

NEWS RELEASE – FOR IMMEDIATE RELEASE

## Canada's CHCs: Health System Transformation Won't Work Without Emphasis on Community

**July 21, 2011** – The association representing Community Health Centres (CHCs) across Canada today responded to a set of Canadian health system transformation principles issued jointly this week by the Canadian Nurses Association (CNA) and Canadian Medical Association (CMA). The Canadian Alliance of Community Health Centre Associations (CACHCA) has endorsed the list of principles outlined by the CNA and CMA, but is calling on provincial, territorial and federal leaders to include one additional principle in their forthcoming deliberations and planning for the 2014 health accord. The Association defined this additional principle as “community-oriented” health care.

Earlier this week, the CNA and CMA called on provincial and territorial Premiers to develop an action plan for a renewed health accord in 2014, urging them to build on the five principles of the *Canada Health Act* and to utilize an additional six complementary principles to guide planning of health system transformation. These principles are: patient-centred; quality; health promotion and illness prevention; equitable; sustainable; and accountable. The seventh principle – “community-oriented” – that is being recommended by Canada's CHCs is one that the association's Chairperson, Jane Moloney, describes as *essential* to the success of all other health system transformation efforts in Canada.

“It's critical to have a binding vision for accessible, high-quality health care in Canada and for all health system partners to be working toward improving not only health care, but the actual health of Canadians,” Moloney stated. “As such we endorse the principles outlined by the CNA and CMA, and we support the spirit of these joint recommendations. However, in order for such a vision to be realized and for our health system to become truly equitable, geared to illness prevention, and more cost-effective for Canadians, it is imperative for services within the health system to be designed in such a way that local neighbourhood and community factors are considered and addressed as part of our shared health system and health care challenge.”

As an example of “community-oriented” health care, Moloney, who also serves as Executive Director of Halifax's North End Community Health Centre, described the role of CHCs. “Where they exist across Canada, CHCs provide not only high-quality, frontline health care services but are also mandated to identify and address local community issues that affect the health of individuals and families.” These factors are many of the “social determinants of health” described by the CNA and CMA in their joint list of principles and recommendations.

She underscored the importance of engaging community members in decisions about their health and in helping identify local factors affecting health, noting that these are key dimensions of both a “patient-centred” and a “community-oriented” approach to health care. Across Canada, Community Health Centres do this through a variety of mechanisms such as community-led Boards of Directors, local community advisory committees, routine community surveys and hundreds of diverse group health programs that put clients and community groups at the centre of the health and health care process.

Moloney stated: “As a prime example of patient-centred and community-oriented health care, CHCs help take the guesswork and isolation out of health care for physicians, nurses and other members of the health care team by making sure that their efforts take place in a team setting and are informed by an understanding of local factors influencing the health of their clients. Just as important, however, care and support do not end with the client’s visit to this clinical care team. These services are complemented by programs at the CHC which support individual clients to overcome their unique barriers to improved health, as well as social barriers that affect different groups within the community. These often include the lack of adequate housing, lack of access to appropriate food, lack of safe spaces, isolation for seniors, and a variety of other social factors. It’s client care coupled with community care.”

The Canadian Alliance of Community Health Centre Associations is calling on provincial, territorial and federal leaders to heed the principles outlined by the CNA and CMA, along with commitment to ensuring that all Canadians have, within their local community, an agency or agencies that are mandated to ensure that “community-oriented” health care is part of the local health system solution, particularly for Canadians facing complex health issues and increased social barriers to health. Currently, it is estimated that only about 5 percent of Canadians have access to “community-oriented” primary health care services like CHCs, with access varying greatly by province and territory.

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**More about Community Health Centres (CHCs)**

Community Health Centres currently provide care and support to roughly two million Canadians, although access to CHCs varies greatly by province and territory. While they may be named differently from province to province—for example, Québec’s CLSCs or Saskatchewan’s Co-Operative Health Centres—several essential features are common to all CHCs. What distinguishes this “CHC model” most is that it brings diverse first-line health services and providers out from isolation and their traditional silos and connects high-quality health care with community and social interventions.

Together, within the Community Health Centre, nurse practitioners, family physicians, nurses, dietitians, health promoters and other care providers and health program staff deliver comprehensive, team-based care and support under a single roof. CHCs integrate primary clinical care with health promotion programs, illness prevention programs and community development initiatives. CHCs also support their clients and communities to achieve health by addressing “social determinants of health” such as poverty and inadequate housing that lead to poor health outcomes and community destabilization.

Through their integrated health and health care approach, CHCs help keep Canadians healthy in the first place, they provide the right type of care by the right provider(s) when it is needed, and they act as spark-plugs for social and economic development at a local level. For more information about CACHCA and Canada’s Community Health Centres visit [www.cachca.ca](http://www.cachca.ca)