# Learning Objectives

## What are your top two learning objectives for this session?

Ways to think about integrating staff, organizations, clients, and community with regards to community resilience work.

What others are doing that is working well to promote community resilience.

Variety and layers of barriers that we face in creating better access in care

How we are going to be managing an anti-oppressive framework that seeks to enhance health equity, particularly where the older adult population is concerned

Participating one or two times—perhaps less formal groups.

For a further session—co chair of the community developer network in Ottawa. We have limited project management tools, data and stats hard to capture to understand what people are looking for

## What would you like to come away with?

Ideas to bring back to my organization

Ideas, inspiration, examples of positive community development, building and change :)

# Discussion

## What would it look like for our health system to contribute to community resilience?

We need for people to have a clear, easy and seamless continuity of care!

ensuring health system is well networked with other systems and businesses and organizations that can create the network for families

ensuring anti-oppressive framework in all our work.

Culturally safe care where everyone feels safe, welcome, and seen.

Value placed on this type of work/outcome by OH and other funders

a culture of listening

People would not feel judge or stigmatized when accessing health care services

Anti-racist/anti-oppressive HCPs who are able to support clients and provide appropriate referrals

There would be an understanding that resilience is often based on priviledge

This needs to be on the Ontario Health Teams radar

Start from the premise that our system are not equitable

All staff trauma informed.

We would look at wholistic health - access to the social determinants of health, life experiences, equity

shifting perspectives. who benefits and who loses- based on positionality and priviledge

# Next steps

## What are you taking back with you?

## What might you do to advance resilience in your communities?

The 'Kingston model' of having everyone trained and included in the process

**The navigation and negotiation concepts re: resilience**

**Common language in the community.**

**Pursue trauma informed community**

There need to be system change but at the same time understanding systems are slow we have to equip individuals to navigate oppressive, racist and unfair systems.

Compassionate Cities model – developed to support people at end of life or who are experiencing frailty or medical complexity – but it's absolutely about training those bank tellers, hairdressers, etc. to recognize & respond.

**One job One trip One friend One home**

Need find language and examples that resonate with people not working in health care/social services

Ensuring staff and community leaders are trained on resiliency building

Training and resources on resiliency that are easily accessible ( provide day care, honorariums, safe spaces) and not overly time consuming

Hire more peers and folks with lived experience into all roles so that there is greater system change.