

Every
One
Matters.



Ontario's Community Health Centres (CHCs) are one of the best ways to keep Ontarians – and the communities where they live – healthy and strong.

Every person living in this province can benefit from the services and programs we provide. And CHCs are especially effective in delivering this care to communities that have traditionally had difficulty getting the care they need.

**For Ontario's Community Health Centres – Every One Matters.
Every individual. Every community.**

And here's some good news: our vision for improving health, and health care, is on the move. Across Ontario local community members are joining together and working with the provincial government to expand our role.

Existing centres are delivering more services and programs, and new centres are opening in nearly fifty Ontario communities and neighbourhoods.

As we continue to grow, Ontario will enjoy a stronger – and more caring – health care system.

“Let us not forget the ultimate goal of Medicare is to keep people well.”

Medicare founder Tommy Douglas

Thirty years ago, when local community members came together and formed the first Community Health Centres (CHCs), they were inspired by Tommy Douglas’ original vision for the future of Medicare. The hope was that, as it evolved, our health care would focus more on keeping people well – not just treating them when they get sick. And the vision wasn’t just about improving the health of individual people. It was about improving the health of entire communities.

This image of the Rexdale Community Health Centre shows how that vision is already in action. All of our CHC health teams create complete circles of care around both individual people and the communities in which we live.

Easy access to a wide range of client-centred services and programs

Under one roof, nurse practitioners, doctors, nurses, social workers, health promoters and other health care professionals provide other important health services.

Care that is customized to client and community needs

When you walk into one of our centres, you’ll find services and programs tailored to your individual and community needs and preferences. Our staff work in over fifty different languages and are trained to respond to the many different social and cultural factors that affect health in the diverse communities we serve.

Programs that reduce the root causes of illness and injury

If health is being harmed because of financial, social or environmental problems, we roll up our sleeves and work with community members to develop programs that reduce or eliminate those problems. Our community-wide programs trigger dramatic and positive results in the communities we serve.

We are the communities we serve

CHCs are governed by local community members. Our boards are made up of men and women who know firsthand what’s affecting health in their community. CHCs constantly gather feedback from clients, program participants and the community. Most of what we do is developed in direct response to what community members have told us are their highest priorities.

CHC clients often see more than one health care provider in a visit.*

**One Provider Seen
44,700 visits**

**Two Providers Seen
33,628 visits**

**Three Providers Seen
19,037 visits**

**Four Providers Seen
8,002 visits**

**Five Providers Seen
5,236 visits**

Here’s our health team at Rexdale. You’ll find the same wide range of experience and expertise at CHCs throughout the province.



**1 Barbara Dearing
VOLUNTEER**

Volunteers help develop and deliver programs in many different ways. When we harness volunteer energy, we generate strong community ties.

**3 Sara Kim
SPEECH PATHOLOGIST**

When speech pathologists like Sara identify a child’s speech problems early on, they can minimize those problems before school begins.

**5 Rajnee Jolly
FAMILY PHYSICIAN**

Our family physicians work very closely with other members of the CHC health team, each of which play an important role addressing the complete needs of their clients.

**8 Tanya Iskiersk
STUDENT AND PARENT
SUPPORT WORKER**

Tanya provides counseling and support to parents and youth as part of the CHCs’ award-winning “Pathways to Education” program.

**10 Linda Akuamo-Boateng
DIETITIAN**

Clients and program participants can access nutritional counseling from registered dietitians at almost all Ontario CHCs.

**2 Wayne Bassargh
CHIROPODIST**

Seniors and people dealing with chronic conditions need regular foot care and that’s exactly what Wayne provides. Chiropodists are available in over 35 of Ontario’s CHCs.

**4 William Park
DENTIST**

Rexdale, as well as a handful of other CHCs, offers dental services. We hope to expand these efforts much further in coming years.

**6 Heather Conboy
NURSE PRACTITIONER**

For many CHC clients Nurse Practitioners are the health care provider they see most regularly.

**7 Francis Antwi-Amponsah
PRE-AND POST-NATAL
COORDINATOR**

Francis and her CHC counterparts throughout Ontario provide programs and services to new and soon-to-be parents.

**9 Sajjan Thomas
CHILDREN AND SENIORS
PROGRAM COORDINATOR**

Both young children and seniors have special health care needs. Program coordinators like Sajjan ensure that those needs are met.

**11 Darshita Patel
REGISTERED
PRACTICAL NURSE**

Nursing emphasizes health promotion and illness prevention. All nurses play a vital role in Ontario’s CHCs.



Ontario's Community Health Centres play a vital role improving access to health care in isolated rural and northern communities.



Jeff Margison is a client and volunteer at Country Roads Community Health Centre.

When I moved out to the country I thought there would be little or no health care. But this place is a gem.

I was homeless when I started coming here. First I saw the nurses who quickly connected me with the doctors. I was diagnosed with bi-polar. I never would have found out if they had not referred me to a specialist. I didn't have a vehicle so the centre connected me with volunteer drivers and I was able to make every appointment.

Now I take part in a cooking group for people dealing with depression. And I coordinate the centres' Good Food Box. It's a way to contribute to the centre and to the community.

Ontario's CHCs are often a lifeline to people living in isolated rural and northern communities. They serve the general population but pay special attention to those with special needs: seniors, the disabled, parents with young children, as well as low-income individuals and families.

In rural and northern areas, our health teams are always on the move. Programming and services are delivered in schools, community centres and church basements. Health providers often travel far and wide. To cover its vast catchment area (roughly the size of New Brunswick), Thunder Bay's NorWest CHCs deploys the NorWest Mobile Unit – a CHC on wheels. The unit travels 2,000 kilometers every month, carrying a Nurse Practitioner, a Foot Care Nurse and a Community Health Worker to places where no other services are available.

And there is an added bonus for isolated communities that have a CHC. Health providers are much more likely to commit to practice in isolated areas when they know they are going to be part of a team whose members support each other in managing the high demand for health services.

Ontario's Aboriginal population is growing fast but their health continues to be much worse than the general population. Ontario's CHCs are working to eliminate this disparity.



Dianna Contino came to Anishnawbe Health Toronto as a client and now works there as an executive assistant.

I found this boxing program for women who want to take charge of their lives. It's just one of many ways the Centre has helped me. I first went there to find a doctor. But I ended up with so much more – a feeling of being accepted.

I grew up in Toronto, off-reserve, and always felt awkward in both places. At the centre, I got involved in traditional healing. And I got to the point where I felt ready to be given my native name.

The name is Swan Woman. Swans are gracious, but they are also tough. So the name's a good fit.

“What we understand as sickness begins in our spirit. It then affects the mind, then the emotions, and finally the body.”

This vision statement from Anishnawbe Health Toronto informs all activities at Ontario's Aboriginal Community Health Centres. The care they deliver addresses the complete person: body, mind, heart and spirit.

The CHC holistic model of care easily adapts to Aboriginal healing traditions. Services and programs are delivered working one-on-one and in group settings. And just like other CHCs, Aboriginal centres spearhead activities that benefit the entire community.

- Centres regularly organize sweat lodges, teaching circles and drumming sessions;
- In partnership with other Aboriginal organizations, they develop programs that support improved employment and housing;
- They also mount health promotion workshops and seminars tailored to the most pressing health issues and concerns of Ontario's Aboriginal peoples.

In all these efforts the goal is to have strong, independent and self-sufficient Aboriginal communities – communities able to look after themselves and their peoples.

Ontario's Community Health Centres enable seniors to live healthy, independent lives with dignity and in the comfort of their own homes.



Emmy is a client at the **Anne Johnston Health Station** and a regular participant in **SAGE** (the Seniors Achieving Greater Esteem program).

My Community Health Centre is my lifeline. When I came home from hospital they visited me and made sure I was OK. Now I go to the Seniors Achieving Greater Esteem – we call it SAGE – every Thursday.

Jonathan, a driver from the centre, picks me up and takes me there. It's so, so cozy. We talk and talk about life... but not about politics!

And there are also special speakers. A pharmacist gave us advice about not buying over-the-counter products unless it's okayed by our doctor, and an occupational therapist told us how to reduce the risk of falls.

When I'm back home I always look forward to next Thursday and another SAGE adventure.

CHCs work hard to ensure seniors continue enjoying a high quality of life in the comfort of their homes. Our health providers build strong, personal relationships so seniors feel more support when dealing with their health concerns.

In the words of one CHC Executive Director, "We look out for seniors. And we take the whole picture into account. If they have an ulcer on their foot, we don't just treat the ulcer. We find out why the ulcer is there. We ask, are you eating properly? Are you moving around? Are you having trouble paying for the supports you need?"

For seniors recently discharged from hospital, health providers make home visits offering crucial follow-up care. And when seniors visit our centres, they don't just see their doctors. They can talk to the pharmacist, see the chiropodists, or take a gentle exercise program. Sometimes they even volunteer with some of the centre's programs.

Adult children of seniors and caregivers also find support at CHCs. We regularly offer referrals on how they can find additional services to support the elderly person they love. And finally, when seniors come to the end of their life, Community Health Centres also provide support. Many run palliative care programs tailored to the specific needs of the communities they serve.

Community Health Centres' are especially effective at increasing access to care for communities that have traditionally had difficulties getting the services and programs they need to keep them well.



Harsha Bhatt is a participant in "Eating for Two", a Pre-and Post-Natal Nutrition Project co-managed by the **Rexdale and LAMP Community Health Centre** in Etobicoke.

When we first came to Canada it was very hard. In India I'd been an accountant. But now I work the night shift at a packaging plant.

I was pregnant for the first time and had terrible morning sickness. I didn't know what to do. All my family was in India. I was confused and crying all the time.

But the minute I came here I felt so happy because I was not alone anymore. All the women in the program faced the same problems as me.

And so many of my problems got solved. The dietitian helped me with my morning sickness and my husband attended classes to help me through the delivery. In fact, I would say my son Kush was born through this program.

Many Ontarians face serious obstacles accessing appropriate health care. Some, like Harsha, have just arrived in Canada. But many others have lived here all their lives, and still have difficulties finding health providers who understand, or are willing to deal with, the stresses they face.

Community Health Centres fill that void. We tackle issues like poverty, racism and other kinds of discrimination head on. We also customize our programs to respond to the different cultural backgrounds of our clients. Most importantly, we develop programs that try to reduce social problems that are harming health. Successes include:

Pathways to Education: an award-winning program that is spreading fast across Canada. Young participants living in "at-risk" neighbourhoods now have healthier futures, because this program delivers the support they need to graduate from high school.

Centretown Laundry Co-op: the first of its kind in Canada, developed by and for, people struggling on low incomes. Families no longer need to choose between school lunches or clean clothes.

WOW: Our London CHC's *Women of the World* program has trained scores of immigrant women of different cultural backgrounds so they are equipped to navigate Ontario's health and social systems. Participants overcome social isolation. Many move on to well-paying employment.

The French Language Services Act ensures the right to health care services delivered in French in many parts of the province. Ontario's CHCs are part of the solution in making this happen.



Germaine Dean first came to **Centre de Santé Communautaire de l'Estrie** to address mental health issues. Since then she has benefited from many different services and programs.

This is a picture of me and my dietitian Mireille Marineau who I met in 'Choisir de Maigrir' a program to help people lose weight. We connected right away.

That connected feeling is always happening at the centre. When I first walked through the doors, I felt like I was coming home. At the time, I was dealing with a lot of emotional problems. But here I could talk about my problems and not feel so much stress, because I could talk about them in my first language – French. I can really express what I feel. And now my daughter comes here with her kids. She says the same thing as me, "It's like coming home."

Your first language is a big part of who you are. And when you have health concerns, it's best if you can talk to your health provider in your first language. For thousands of Francophones living in our province, Ontario's CHCs make this happen.

In communities with large numbers of Francophones, the provincial government has mandated seven of our centres to provide services and programs entirely in French.

Each offers a complete array of services and programs that address both individual and family health needs, as well as needs of the whole community. For instance, the Centre de Santé de Communautaire de Sudbury has had great success with an artistic program that helps Francophones reconnect with their heritage. The centre started the program because they realized that when young people connected to their roots, they are less likely to make choices that are harmful to their health. This same CHC spearheaded the opening of a skateboard park where young Francophones get together and speak their first language – good for the health of the whole community.

Community Health Centres holistic approach to health and wellness means we effectively prevent and manage chronic diseases.



Hector Morago is a long-time client at the **London Intercommunity Health Centre** which has been recognized by the Health Council of Canada for its outstanding Latin American Diabetes Program.

I often perform at the centre's talent shows. Mostly I like to play guitar.

Before I came here I was seeing a doctor about my diabetes. I knew how to test my sugar levels. But it was frightening because I couldn't communicate with anyone to get answers to all the questions I had.

When I came here, things got better. I could speak in Spanish. It was a great feeling.

The centre also helped me find an apartment and supported me when my wife died. I've had all kinds of advice about diet and exercise. When I came here I weighed 225 lbs. and now I weigh 175. And now I know how to control my diabetes without insulin.

In addition to many diabetes programs, CHCs have developed successful strategies to prevent and manage chronic conditions such as arthritis, osteoporosis, and heart disease.

We identify warning symptoms early on, and take action to ensure that clients avoid complications or unnecessarily end up in the hospital. Dietitians offer nutritional advice, chiropodists provide foot care, and health promoters keep clients active.

A lot of our success is due to our understanding of both the culture and the financial situation of our clients. This understanding allows us to offer the best advice – advice clients are more likely to follow.

CHCs also have success managing chronic disease because we recognize that chronic disease is often caused, and worsened, by factors that have nothing to do with medical issues. If clients don't have money to buy healthy foods or find proper housing our teams step in, advocate on their behalf, and help solve these problems.

“The reason we’re expanding CHCs so dramatically is simple: they work. CHCs are one of the most effective tools we have to address health issues – and by health issues, we don’t just mean treating people when they’re sick, we mean the entire range of factors that contribute to healthy lives and healthy communities.”

Ontario’s Minister of Health and Long-term Care, George Smitherman, November 10, 2005

During the next few years, the number of Community Health Centre sites will double across Ontario. By 2009, over 110 communities and neighbourhoods across Ontario will enjoy the benefits of the services and programs we provide.

The map, as well as the list on the opposite page shows the distribution of existing and newly-planned CHCs and CHC Satellites according to their location within the province’s newly-created Local Health Integration Networks (LHINs).

Southwestern Ontario benefited most from our recent growth. The other major area of expansion was the city of Toronto where Ministry of Health and Long-Term Care targeted the needs of high-risk, underserved neighbourhoods.

A closer study of this map shows parts of Ontario where there is still a need for the future growth of our CHC network:

- In the increasingly populated areas surrounding the Greater Toronto Area, home to thousands of new Canadians, there are almost no CHCs;
- Many mid-sized cities have no CHCs, or only one CHC unable to meet the heavy demand for its services and programs;
- Many parts of northern and rural Ontario still don’t have access to a CHC;
- There are other parts of the province with large populations of Francophones who don’t have access to CHCs; only nine per cent of Francophones can access our programs and services.
- Similarly, 82 per cent of the province’s Aboriginal population do not have access to a Community Health Centre, or an Aboriginal Health Access Centre, a similar model of care.
- Many Ontario communities and neighbourhoods with the highest levels of poverty, who can benefit the most from our services and programs, have no access to a Community Health Centre.

Although our recent expansion has greatly increased Ontarians access to CHC programs and services, there is still a long way for us to go to fully maximize our complete promise and potential.

CHC clients receive services in over fifty languages. Here are the Top 15 other than English and French.*

Spanish 3103 clients

Chinese 2523 clients

Vietnamese 669 clients

Portuguese 558 clients

Arabic 515 clients

Somali 509 clients

Urdu 291 clients

Russian 211 clients

Persian 208 clients

Other 199 clients

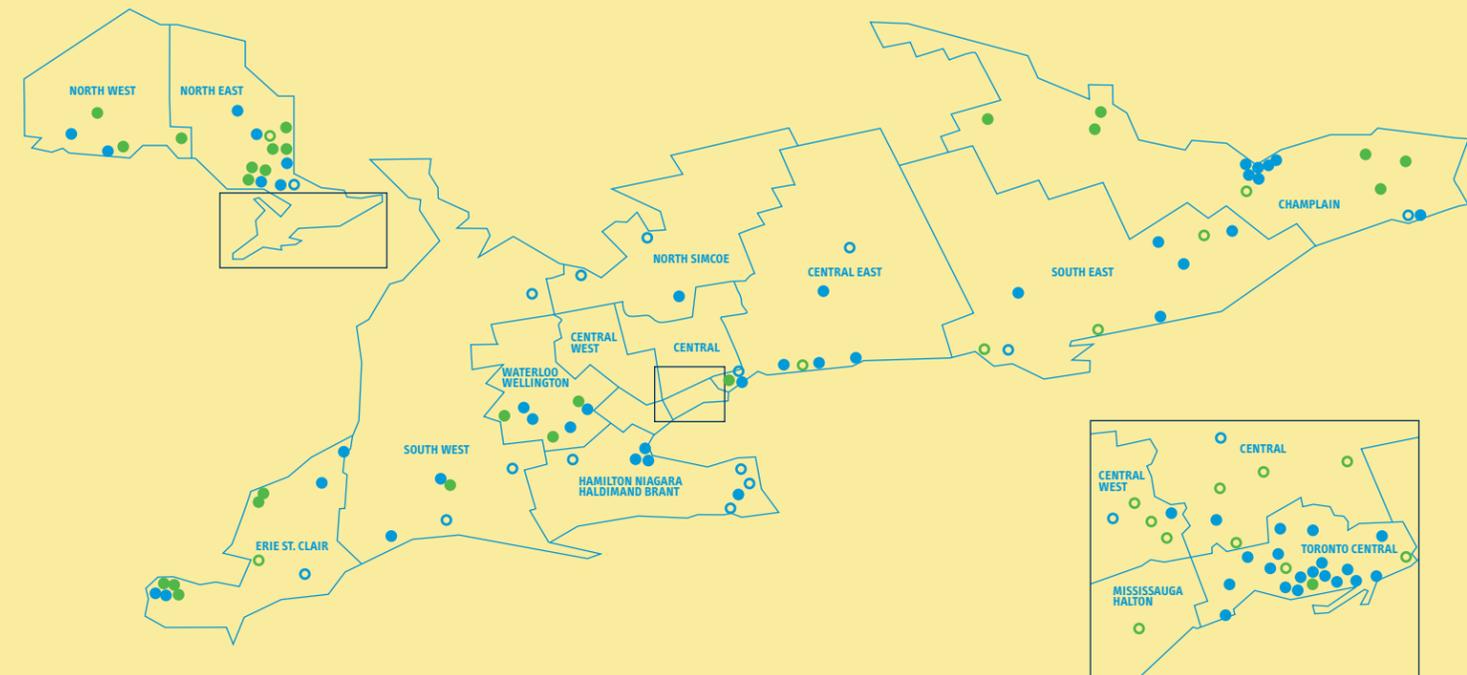
Polish 150 clients

German 129 clients

Italian 116 clients

Turkish 109 clients

There are currently 59 CHCs* in Ontario with a plan to grow to 110 by 2009.



ERIE ST. CLAIR
Population: 924,100
Active Clients: 14,331

- Grand Bend Area
- North Lambton
- West Lambton
- Kettle Point
- Sandwich
- Teen Health Centre
- Street Health: Salvation Army
- Challenges for Success - Ropes Course
- Canadian Mental Health Association
- Chatham Kent
- Wallaceburg

SOUTH WEST
Population: 645,200
Active Clients: 6,158

- London
- InterCommunity
- Huron Heights
- West Elgin
- Woodstock
- St. Thomas
- Markdale

WATERLOO WELLINGTON
Population: 685,400
Active Clients: 18,614

- Guelph
- Shelldale
- Kitchener Downtown
- Langs Farm Village Association
- North Dumfries
- Woolwich
- Wellesley Township

HAMILTON NIAGARA HALDIMAND BRANT
Population: 1,352,500
Active Clients: 27,531

- CSCHWN - Hamilton (Fr)
- CSCHWN - Welland (Fr)
- Hamilton Urban Core
- North Hamilton
- Bridges
- Greater St. Catharines
- Grand River
- Niagara Falls

CENTRAL WEST
Population: 720,300
Active Clients: 5,000

- Rexdale
- Jamestown
- Kipling Dixon
- Bramalea
- Malton

MISSISSAUGA HALTON
Population: 1,040,800
Active Clients: n/a

- East Mississauga
- 0 Planned CHCs

TORONTO CENTRAL
Population: 1,146,800
Active Clients: 75,422

- Access Alliance Multicultural
- Crescent Town
- Anishnawbe
- Anne Johnston Health Station
- Central Toronto
- Shout Clinic
- Centre Francophone de Toronto
- Davenport Perth
- East End
- Flemington
- The Four Villages
- Gooch-Cooper Mill-Junction-North High Park
- Lakeshore Area Multi-Service Project (LAMP)
- Lawrence Heights
- Parkdale
- Merrickville District
- Regent Park
- South Riverdale
- Stonegate
- Women’s Health in Women’s Hands
- York Community Services

CENTRAL
Population: 1,542,900
Active Clients: 5,000

- Black Creek
- Jane Finch
- Vaughan
- Don Mills-Finch
- Weston-Mount Dennis
- Westminister-Branson

CENTRAL EAST
Population: 1,459,800
Active Clients: 14,461

- Barbara Black (The Youth Centre)
- Pickering
- Brock
- Oshawa
- Port Hope
- West Hill
- Scarborough West
- Kawartha Lakes
- TAIBU

SOUTH EAST
Population: 442,800
Active Clients: 14,714

- Country Roads
- Gateway
- Lanark
- Merrickville District
- Smith Falls
- Kingston
- Napanee
- Belleville
- Quinte West (Trenton)

CHAMPLAIN
Population: 1,176,600
Active Clients: 54,305

- Carleton Place
- Centretown
- l’Estrie (Fr)
- Alexandria
- Bourget
- Crysler
- Pinecrest-Queensway
- Nepean
- Sandy Hill
- Somerset West
- South-East Ottawa
- Rainbow Valley (Killaloe)
- Whitewater Bromley (Beachburg)
- Whitewater Bromley (Cobden)
- Seaway Valley

NORTH SIMCOE
Population: 416,900
Active Clients: 6,000

- Barrie
- North Innisfil
- South Georgian Bay
- Chigamik: The People’s Place

NORTH EAST
Population: 567,900
Active Clients: 4,062

- Kapuskasing (Fr)
- Misiway
- Milopemahtesewin
- Sudbury (Fr)
- Chelmsford (Fr)
- Hanmer (Fr)
- Gogama (Fr)
- Sudbury-Est (Fr)
- Temiskaming (Fr)
- Earltown (Fr)
- Larder Lake (Fr)
- Virginia Town (Fr)
- Kirkland Lake (Fr)
- Sturgeon Falls (Fr)

NORTH WEST
Population: 242,500
Active Clients: 6,733

- Mary Berglund
- NorWest
- Armstrong
- Longlac
- Mobile Unit (van)

LEGEND

- Existing CHC
- Existing Satellite/Site
- Planned CHC
- Planned Satellite

“A short time ago I had no idea what a CHC was. Now it’s becoming a reality for our community. Planning the Grand River CHC is exciting, knowing that the health care delivery in our community will help so many people who have the greatest need receive care for their whole being is wonderful. This is the best thing that the MOHLTC has done for the community. It’s true, Every One Matters.”

Helen Mulligan, Chair, Steering Committee, Grand River CHC

By now you may be asking, how can I get a Community Health Centre for my community?

In the past, most centres were created when community members got together and made formal requests to the provincial government. In our recent expansion, the government also announced funding for communities it believed most needed a CHC.

Whichever way they start, Community Health Centres are all about Ontarians building better health, and better health care, together. Once a new Community Health Centre is announced, the community members with their government partners agree on the kind of services and programs that best meet their needs. And when that’s done, together they sit down to make their vision a reality.

That’s how it works at the community level.

A Complete Network of Community Health Centres in Ontario.

Our long-term vision is to have a complete network of Community Health Centres province-wide in Ontario. A complete network means all Ontarians who need a Community Health Centre could access one. This means existing centres would have the resources to eliminate their waiting lists and maximize their full potential. A complete network also means many more CHCs would be created in communities and neighbourhoods that currently do not have one.

Working together we can complete this vision. When we do, Ontarians will be healthier, our communities will be stronger and we’ll have a better and more caring health care system.



If you want to be part of this vision and find out the best way to get a CHC started in your community please visit
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