. Holmgren, D. M. Horn, S. Lipsitz, R. Phillips, R. Gitomer, and D. W. Bates (2023). System-Level Factors and Time Spent on Electronic Health Records by Primary Care Physicians. *JAMA Network Open* 6 (11): 32344713.

This US study investigated electronic health record (EHR) usage in various primary health care settings in order to describe the factors associated with providers' time spent charting. It found that physicians working in community health centres spent the least overall time and the least "pajama time" on charting per visit. This was accredited to various organization-level factors influencing clinical workflow, including team collaboration and administrative support.

Keywords: interprofessional teams, system sustainability, provider experience

Resident Doctors of Canada (2018). 2018 National Resident Survey. Ottawa: Resident Doctors of Canada.

This report describes the results of a wide-ranging, national survey of resident doctors about their residency experiences and career intentions. A salaried model was the most-preferred payment schedule of 41.2% of respondents, vastly outranking blended (19.3%), fee-for-service (18.3%), capitation (1.8%) and other (2.0%) models. A majority (54.8%) of respondents indicated that they would be willing to practice with reduced clinical autonomy in exchange for a salaried model with health benefits, pension, vacation, etc.

Keywords: provider experience, salaried model

Rayner, J. and L. Muldoon (2017). Staff perceptions of community health centre team function in Ontario. *Canadian Family Physician* 63: e335-e340.

This study examined how different staff groups perceived team functioning in 75 community health centres across Ontario using three validated survey instruments. All staff groups reported positive perceptions of team climate, organizational justice, and organizational citizenship behaviour, although clinicians reported a slightly lower perception of procedural justice (a subscale of organizational justice).

Keywords: interprofessional teams, provider experience

7 | Evidence Summaries – Multiple Dimensions of Value

Alliance for Healthier Communities (2023). The Model of Health & Wellbeing Works: Here's How We Know. Infographic handout.

The handout describes how Community Health Centres (CHCs) within the Alliance for Healthier Communities evaluate the impact of their work and cites multiple sources of evidence for this impact. The CHCs' shared evaluation framework is built on a logic model that links core CHC values and attributes to a set of key indicators. Measurement is standardized and facilitated by the CHCs' use of a common EMR, a shared Business Intelligence Reporting Tool, and data-sharing agreements that allow practice-based data to be linked to system administrative data. Published articles (listed and linked in the document) demonstrate that CHCs are cost-effective and improve individual and population health through high-quality preventive care, chronic disease management, and community development.

Keywords: cost-effectiveness, health outcomes, equity, measurement, quality improvement

Alliance for Healthier Communities (2023). What do Community Health Centres Do? Infographic handout.

This document describes the role of Community Health Centres (CHCs) in advancing health and health equity. CHCs provide comprehensive, equitable healthcare services tailored to priority populations, including marginalized and underserved groups. They focus on addressing complex needs through team-based care, preventive services like cancer screening, and harm reduction strategies. CHCs aim to reduce health disparities by fostering client and community capacity, promoting inclusivity, and ensuring accessible, client-centered care. Their initiatives emphasize the importance of holistic health approaches and equitable resource distribution to improve outcomes for diverse communities.

Keywords: equity, health outcomes, population health, chronic disease management

Bhuiya, A. R., E. Scallan, S. Alam, K. Sharma, and M. G. Wilson (2020). Rapid synthesis: Identifying the features and impacts of community health centres. McMaster Health Forum.

This synthesis aims to identify key features of Community Health Centres (CHCs) and evaluate their impacts on client experiences, health outcomes, costs, and provider satisfaction as presented in an abundance of published peer-reviewed and grey literature. It describes how CHCs operationalize their core attributes of team-based interprofessional primary health care, integration of health and social services, community-centeredness, focus on social determinants of health, and commitment to health equity and social justice. It also provides evidence that CHCs enhance patient and provider experience and improve health outcomes with manageable per capita costs.

Keywords: patient experience, provider experience, health outcomes, cost effectiveness

---

Longhurst, A., and M. Cohen (2019). The importance of community health centres in BC's primary care reforms. Vancouver: Canadian Centre for Policy Alternatives – BC Office.

This report explores the potential role of Community Health Centres (CHCs) in addressing health disparities and enhancing primary care delivery in British Columbia (BC), drawing examples from the successful implementation of CHCs in Ontario, the US, and Saskatchewan. It presents evidence that in Ontario, CHCs are more effective than other models in managing chronic conditions, reducing emergency department visits, and improving access to care for people with mental health needs. It suggests that CHCs may be the most cost-effective model of primary care for populations with complex health needs. Crucially, it notes that the salary-based remuneration model used in CHCs is key to their success. It also highlights the sector's leadership in collection and use of data for research and quality improvement.

Keywords: population health, equity, cost effectiveness, data collection & use, policy & planning, comparison of models, salary-based compensation

---

Shah, C. P. and B. W. Moloughney (2001). A strategic review of the Community Health Centre Program. Report prepared for the Ontario Ministry of Health and Long-Term Care.

This report was created for a strategic review conducted on Community Health Centres (CHCs) in Ontario for the Ministry of Health and Long-Term Care (MOHLTC). It aimed to assess the effectiveness of the CHC program in contributing to the MOHLTC's strategic priorities and to make recommendations for improving the program. The study found that CHCs were unique among primary health care models in delivering integrated health and social care services and that they were the only model that was aligned with the system reform objectives of the time, but the authors also noted that that funding shortfalls were limiting the capacity and potential impact of CHCs. The report calls on the MOHLTC to ensure that CHCs are supported with stable funding and clear policies.

Keywords: health outcomes, population health, equity, policy & planning, comparison of models

---

8 | Illustrative Case Studies

Alamgir, A., and C. Kong (2024). [Implementation research with expressive arts therapy (EAT) to support the newcomer survivors of gender-based domestic violence (GBDV) in Toronto.](#) *Proceedings of the 7th International Conference on Gender Research.*

This study describes a trauma-informed, culturally sensitive intervention at a CHC in Toronto for newcomer women who have experienced domestic violence. The findings highlight the intervention's effectiveness in promoting mental wellbeing and empowerment for marginalized populations, offering a scalable model for broader implementation.

Keywords: population health, health outcomes

Linton, J. (2020). [A Regional System of High-Quality Care: Rural Hastings Health Link – A Collaborative Initiative](#). *Longwoods Healthcare Quarterly,* 22(4): 45-52.

This article describes a CHC-led Health Links program developed to provide care for people with extremely high health complexity in a rural community. The CHC was able to build on its strengths and trusted relationships with community partners to develop an integrated model that addressed medical and social needs, care coordination, and measurement to support accountability.

Keywords: case study, chronic disease management, system integration, measurement

---

Seaway Valley Community Health Centre (2020). [Regional Emergency Response Council: Food Hamper Initiative Post-Program Report](#). Cornwall: Seaway Valley Community Health Centre.

This article describes how an inter-agency project led by a CHC during the COVID-19 pandemic distributed hampers of nutritious food to isolated seniors at risk of food insecurity and connected recipients to other community resources. Results showed successful delivery to high-risk individuals, enhanced inter-agency collaboration, and improved community health outcomes.

Keywords: population health, integrated care

Mandel, E., C. E. Kendall, K. Mason, M. Guyton, B. Lettner, J. Broad, J. Altenberg, J. Donelle, and J. Powis (2020). [Impact of comprehensive care on health care use among a cohort of marginalized people living with hepatitis C in Toronto](#). *Canadian Liver Journal, 3* (2).

This study examined the impact of a community-based hepatitis C (HCV) care program on healthcare utilization among marginalized individuals in Toronto. The program integrated HCV treatment with harm reduction, primary care, counseling, and peer support, delivered through three community health centres. Emergency department (ED) visits among women for all causes decreased significantly, as did ED visits among all groups for infectious diseases and soft tissue infections.

Keywords: case study, health outcomes, population health, integrated care, ED visits

---

Callaghan, J. T. Décarie, K. Filaber, M. Gans, F. Hassaan, and C. Ledwos (2019). Case Study: West End Quality Improvement Collaboration. *Longwoods Healthcare Quarterly* 22 (3): 64-67

This article describes the first year of an ongoing partnership of six community health centres in Toronto who are working together to increase efficiency and effectiveness of their programs and services. In the first year, they focused on improving cancer screening for marginalized populations in Toronto.

Keywords: health outcomes, preventive care, population health, equity, data collection & use, measurement, quality improvement

---

Seaway Valley Community Health Centre. (2019). Seaway Valley Oral Health Pilot Project Final Report: Oral health care pilot project for vulnerable seniors living on low income. Cornwall: Seaway Valley Community Health Centre.

The Seaway Valley Oral Health Pilot Project was aimed at meeting the oral health needs of low-income and vulnerable seniors in Eastern Ontario. Participants reported significant improvements in their oral health and overall quality of life. The program helped reduce emergency room visits for dental-related issues.

Keywords: case study, population health, health outcomes, integrated care, ED visits

---