

Community Health Centres

Conference Guide

# Acting today, shaping tomorrow

June 9 & 10, 2011 at the Westin Harbour Castle  
Toronto, Ontario, Canada



CONFERENCE HOSTED BY:



Association of Ontario  
Health Centres  
Association des centres  
de santé de l'Ontario

Canadian Alliance of  
Community Health Centre  
Associations



Regroupement canadien  
des associations de centres  
communautaires de santé



NATIONAL ASSOCIATION OF  
Community Health Centers

On the cover: Harsha Bhatt and her son Kush, participants in a pre-and-post-natal nutrition project co-managed by Rexdale Community Health Centre and LAMP Community Health Centre.

# Acting today, shaping tomorrow

## Message from the President of the Association of Ontario Health Centres, the Chair of the Canadian Alliance of Community Health Centre Associations and the Chair of the Board of the National Association of Community Health Centers

Welcome to *Community Health Centres: Acting Today, Shaping Tomorrow*. With so many primary healthcare leaders from across Canada, the United States and around the world all assembled under one roof, it's going to be an exciting two days.

Three North American associations that represent Community Health Centres (CHCs) are hosting this conference: the Canadian Alliance of Community Health Centre Associations (CACHCA), the Association of Ontario Health Centres (AOHC) and the National Association of Community Health Centers (NACHC). Together we represent over 1500 CHCs. From the furthest western stretches of Hawai'i and Alaska to the eastern shores of Newfoundland, Puerto Rico and other US Caribbean islands, our members exemplify the very best in comprehensive primary health care.

Our goal in organizing this international conference was to enable supporters of community-centred primary health care to share their energy and ideas. We also wanted to create a forum where decision makers, policy makers and researchers could learn more about how Community Health Centres around the world are increasing access, improving quality and adding value to healthcare systems.

Although American and Canadian CHCs operate in very different policy and political landscapes it's been a smooth process organizing this conference because we share so much in common. Our histories mirror each other. In both Canada and the United States, CHCs emerged during some of our countries' most defining moments. In Canada, the first critical mass of CHCs was born in Saskatchewan out of the struggle to create Medicare, Canada's publicly-funded, universal health insurance system. In the United States, during the social activism of the 1960s, CHCs began as a natural outgrowth of the civil rights movement and the war on poverty.

As the decades passed, CHCs in our two countries have always been guided by the belief that access to health care, and the opportunity to enjoy good health, are basic human rights. In both countries we have prioritized services to ensure populations most at risk of illness and injury get the support they need. And we stand united in protecting community-governance as a core attribute of CHCs: health care of the people, by the people and for the people. It's just common sense. When community members make decisions about local priorities and directions for the primary healthcare agencies that serve them, the services and programs evolve in an optimal way. The overall approach is comprehensive and integrated. Services are based on the knowledge that better health begins in our homes, in our schools, in our workplaces, and in the communities where we live. Interprofessional teams apply a wide range of expertise and perspectives to create a complete state of well-being for individuals, families and entire communities.

All this adds up to strong outcomes in both Canada and the United States. Research tells us that CHCs deliver a high, and in many cases, superior quality of care. But how can we do an even better job and, where appropriate, how can we spread innovations and successes at one CHC to other CHCs? In large part that is what this conference is all about: zeroing in on further enhancing CHCs' quality of care.

Another major conference focus is advancing health equity, ensuring that every one, no matter who they are or where they live, gets the support they need. This principle gave birth to CHCs in our two countries. We must continue prioritizing it, so at our conference we'll be asking: how do CHCs even more proactively reach out to populations who face barriers accessing care? And because so much of the responsibility to advance health equity falls on decision makers, we're going to explore

# Acting today, shaping tomorrow

a powerful new tool called the Canadian Index of Wellbeing, designed to encourage a more holistic approach to improving population health.

Our conference's third and perhaps most important theme focuses on building our case and our movement. How can CHCs in Canada and the United States work together in common cause, in North America, as well as with partners in other parts of the world with whom we also share so much in common? How can we draw on the expertise and experience of the community health movement around the world? Our goal is for this conference to serve as an important first step in building a more interconnected, and therefore a much stronger, worldwide movement for comprehensive, community-oriented primary health care.

By pulling together we can meet our quality improvement and health equity challenges with even greater effectiveness. We can also make progress on significant advocacy challenges. In the United States, barely one year after the country made a seminal leap forward in its century-old quest to achieve universal health insurance coverage – coupled with a dramatic expansion of its CHC program to reach millions more people

in need of care – policy makers and health care/CHC advocates today confront a significantly different economic and political climate; one that directly threatens many or most of the gains made in 2010. Meanwhile in Canada, CHCs are still Medicare's best kept secret! Even though Canada's CHCs are implementing many of the ideas Medicare's founders had for how our health system should continue evolving and improving, we still serve a very small proportion of Canada's population. Our potential to increase access, improve quality and add value to our healthcare system is not yet realized.

So as you can see Canadian and American CHCs have a lot to learn from each other. And we're thrilled that community health leaders from around the world have travelled to Toronto to share their valuable expertise and experiences. In fact, one of the most exciting things you'll find out during the next two days is that CHCs in Canada and the United States are part of a much larger worldwide movement for more community-centred and comprehensive primary health care dedicated to creating better health for all. When we connect all the energy, ideas and passion that have come together in Toronto during the next two days, it's clear that this global movement is going to have a lot more momentum.



**Jack McCarthy**  
Chair, Canadian Alliance  
of Community Health Centre  
Associations

A handwritten signature in black ink that reads "Jack McCarthy".



**Jocelyne Maxwell**  
President, Association of  
Ontario Health Centres

A handwritten signature in black ink that reads "Jocelyne Maxwell".



**Anita Monoian**  
Chair of the Board, National  
Association of Community  
Health Centers (U.S.)

A handwritten signature in black ink that reads "Anita Monoian".



June 9 – 10, 2011

## A PERSONAL MESSAGE FROM THE PREMIER



On behalf of the Government of Ontario, I am delighted to extend a warm welcome to everyone attending *Community Health Centres: Acting Today, Shaping Tomorrow*, co-hosted by the Association of Ontario Health Centres, the Canadian Alliance of Community Health Centre Associations and the National Association of Community Health Centers.

Access to quality health care is one of the hallmarks of a strong and compassionate society. Ontario's Community Health Centres (CHCs) are an integral part of our neighbourhoods and play a key role in providing primary health and health promotion programs. With an integrated and inclusive approach, CHCs deliver quality care when people need it — and close to home. That is why our government expanded CHCs across the province, and remains committed to ensuring that they continue to be well equipped to deliver their vital services and programs.

With more than 600 CHC delegates from around the world, as well as researchers, academics and policy makers, I am confident that this conference will give rise to innovative and creative ideas for more effective and efficient health care delivery. To all conference delegates, I commend your commitment to sharing your expertise — and to deepening the discussion on the important and timely issues surrounding primary health care.

Please accept my sincere best wishes for a productive and informative conference.

**Dalton McGuinty**  
Premier

# Acting today, shaping tomorrow

## Schedule of Events: June 8, 9 and 10, 2011

TIME	ACTIVITY	LOCATION
<b>WEDNESDAY June 8, 2011</b>		
4:00 pm – 7:00 pm	Registration: AOHC AGM and Conference	Ballroom foyer
4:30 pm – 6:00 pm	<b>COHI Annual General Meeting</b>	Metro Centre ballroom
7:00 pm – 9:00 pm	<b>AOHC Annual General Meeting and Awards</b>	Metro West ballroom
9:00 pm – 11:00 pm	<b>Reception</b>	Pier 2 & 3
<b>THURSDAY June 9, 2011</b>		
7:00 am	Registration Opens	Ballroom foyer
7:30 am – 8:15 am	Breakfast Buffet	Metro East ballroom
8:00 am – 5:00 pm	Exhibits Open	Metro East ballroom
8:30 am – 9:55 am	<b>Opening Ceremonies and Welcoming Remarks Plenary I – The Community Health Centre worldwide movement</b>	Metro West/Centre ballroom
9:55 am – 10:15 am	Refreshment Break	Metro East ballroom
10:15 am – 12:00 pm	<b>Workshops A</b> (see page 10)	See <i>Workshops at a glance</i> insert
12:00 pm – 12:15 pm	Travel Time	
12:15 pm – 1:15 pm	Plated Lunch	Metro West/Centre ballroom
1:15 pm – 2:35 pm	<b>Awards Ceremony Plenary II – Acting Today: Improving Health Outcomes</b>	Metro West/Centre ballroom
2:35 pm – 2:50 pm	Refreshment Break	Metro East ballroom
2:50 pm – 4:35 pm	<b>Workshops B</b> (see page 14)	See <i>Workshops at a glance</i> insert
4:35 pm – 4:50 pm	Travel Time	
4:50 pm – 6:15 pm	<b>Networking Sessions or Tour of Local CHC</b> (see page 24)	See <i>Workshops at a glance</i> insert
6:00 pm – 7:00 pm	Reception/Cash Bar	Metro Ballroom Foyer
7:00 pm	<b>Banquet Dinner and Dance</b>	Metro West/Centre ballroom
<b>FRIDAY June 10, 2011</b>		
7:00 am	Registration Opens	Ballroom foyer
7:30 am – 8:15 am	Breakfast Buffet	Metro East ballroom
8:00 am – 3:00 pm	Exhibits Open	Metro East ballroom
8:30 am – 10:15 am	<b>Plenary III – Acting Today: Advancing Health Equity</b>	Metro West/Centre ballroom
10:15 am – 10:30 am	Refreshment Break	Metro East ballroom
10:30 am – 12:15 pm	<b>Workshops C</b> (see page 19)	See <i>Workshops at a glance</i> insert
12:15 pm – 12:25 pm	Travel Time	
12:25 pm – 1:25 pm	Plated Lunch	Metro West/Centre ballroom
1:25 pm – 3:30 pm	<b>Awards Ceremony Plenary IV – Shaping Tomorrow Closing Ceremonies</b>	Metro West/Centre ballroom

# Detailed Program

8:30 am **Opening Ceremonies and Plenary I**

## Opening Sacred Earth Ceremony

In a ceremony honouring the earth, representatives of the original peoples welcome participants from around the globe.

## Welcoming Remarks



**Kauila Clark**  
Chair-Elect, NACHC



**Jocelyne Maxwell**  
President, AOHC



**Jack McCarthy**  
Chair, CACHCA

## Plenary I: The Community Health Centre Worldwide Movement

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### Community Health Centres (CHCs) in Canada

A video presentation chronicling the inspiring story of Canada's Community Health Centres, spotlighting how they have always been part of a larger movement for positive social change.



### Community Health Centers (CHCs) in the United States

The founder of Community Health Centers in the United States, **Dr. Jack Geiger** (New York, UNITED STATES), will describe the past, present and future for Community Health Centers in the United States. During his presentation, Dr. Geiger will be presented with an International Community Health Centre Leadership Award.



### CHCs and Community-Oriented Primary Health Care Around the World

**Dr. Jan de Maeseneer** (Ghent, BELGIUM), Chair of the European Forum for Primary Care, will describe the movement for community-oriented primary health care in other parts of the world and how Community Health Centres play a vital role in that movement.

9:55 am Break

10:15 am **Workshops A**

12:00 pm Travel

12:15 pm Plated Lunch

1:15 pm

## Awards Ceremony

- Presentation of CACHCA's 2011 Community Health Award to Gateway Community Health Centre
- Presentation of AOHC's Community Health Champion Award to Susan Fitzpatrick, Assistant Deputy Minister, Ontario's Ministry of Health and Long-Term Care

1:30 pm

## Plenary II – Acting Today: Improving Health Outcomes

Two healthcare leaders address the role CHCs can play in driving a quality improvement agenda.

### Keynote Speakers:



#### Dr. George Rust

(Atlanta, GA, UNITED STATES)

Director of the National Center for Primary Care (NCPC) at Morehouse School of Medicine



#### Dr. Ben Chan

(Toronto, ON, CANADA)

President and Chief Executive Officer, Health Quality Ontario

2:35 pm

Break

2:50 pm

Workshops B

4:35 pm

Travel

4:50 pm

Networking Sessions or Tour of Local CHC

7:00 pm

Banquet Dinner

### AOHC Joe Leonard Awards Ceremony

Performance by legendary singer-songwriter, educator and social activist **Buffy Sainte-Marie**.

A DJ dance party featuring the music of **Sole Power Productions**.



Photo credit: Trevor Brady, 2008

8:30 am **Plenary III – Acting Today: Advancing Health Equity**

**Holistic Care: Healing Circle**

Understanding the full meaning of holistic care is a critical first step to care that is person-centred, community-centred and addresses the social determinants of a person’s and a community’s well-being.

**Interpretive Circle: Translating Holistic Care Into a Diversity of Contexts**



**James Carpenter**  
Anishnawbe Health  
Toronto, ON, CANADA



**Marvelous Muchenje**  
Women’s Health  
in Women’s Hands CHC  
Toronto, ON, CANADA



**Christina Marchant**  
Centretown CHC  
Ottawa, ON, CANADA



**Angela Recollet**  
Shkagamik-Kwe  
Health Centre  
Sudbury, ON, CANADA



**Bruce Gray**  
Northwest Region  
Primary Care Association  
Seattle, Washington  
UNITED STATES



**Measuring What Matters**

Keynote address by the **Honourable Roy Romanow**, former Premier of Saskatchewan and Commissioner on the Future of Health Care in Canada. Mr. Romanow’s remarks will focus on the Canadian Index of Wellbeing and its potential to serve as a powerful tool in addressing the social determinants of health. Just before his presentation, Mr. Romanow will be presented with an International Community Health Centre Leadership Award.

- 10:15 am Break
- 10:30 am **Workshops C**
- 12:15 pm Travel
- 12:25 pm Plated Lunch

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1:25 pm

## Awards Ceremony

- Presentation of AOHC's Media Award to Tanya Talaga, Toronto Star
- Presentation of an International Community Health Centre Leadership Award to Senator Bernie Sanders

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## Plenary IV – Shaping Tomorrow

Four political leaders offer their vision for how Community Health Centres can shape tomorrow.



**Senator  
Bernie Sanders**  
U.S Senator for Vermont



**The Honourable  
Megan Leslie**  
NDP Member of Canadian  
Parliament for Halifax



**The Honourable  
Libby Davies**  
NDP Member of Canadian  
Parliament for Vancouver East



**The Honourable  
Deb Matthews**  
Ontario's Minister of Health  
and Long-Term Care

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Three leaders representing Community Health Centres respond with their calls to action.



**Dan Hawkins**  
Senior Vice-President  
for Public Policy  
and Research, NACHC



**Jane Moloney**  
Incoming Chair  
CACHCA



**Adrianna Tetley**  
Executive Director  
AOHC

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## Closing Ceremonies

As the opening ceremony welcomed everyone, the final ceremony will close the conference on a similar note.



## Don't forget your headsets for real time interpretation!

The plenary sessions for this conference are in English. For real time translation into French, remember to pick up your headset from the AudioVisual booth at the back of the Metropolitan Ballroom West/Centre. You will be asked to leave a piece of identification with staff during the times you are using the headset.



## Promoting a Healthy, Scent-Free Environment

In consideration to those who are sensitive to chemicals, we kindly asks you to refrain from wearing perfumes, colognes and other scented products at the conference and affiliated events.

# Social Media Storytelling and Global Networking

Our conference is mobilizing the power of social media to get messages out to the wider world and to engage individuals and groups around the world in improving community health and health care. With thousands of additional people participating in this conference through the power of social media, we are building a more interconnected community health and community health centre movement worldwide – one that reaches far beyond the walls of the physical conference.

Keep your eye out for members of the social media reporting team – equipped with their cameras, iPads, smart phones, recorders and laptops. They'll be gathering insights, interviews and information that will be posted in almost real time to the official conference blog, with selected excerpts also being posted to other social media platforms belonging to the conference, CACHCA, AOHC and NACHC. And be prepared to put your own cell phones, cameras and laptops to work opening up interactive dialogues about our conference themes.

## Conference Social Media Guide

- The official **Conference Social Media Guide** is available online at [www.aohc.org/conference](http://www.aohc.org/conference) and from the **Social Media Table** located near the **Internet Café** (by the entrance to the skywalk).
- View and comment on real-time coverage of the conference on its official blog at: [www.ActingTodayShapingTomorrow.posterous.com](http://www.ActingTodayShapingTomorrow.posterous.com)
- Share your conference photos: upload to your **Flickr** account and tag photos using **CHC2011**
- View photos taken by our social media team and other attendees: visit [www.flickr.com](http://www.flickr.com) and search for **CHC2011**.
- Share your experiences and thoughts: use your **Twitter** account to “tweet” throughout the conference and use the official conference hashtag **#CHC2011**
- Find out more about other attendees’ experiences: visit [www.twitter.com](http://www.twitter.com) and search **#CHC2011**.

### And don't forget to visit the following:

- The Conference's official Facebook page: <https://www.facebook.com/CHCs.ActingTodayShapingTomorrow>
- The Conference's official website: [www.aohc.org/conference](http://www.aohc.org/conference)

For more details about these social media tools and support in using them, please visit our **Social Media Table** by the **Internet Café** just outside the main conference ballroom near the skywalk.

## FREE – Live Learning: View Workshops Online

Now that you're at the AOHC 2011 Annual Conference...  
Don't miss the opportunity to take it home with you for FREE!

The AOHC Live Learning Center gives you the freedom to relive your favourite sessions, or to view ones you may have missed.

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Visit the AOHC Live Learning Centre!! Take your knowledge to a higher level!

[aohc.sclivelearningcenter.com](http://aohc.sclivelearningcenter.com)



Scan to access  
Social Media  
Guide

**Thursday June 9th, 2011 (10:15 am – 12:00 pm)** See *Workshops at a glance* insert for locations

Delegates who have not yet chosen their workshops can do so at the Registration Booths, based on availability

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## **A1: Community Health Centres in Australia: Examining Lessons, Experiences and Primary Health Care Leadership 'Down Under'**

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**Trevor Carr**, CEO, The Victorian Healthcare Association (Melbourne, VIC, AUSTRALIA)

**Terry O'Bryan**, CEO, ISIS Primary Care (Brimbank, Hobsons Bay and Wyndham, VIC, AUSTRALIA)

**Rob MacIndoe**, General Manager of Community Health Services, Peninsula Health (Melbourne, VIC, AUSTRALIA)

**Robbi Chaplin**, CEO, Inner South Community Health Services (Melbourne, VIC, AUSTRALIA)

**Ann Wearne**, CEO, Ovens & King Community Health Service (Wangaratta, VIC, AUSTRALIA)

This workshop will provide an overview of the history, mandate and experiences of Community Health Centres throughout Australia, with a number of more specific references to CHCs in Victoria State. Brief examples and case studies from diverse CHCs will elaborate on themes common to CHCs in Australia, including interprofessional primary health care, services for marginalized community members, and barriers and opportunities faced by CHCs within the Australian health care system. The session will engage participants around common values, services and experiences of CHCs around the world. Learning outcomes include:

1. A better understanding of the history and role of CHCs within the context of Australian society and the country's health care system.
2. Insight into barriers, experiences and lessons from CHCs in Australia in advancing community-oriented primary health care and the CHC model.
3. A sense of values, approaches and definitions of community-oriented primary health care that are common to different jurisdictions internationally.

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## **A2: Revitalizing Health For All: Learning from Comprehensive Primary Health Care Experiences (Part 1: Examining Lessons and Experiences from a 22 Country Primary Health Care Research Project)**

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**Fran Baum**, Professor and Director, Southgate Institute of Health, Society and Equity at Flinders University (Adelaide, SA, AUSTRALIA)

**Ron Labonté**, Canada Research Chair in Globalization and Health Equity, University of Ottawa (Ottawa, ON, CANADA)

**David Sanders**, Director, University of the Western Cape School of Public Health (Cape Town, SOUTH AFRICA)

**Bronwyn Fredericks**, Professor, Queensland University of Technology (Newmarket, QLD, AUSTRALIA)

"Revitalizing Health for All" is an initiative to expand the evidence base on achievements, enablers and barriers to comprehensive primary health care (PHC); and to build the research capacity to address the evidence gap on Comprehensive PHC. Integrating rehabilitative,

curative, preventive and promotive activities, comprehensive PHC aims to achieve: equity in access to health care and other services/resources essential to health; minimized vulnerabilities through community empowerment (capacities); reduced exposures to risk by improving social and environmental determinants of health; enhanced participatory mechanisms and political capabilities of marginalized population groups; increased inter-sectoral actions on the social determinants of health; and equitable increases in population health outcomes. This workshop will feature key findings from a global narrative literature synthesis, as well as new study results from 22 comprehensive PHC research projects in Africa, Latin America, South Asia and amongst Indigenous communities in Australia and Aotearoa/New Zealand. Learning outcomes include:

1. Understanding differences between community-led, institution-led and partnership approaches to implementation of Comprehensive PHC
2. An increased ability to assess the role of policy in enabling or constraining Comprehensive PHC and an increased ability to identify key organizational, financing and policy environments that improve comprehensiveness of PHC
3. Increased understanding of the diverse historical struggles that have shaped Comprehensive PHC and its impacts

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## **A3: T&T - The Power of Teamwork and Technology to Optimize Client Care: Examining the Evolving Role of Pharmacists, Nurse Practitioners and Electronic Medical Record 'Optimizers' in Primary Health Care**

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**Irene Clarence**, Executive Director, Mid-Main Community Health Centre (Vancouver, BC, CANADA)

**Susan Troesch**, Clinical Pharmacist, Mid-Main Community Health Centre

**Amra Dizdarevic**, Nurse Practitioner, Mid-Main Community Health Centre

**Tracy Lee**, EMR Optimization Consultant, Mid-Main Community Health Centre

The contribution to optimal primary health care that is the team approach will be presented with particular emphasis on two key clinician team members whose role is rapidly changing and evolving: the Pharmacist and the Nurse Practitioner. In addition, a role of emerging importance to the health care team will be highlighted and discussed: the Electronic Medical Record (EMR) Optimization Consultant. This position is centred on the EMR, whether dealing with vendors and upgrades, working with clinicians to understand the current capabilities of their system or working as a project manager with the vendor and the clinicians to find optimal solutions for clinic-specific needs. Learning outcomes include:

1. Better understanding of the value of a team approach in optimizing care for patients living with chronic conditions
2. Enhanced ability to evaluate the use of an Electronic Medical Records system to improve outcomes for patients living with chronic conditions
3. Knowledge on comprehensive approaches to Chronic Disease Management

## WORKSHOPS A: Thursday June 9th, 2011 (10:15 am – 12:00 pm)

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### **A4: Improving Care for Mental Health and Substance Abuse (Behavioural Health): A Look at Integration and Partnership Strategies Within the Primary Health Care Continuum**

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**Michael R. Lardiere (Moderator)**, Director, Health Information Technology and Senior Advisor on Behavioral Health, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Suzanne Daub**, Director of Behavioral Health in Primary Care, Delaware Valley Community Health (Philadelphia, PA, UNITED STATES)

**Natalie Levkovich**, Executive Director, Health Federation of Philadelphia (Philadelphia, PA, UNITED STATES)

**Enette Pauze**, Project Director, Co-Principle Investigator, University of Toronto EnHANCE Project (Toronto, ON, CANADA)

**Scott Reeves**, Research Lead, Co-Principle Investigator, University of Toronto EnHANCE Project

**Thomas Ungar**, North York General Hospital, Department of Psychiatry (EnHANCE Project Partner, Toronto)

**Carolyn Poplak**, Manager of Education and Capacity Building, Association of Ontario Health Centres (EnHANCE Project Partner, Toronto)

The presentation will provide two successful studies of primary care and behavioural health integration, focusing on system collaboration for improvement of patient care, patient outcomes, and overall system performance. Through comprehensive research, workshops, coaching programs and a series of practice tools and educational resources, EnHANCE Ontario fostered province-wide relationships across primary care, mental health, and addiction agencies. Delaware Valley Community Health staff will share their experiences in clinical integration, training, and systems integration through their collaboration with the Medicaid managed care organization, Community Behavioral Health (CBH). Participants will learn about best practices in developing inter-organizational agreements, supporting relationships among leaders, and enhancing collaboration among service providers through discussion and dialogue. Learning outcomes include:

1. Identification of the core elements of a successful integration of behavioural health into primary care.
2. Application of simple strategies to overcome common barriers and maximize facilitators to inter-organizational partnerships.
3. Implementation of a simple plan of action to enhance current partnership activities.

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### **A5: Knowing in Order to Respond – from Front-line Delivery to Strategic Planning. Using Community Needs Assessments and Evidence-informed Practice Tools to Improve Local Health Services Planning**

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**Gillian Kranias**, Community Health Planner, Unison Health and Community Services (Toronto, ON, CANADA)

**Jen Quinlan**, Community Health Planner, Unison Health and Community Services

**Kam Lau**, Community and Health Promotion Site Director, Unison Health and Community Services

**Ron Shore**, Director, Urban Health and Research, Kingston Community Health Centres (Kingston, ON, CANADA)

**Hersh Sehdev**, Executive Director, Kingston Community Health Centres

This workshop highlights engagement tools utilized by Kingston CHCs and Unison Health and Community Services to inform both higher level planning and front-line program delivery. Kingston CHCs will highlight how community needs assessments play a vital role in ongoing development and planning processes, serving as a means of community engagement while providing data (community demographics, gaps in service, unique community assets and perspectives) to guide program planning and influence strategic initiatives. Unison will highlight a 'CHC-tailored' approach and practical resources for improving Evidence-Informed Practice (EIP) with an emphasis on participatory planning and evaluation. How can health promoters and other professionals running group programs use EIP to advance our values of equity, collaboration and accountability? Leave with inspiration, a checklist, and a workbook to enhance EIP in your own CHC. Learning outcomes include:

1. Better understanding of how to apply recommendations from community needs assessments to the program planning process.
2. Ability to articulate a radical paradigm for evidence-informed practice that reflects CHC values.
3. The use of tools aligned with the CHC model of care to plan, implement and evaluate programs involving key stakeholders, including clients.

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### **A6: (French session with English translation) Participation et engagement communautaire dans une démarche de planification du Centre de santé communautaire**

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**Dina Chiasson**, Directrice, l'Hôpital et Centre de santé communautaire de Lamèque (Lamèque, NB, CANADA)

Dans cet atelier on va partager d'une démarche de développement communautaire utilisé au moment de la mise en place d'un CSC dans une communauté rurale au Nord-est du Nouveau-Brunswick, examiner le rôle majeur joué par la communauté dans l'élaboration du profil de la communauté, dans l'identification des forces et des lacunes, dans la recherche de solution. On va aussi raconter l'engagement envers la promotion et la prévention et l'engagement du personnel envers cette nouvelle façon de définir la santé et de livrer les programmes et les services, des exemples de partenariats gagnant-gagnant, les facteurs de succès et les défis qui demeurent. Les résultats d'apprentissage incluent :

1. Mieux saisir le rôle de la communauté dans la définition des problèmes et des solutions reliés à leur santé et à celle de la communauté dans laquelle ils vivent.
2. Reconnaître les avantages du style de gestion dans un changement de culture organisationnelle, des compétences qui favoriseront l'engagement des citoyens, l'importance de la dynamique des acteurs.
3. Reconnaître les enjeux, les difficultés et les défis reliés à l'engagement de la communauté, des professionnels et des partenaires.

## WORKSHOPS A: Thursday June 9th, 2011 (10:15 am – 12:00 pm)

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### A7: Effective Strategies for Engaging Young Men in Sexual and Reproductive Health Programming

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**Michele Chai**, Community Health Promoter, Planned Parenthood Toronto  
(Toronto, ON, CANADA)

Why do young men rarely participate in sexual and reproductive health programming? Is it a tendency to focus on women's sexual and reproductive health? A lack of encouragement to be active, thoughtful participants in sexual and reproductive health and healthy relationships? What are the gaps and barriers they experience when accessing sexual and reproductive health services? Drawing on Planned Parenthood Toronto's innovative programming with young men, this interactive workshop aims to challenge ideas and misconceptions of who young men are and to explore innovative uses of peer to peer sexual health education projects and the development of youth-led campaigns. Learning outcomes include:

1. Enhanced ability to address sexual and reproductive health concerns of young men.
2. New tools and skills to facilitate workshops and groups from a sex-positive, gay-positive, queer-positive and equity-minded place.
3. Better understanding of the social, political and environmental determinants of health that shape young men's ideas and expressions of masculinity, risk-taking and health-seeking behaviour.

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### A8: Building a Sustainable Workforce Model for Primary Health Care in Rural, Remote and Frontier Health Centres: A Look at Alaska's Community Health Aide/Practitioner Program

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**Chris Devlin**, Family Nurse Practitioner, Alaska Primary Care Association  
(Anchorage, AK, UNITED STATES)

This workshop will describe Alaska's Community Health Aide/Practitioner (CHA/P) Program, its historical development and current workforce impact in Alaska's Community Health Centers. Issues regarding training and certification, physician supervision via tele-health, and quality-of-care/QI measures will also be discussed. Both the CHC movement and the Alaska CHA/P program can trace their federal funding history to the 'war on poverty' programs instituted in the 1960's. The merging of the CHC movement with the tribal health CHA/P movement resulted in a high quality and sustainable model for rural and remote frontier health care access. Learning outcomes include:

1. Identification of the benefits of a locally-trained primary care provider in indigenous communities.
2. Understanding of how the Community Health Aide manual (CHAM) is used as a tool in clinical decisionmaking.
3. Enhanced knowledge of how to access more information on tribally-operated CHCs and the CHA/P program.

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### A9: Measuring What Matters: Advanced Methods to Assess and Plan Primary Health Care for Clients With Complex Care Needs

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**Jennifer Rayner**, Ontario Community Health Centres Complexity of Care Study  
Team (Ontario, CANADA)

**Jane Moloney**, North End Community Health Centre (Halifax, NS, CANADA)

Evaluation and research that measure the impact of CHCs will illustrate tools and approaches ranging from cost/benefit analyses using quantitative data to qualitative studies focussing on quality-of-life measures. Ontario's Complexity of Care Study highlights how proper resource allocation is essential to both meeting clients' needs and ensuring proper compensation for the burden of illness of organizations' client population. We will develop, through interactive discussions, common approaches to assessing and presenting the impacts of CHCs on the health system (e.g., reduced Emergency Department visits, reduced avoidable admissions), impacts of services beyond just clinical care (e.g. community initiatives) and/or impacts on other sectors (e.g. housing/homelessness). Learning outcomes include:

1. Enhanced capacity to recognize and take advantage of opportunities to measure impacts of CHCs
2. Shared common tools and approaches to measure impacts of CHCs
3. Implementation of short and long-term studies to build the case for the impacts of CHCs

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### A10: Addressing Health Inequities for Uninsured Pregnant Women and Their Newborns: Community Health Centres and Midwives Working Together

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**Juana Berinstein**, Director of Policy and Communications, Association of Ontario  
Midwives (Toronto, ON, Canada)

**Manavi Handa**, Assistant Professor, Ryerson University (Toronto, ON, CANADA)

The number of uninsured women in Canada and the United States has rapidly increased in recent years, with many unable to access health care. CHCs are uniquely positioned to provide the necessary care but fewer providers at CHCs offer intrapartum care. As a result, they often have to refer pregnant women to external care-providers. This session will describe the similarities in the CHC and Midwifery models of care, including a shared commitment to addressing the social determinants of health, the benefits of CHC-midwives partnerships and how these alliances can address the health inequities faced by uninsured pregnant women and their newborns. Learning outcomes include:

1. Enhanced understanding of how the social determinants of health impact uninsured pregnant women and their newborns
2. Greater understanding of midwifery and CHC similarities
3. Knowledge of how midwifery-CHC partnerships can be developed with positive health impacts on uninsured pregnant women and their newborns

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### A11: Helping Youth Design and Achieve Their Own Path to Health and Development Through Education

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**Dianne Bascombe**, Vice-President, Programs at Pathways to Education (Toronto, ON, CANADA)

**Owen Hinds**, Pathways Program Director, Unison Health and Community Services (Toronto, ON, CANADA)

**Madina Wasuge**, Pathways Program Director, Rexdale Community Health Centre (Toronto, ON, CANADA)

**Craig Rushton**, Pathways Program Director, North Hamilton Community Health Centre (Hamilton, ON, CANADA)

**Elizabeth Beader**, Executive Director, North Hamilton Community Health Centre

**Sue Merrill**, Researcher, Pathways to Education, Pinecrest-Queensway Community Health Centre (Ottawa, ON, CANADA)

**Kim Outten**, Coordinator of Student Parent Support Workers, Pathways to Education, Regent Park Community Health Centre (Toronto, ON, CANADA)

Pathways to Education is a community-based program focussed on reducing poverty and its effects by lowering the drop-out rate and increasing access to post-secondary education among youth in low-income communities. A 'Why Pathways?' overview will be followed by a panel of CHC and Pathways staff who will explore the connection between the Pathways program and CHCs' wraparound services for youth and families. A Q&A will follow. Then, through a series of case-study reviews, participants will explore how the program succeeds in leveraging partnerships and helping youth to design their own path to success. Participants will also have the opportunity to draw the link between program and outcomes. Learning outcomes include:

1. Understanding of how Pathways responds to the social determinants of health
2. Knowledge about best practices and innovations in program delivery
3. Enhanced understanding of Pathways' impacts

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### A12: Improving Cultural Safety Among Health Providers Working with Aboriginal Communities: Insights from a Collaborative Health Partnership at Walpole Island First Nation

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**Jane McFadden**, Registered Nurse, Chatham-Kent Community Health Centres (Chatham, Wallaceburg and Walpole Island, ON, CANADA)

**Brianne Foulon**, Health Promoter, Chatham-Kent Community Health Centres

**Press Altiman**, Community Member (Walpole Island)

**Susie Jones**, Elder (Walpole Island)

Aboriginal peoples experience extraordinary barriers to accessing the care they need. Prominent amongst those barriers are: communication and lack of both trust and the capacity to build sustainable relationships with the healthcare community. The workshop presentation will identify techniques that have been utilized for overcoming these barriers, with the goal to increase the professionals' knowledge of Aboriginal culture and increase safety for both provider and client. A second objective is to educate healthcare professionals to utilize knowledge exchange as the critical path for

connecting communities and cultivating mutual understanding and respect for each. Learning outcomes include:

1. Increased knowledge of Aboriginal culture and personal biases and stereotypes
2. Increased awareness of ways to combat barriers faced by Aboriginal people in the Canadian healthcare system
3. Inclusive strategies for developing relationships and trust with Aboriginal clients

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### A13: The Expanding Role of Community-Governance in Primary Health Care: Enhancing Representation, Improving Impact

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**Colleen Boselli (Moderator)**, State Policy Analyst, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Jack Geiger**, Family Physician and Founder, US Community Health Centers (New York, NY, UNITED STATES)

**Dan Hawkins**, Senior Vice President, Public Policy and Research, National Association of Community Health Centers

**Kautila Clark**, Chair-elect, National Association of Community Health Centers

U.S. CHCs are, amongst primary healthcare providers, uniquely required by law to be governed by a patient majority Board of Directors – thereby ensuring that CHCs remain representative, activist, community-directed non-profits. The board provides democratic, community control over health center operations, including long range planning and policy development. Studies have demonstrated that community participation in health care decision-making results in higher quality care, lower cost services and better procedures for consumer complaints. This session will explore the history behind community-governance at CHCs in the U.S., identify community advantages of a majority-consumer board, and examine the evolving role that patient board representatives play at the CHC to improve care for their communities. Learning outcomes include:

1. Understanding of the history of consumer-board representation at health centers in the United States.
2. Ability to identify the advantages of consumer-board representation for their health center.
3. Enhanced understanding of the evolving role of consumer-board members in advocacy and policy.

### Need to access the Internet?

An Internet Café with computers has been set up for your convenience on a table outside of the main conference room by the skywalk.

Access to these computers are first come, first served.

Out of respect for your fellow attendees, please limit your usage to a maximum of 10 minutes.

The Plenary room (Metro Centre/West Ballroom) is equipped with wireless Internet access. Delegates can request the ACCESS CODE at the Registration Booths.

## WORKSHOPS A: Thursday June 9th, 2011 (10:15 am – 12:00 pm)

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### A14: Empowering Communities for Research and Through Research (Part 1): Building a Research Infrastructure at Your Community Health Centre

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**Sarena Seifer** (Speaker and Moderator), Executive Director, Community-Campus Partnerships for Health (Seattle, WA, UNITED STATES)

**Milton 'Mickey' Eder**, Director of Research Programs, Access Community Health Network (Chicago, IL, UNITED STATES)

**Yogendra B. Shakya**, Senior Research Scientist, Access Alliance Multicultural Health and Community Services (Toronto, ON, CANADA)

**Rosy Chang Weir**, Director of Research, Association of Asian Pacific Community Health Organizations (Oakland, CA, UNITED STATES)

CHCs are ideal settings to study community-based care, especially for under- or ill-served populations who have much to gain from

improved care delivery and new interventions. Yet CHC patients tend to be excluded from research activities, often bringing with them circumstances that are seen to complicate the adoption of research findings. When researchers do, increasingly, come calling, CHCs must ensure that the research is in the community's best interests. Using community-based participatory research (CBPR) as a model, CHCs can define what research questions are asked and how they are answered, build community capacity for care and improve community well-being. Learning outcomes include:

1. Understanding of why CHCs are attractive and important research settings, the benefits of research, including enhanced QI.
2. Learnings about CBPR and how it applies across a wide range of research methods.
3. Tips and strategies for engaging in research and building long-term, successful partnerships with academics.

## Workshops B

### Thursday June 9th, 2011 (2:50 pm – 4:35 pm) See *Workshops at a glance* insert for locations

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Delegates who have not yet chosen their workshops can do so at the Registration Booths, based on availability

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### B1: Community-Oriented Primary Health Care in Belgium: Lessons from 'Maisons médicales' and Community Health Centres

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**Isabelle Heymans**, Director General, Fédération des maisons médicales (Brussels, BELGIUM)

**Hubert Jamart**, Policy Director, Fédération des maisons médicales (Liège, BELGIUM)

**Jan de Maeseneer**, Head of the Department of Family Medicine and Primary Health Care, University of Ghent (Ghent, BELGIUM)

This workshop will provide an overview of the history and mandate, aims and values of CHCs and CHC federations in Belgium, both French and Flemish, and their thirty years-plus experience in building multidisciplinary, community-oriented primary health care, funded through a capitation-based system. The session will also engage participants around common values and objectives in community-oriented primary health care that both Belgian CHCs and the European Forum for Primary Care want to support at an international level. This will include an exchange with participants about the definitions and criteria for CHCs as 'community-oriented primary healthcare centres'. Learning outcomes include:

1. Better understanding of the history and role of CHCs within the context of Belgian society and healthcare system.
2. Deeper insight into the experiences of CHCs in Belgium in advancing the CHC model

3. A more highly-developed sense of values, approaches and definitions of community-oriented primary health care common to different jurisdictions

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### B2: Revitalizing Health For All: Learning from Comprehensive Primary Health Care Experiences (Part 2: Examining the Evolving Role of Community Health Workers)

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**Ligia Giovanella**, Professor, National School of Public Health/Oswaldo Cruz Foundation (Rio de Janeiro, BRAZIL)

**Sara Javanparast**, Research Associate, Flinders University School of Public Health (Adelaide, SA, AUSTRALIA)

**Mirkuzie Woldie Kerie**, Professor, Jimma University Faculty of Public Health (Jimma, ETHIOPIA)

**Ron Labonté**, Canada Research Chair in Globalization and Health Equity, University of Ottawa (Ottawa, ON, CANADA)

**Sara Torres**, PhD candidate, University of Ottawa Institute of Population Health (Ottawa, ON, CANADA)

Around the world various public health actors are addressing health inequities experienced by underserved populations through community health worker models (also known as home visitors, lay health promoters, health aids, health educators, multicultural health brokers, community health representatives, promotoras, unregulated health workers, and personal support workers), yet

## WORKSHOPS B: Thursday June 9th, 2011 (2:50 pm – 4:35 pm)

many of these initiatives are being implemented in isolation. This session brings together research and researchers from various parts of the world (Iran, India, Africa, Canada) who have been studying the contributions that community health workers make (or can make) to improving population health equity. Following brief presentations, the workshop will focus on a question-and-answer session and/or small-group discussions (depending on number of registrants) to deepen learning and exchange ideas among all participants. Learning outcomes include:

1. Increased knowledge about the effectiveness of community health workers in various international settings, as well as policies and programs that support CHW programs.
2. Increased knowledge about training, supervision and evaluation of “lay”/ community health worker models;
3. Increased awareness of the role community health centres play in fostering “lay” community health worker models and community capacity building through these models, including inter-sectoral collaboration

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### **B3: Demonstrating a Health Centre’s Community Value by Collecting Data Beyond the Clinical: tracking enabling services and community initiatives**

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**Rosy Chang Weir (Moderator)**, Director of Research, Association of Asian Pacific Community Health Organizations (Oakland, CA, UNITED STATES)

**Carolyn Poplak**, Manager of Education and Capacity Building, Association of Ontario Health Centres (Toronto, ON, CANADA)

**Patricia Collins**, Postdoctoral Fellow, Faculty of Social Sciences, McMaster University (Hamilton, ON, CANADA)

**Rich Bettini**, CEO, Waianae Coast Comprehensive Health Center (Waianae, HI, UNITED STATES)

**Larissa Williams**, Health Promoter, Pinecrest-Queensway Community Health Centre (Ottawa, ON, CANADA)

**Sarah Resendes**, Research Assistant, McMaster University

The lack of data collected on non-clinical activities and their critical role in reducing health inequities makes it difficult for CHCs to demonstrate their value to funders and policy-makers. This workshop will introduce three new initiatives in collecting, evaluating and reporting on enabling services and community initiatives. Participants will hear about CHCs’ experiences in participating in and implementing these data-collection projects, including best practices and lessons learned. This workshop will also offer an open forum for discussing benefits and challenges of collecting data on enabling services and community initiatives and strategies for incorporating these new initiatives into practice at their CHCs. Learning outcomes include:

1. Enhanced understanding of the importance of collecting data on enabling services and community initiatives to track the value of CHCs.
2. Shared resources, experiences, and benefits of collecting these data.
3. Knowledge of how CHCs can get involved in these data collection efforts.

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### **B4: Building the Community Health Centre Interprofessional Workforce of Tomorrow: Lessons and Insights from Canada and the US**

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**Tom Curtin (Moderator)**, Clinical Services Division, Senior Vice President and Chief Medical Officer, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Gary Cloud**, Associate Dean for Financial Resources at A.T. Still University (Mesa, AZ, UNITED STATES)

**Robert Gray**, President, Insightlink Communications (Pasadena, CA, UNITED STATES)

**Darlene Nicgorski**, Vice President Human Resources and Credentialing, Piedmont Health Services (Carrboro, NC, UNITED STATES)

**Vera Rozenbojm**, Registered Nurse, Windsor Essex Community Health Centre (Windsor, ON, CANADA)

In part one, NACHC’s partnership with A.T. Still University to develop high-quality, culturally-adept, community-committed primary-care providers in under-served communities will be presented. In part two, Windsor Essex Community Health Centre will present their model of support to student education. This model promotes and values the role of a preceptor as a significant contributor to the growth and development of every student and future healthcare provider, while disseminating the philosophy, mission, vision and holistic approach of CHCs. In part three, the results from the NACHC Staff Pulse national benchmarking study on mitigating staff dissatisfaction will be highlighted, compared to the U.S and Canadian healthcare industry norms. Learning outcomes include:

1. Knowledge of new recruitment methods, the value of community embeddedness and alternative community-based medical education models.
2. Understanding of the role of a preceptor in a CHC and the benefits for preceptor, student, the CHC and the healthcare system.
3. Enhanced understanding of the contributing factors to job dissatisfaction amongst CHC staff and the actions a CHC can take to improve the work environment and increase job satisfaction.

## **Don’t miss your chance to win!**

**Submit your conference evaluation for a chance to win a desktop printer from Dell.**

**Complete and drop off your conference evaluation form at the designated area at the Registration Table for your chance to win a brand new desktop printer from Dell Canada.**

**The winner will be notified following the close of the conference.**

## WORKSHOPS B: Thursday June 9th, 2011 (2:50 pm – 4:35 pm)

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### **B5: Strategies to Improve Access to Appropriate Dental and Oral Health Care**

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**Liz Atkinson**, Community Health Educator, Windsor Essex Community Health Centres (Windsor, ON, CANADA)

**Filomena Rowley**, Nurse Practitioner, Windsor Essex Community Health Centres

**Greg Nycz**, Executive Director, Family Health Center of Marshfield, Inc. (Marshfield, WI, UNITED STATES)

**Amit Acharya**, Dental Informatics Scientist, Family Health Center of Marshfield, Inc.

**Joseph Kilsdonk**, Division Administrator, Family Health Center of Marshfield, Inc.

Two CHCs, one Canadian, one American, are tackling the barriers that low-income populations face in accessing appropriate dental care as part of overall health. Windsor Essex CHC (Ontario) has made the link between housing insecurity and high rates of oral disease. Strategies include referring homeless people to dental schools, publicly-funded dental programs and non-profit/pro-bono services. The Family Health Center of Marshfield has developed a comprehensive oral health plan, state-funded, in a state (Wisconsin) that ranks amongst the worst for oral health service delivery to Medicaid children. The plan included rapid capacity expansion, the establishment of a rural CHC-based dentistry school and an integrated clinical and practice management HIT infrastructure. Learning outcomes include:

1. Understanding how coalitions can address hidden inequities in oral health care.
2. Understanding of the importance of a comprehensive plan and a high accountability bar that leaves no one behind.
3. Understanding of the importance and value of an integrated EHR to support the CHC model of care.

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### **B6: Community Health Centres in Australia: Examining Lessons, Experiences and Primary Health Care Leadership ‘Down Under’** *(Please note that this is a repeat presentation of A1)*

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**Trevor Carr**, CEO, The Victorian Healthcare Association (Melbourne, VIC, AUSTRALIA)

**Terry O’Bryan**, CEO, ISIS Primary Care (Brimbank, Hobsons Bay and Wyndham, VIC, AUSTRALIA)

**Rob MacIndoe**, General Manager of Community Health Services, Peninsula Health (Melbourne, VIC, AUSTRALIA)

**Robbi Chaplin**, CEO, Inner South Community Health Services (Melbourne, VIC, AUSTRALIA)

**Ann Wearne**, CEO, Ovens & King Community Health Service (Wangaratta, VIC, AUSTRALIA)

This workshop will provide an overview of the history, mandate and experiences of Community Health Centres throughout Australia, with a number of more specific references to CHCs in Victoria State. Brief examples and case studies from diverse CHCs will elaborate on themes common to CHCs in Australia, including interprofessional primary health care, services for marginalized community members, and barriers and opportunities faced by CHCs within the Australian

health care system. The session will engage participants around common values, services and experiences of CHCs around the world. Learning outcomes include:

1. A better understanding of the history and role of CHCs within the context of Australian society and the country’s healthcare system.
2. Insight into barriers, experiences and lessons from CHCs in Australia in advancing community-oriented primary health care and the CHC model.
3. A sense of values, approaches and definitions of community-oriented primary health care that are common to different jurisdictions internationally.

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### **B7: Improving Care and Support for Adults with Sickle Cell Disease: Experiences of a Coalition for Specialized Primary Health Care**

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**Liben Gebremikael**, Executive Director, TAIBU Community Health Centre (Scarborough, ON, CANADA)

**Tony Jno Baptiste**, Manager, Community Programs, TAIBU Community Health Centre  
**Community Representative**, Malvern community (Toronto, ON, CANADA)

Declared by the UN in 2009 as a public health priority, Sickle Cell Disease, predominantly affecting people from the African, Caribbean, Mediterranean, Indian and South American countries, has become more visible. In order to address critical gaps in community support and services for adults in particular, TAIBU Community Health Centre, along with Sickle Cell Groups in Toronto, two local hospitals, the Blood Disorder Clinic at the University Health Network and the Central East Local Health Integration Network has initiated the Coalition For Specialized Primary Healthcare and Community-based Programs for Adults with Sickle Cell to plan and develop programs and services in the Scarborough region. Learning outcomes include:

1. Enhanced understanding of the principles of community engagement.
2. Enhanced knowledge of the planning and the development of specialized programs and services.
3. Enhanced skills in the coordination of services and advocacy for people with Sickle Cell Disease.

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### **B8: Enhancing the Role of Community Health Centre Boards of Directors in Quality Oversight**

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**JoAnne Doyle**, Project Coordinator, Community Organizational Health Inc. (Toronto, ON, CANADA)

**Michael Rachlis**, Associate Professor, University of Toronto (Toronto, ON, CANADA)

**Peter McKenna**, Executive Director, Merrickville District Community Health and Services Centre (Merrickville, ON, CANADA)

**Pamela Blackstock**, Board Chair, Executive Director, Merrickville District Community Health and Services Centre

Increased interest in quality and reporting is being felt across the healthcare system. As boards are ultimately accountable for

## WORKSHOPS B: Thursday June 9th, 2011 (2:50 pm – 4:35 pm)

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overseeing the quality of services of their organization, orientation and continuing education need to be directed to increasing board literacy in the role they can play to enhance attention to the quality of services offered. This workshop introduces the quality accountability environment in which CHCs operate, explores the role of the board in overseeing quality of service and provides examples of strategies used for quality monitoring at the governance and senior management levels. The workshop is based on a recent study conducted and coordinated by Michael Rachlis and Suzanne Ross for Community Organizational Health Inc. Learning outcomes include:

1. Recognition that boards are accountable for overseeing the quality of services at their organizations.
2. Better understanding of the quality accountability environment of primary healthcare organizations.
3. Learning how to apply quality activities to your own organization.

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### **B9: Does Diversity and Equity at Your Centre Include Lesbian, Gay, Bisexual and Trans Communities?**

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**Loralee Gillis**, Director of Research and Policy, Rainbow Health Ontario (Toronto, ON, CANADA)

Many primary healthcare centres are unsure about how to serve lesbian, gay, bisexual and transgender clients. 'They don't live here.' 'We have to treat everybody the same.' Both these approaches fail to meet the clinical and cultural needs of sexual and gender minorities who are part of every community. This interactive workshop will provide participants with a deeper understanding of concepts related to sexual orientation and gender identity and the vocabulary to discuss these issues with confidence. We will hear images and stories of diverse community members from conception to old age and discuss ways to make our centres more inclusive and welcoming to LGBT people, including dealing with resistance from other clients or staff. Learning outcomes include:

1. Confidence about the language used to discuss LGBT clients and their issues.
2. Knowledge of key LGBT health issues across the lifespan.
3. Ability to suggest ways to make your centre more welcoming.

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### **B10: All Abilities Welcome: Getting Inclusive Recreation Right for People with a Disability**

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**Jason Dunkerley**, All Abilities Welcome Coordinator, Active Living Alliance for Canadians with a Disability (Ottawa, ON, CANADA)

In this workshop we will discuss the health benefits of community recreation and physical activity for persons with a disability. Many facilities do not cater to this population, leaving individuals with disabilities out of the health promoting benefits of a physically-active lifestyle. Recreation and physical activity are particularly important in considering the overall health potential of people with disabilities: reducing the impacts of secondary health conditions,

promoting self-esteem, socialization, and empowerment. It will identify a number of barriers to inclusive recreation and physical activity participation, and suggest approaches in creating an environment where people of all abilities can access vital health benefits through participating actively in community recreation and physical activity programs. Learning outcomes include:

1. Better understanding of the recreational access challenges for many people with a disability.
2. Knowledge about how to make programs and services more inclusive, enabling anybody to become more physically active.
3. Practical tools and resources: AAW Inclusion Tool Kit provided free.

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### **B11: Turning Vision into Reality: Using Research to Communicate the Value of Community Health Centres and Inform Public Policy**

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**DaShawn Groves**, Associate Director of Research, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Amy Simmons**, Communications Director, National Association of Community Health Centers

**Leighton Ku**, Professor, Department of Health Policy and Director of the Center for Health Policy Research, George Washington University (Washington, D.C., UNITED STATES)

Research plays a vital role in educating the public about the key role and value of CHCs and the need to invest in growth and expansion. But how do you get your target audience to pay attention? This session will present key research findings and arguments that have influenced policy-makers to invest in the CHC Program. This includes research from the George Washington University demonstrating that CHCs can save as much as \$180 billion in total U.S. health care expenditures over the next ten years, including savings to public payers. Participants will also learn the latest best practices in communicating and distilling complicated information into a clear message for stakeholders. Learning outcomes include:

1. Understanding how the expansion of health centres and primary care will help lower healthcare costs.
2. Skills in drawing effective and engaging messages from data.
3. Understanding of how research has influenced policy in terms of cost-savings, access and economic impact.

## Save the Date for the 2012 AOHC Annual Conference

Date: Thursday June 7th and Friday June 8th, 2012

Location: Doubletree by Hilton – Toronto Airport  
655 Dixon Road, Toronto, Ontario

For more details, visit [www.aohc.org/conference](http://www.aohc.org/conference).

## WORKSHOPS B: Thursday June 9th, 2011 (2:50 pm – 4:35 pm)

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### **B12: Effective Grassroots Advocacy at Community Health Centres: Proven Strategies, New Tools**

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**Mary MacNutt**, Strategic Communications and Campaigns Manager, Association of Ontario Health Centres (Toronto, ON, CANADA)

**Scott A. Wolfe**, Federal/Provincial Coordinator, Canadian Alliance of Community Health Centre Associations (Toronto, ON, CANADA)

**Marc Wetherhorn**, National Advocacy Director, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Lindsey Ruivivar**, Regional Field Representative, National Association of Community Health Centers

This session will review the basic elements of effective grassroots advocacy for health centres and introduce the usefulness of new social networking tools in building grassroots power in today's advocacy efforts. Learning outcomes include:

1. Understanding of the basic elements of effective grassroots advocacy at CHCs.
2. Learnings on how to develop an effective grassroots advocacy structure for taking action at your health centre.
3. Knowledge about blogs, Facebook, Twitter and other web 2.0 social media tools to increase your advocacy effectiveness.

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### **B13: Putting U.S. and Canadian Community Health Centres on the Map: Using Data and Geographic Information Systems to Guide Health Centre Planning and Expansion**

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**Andrew Bazemore**, Assistant Director, Robert Graham Center for Policy Studies (Washington, D.C., UNITED STATES)

**Jennifer Rankin**, Project Manager and Health Geographer, Robert Graham Center for Policy Studies

**Michelle Proser**, Director of Research, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Doug Smith**, CEO, Greene County Health Care (Greeneville, NC, UNITED STATES)

**Maria Montanaro**, Thundermist Health (Rhode Island, UNITED STATES)

**Marc Lefebvre**, Decision Support Specialist for the Northern Region, Centre de santé communautaire du Grand Sudbury (Sudbury, ON, CANADA)

Recent advances in Geographic Information Systems (GIS) have permitted the creation of exciting tools to help CHCs and federal/state and provincial funders better understand the communities they serve and where needs are not being met. In this workshop, presenters will review advanced, new online GIS tools, including the Uniform Data System Mapper ([www.udsmapper.org](http://www.udsmapper.org)), HealthLandscape.org, the Health Center Mapping Tool (HCMT) and other novel ways for CHCs, state or provincial organizations, and federal planners to visually display and manage health centre and population data. An example of AOHc/Ontario CHC ED Network's Expanding Access Strategy will be provided to demonstrate the potential use of GIS to understand CHC Supply/Demand and Gap Analysis in an Ontario context. Learning outcomes include:

1. Explanations of how GIS tools, CHC and population data can inform population-based health services delivery, planning for

- services expansion, and monitoring of existing services and gaps.
2. Knowledge on how to use novel online web-based GIS tools such as the UDS Mapper and HealthLandscape.
3. Knowledge about how GIS tools serve the advocacy and communication needs of health centres and their regional associations.

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### **B14: Empowering Communities for Research and Through Research (Part 2): US and Canadian Examples of Using Research for Change**

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**Michelle Proser (Moderator)**, Director of Research, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Jonathan N. Tobin**, President/CEO, Clinical Directors Network (New York, NY, UNITED STATES)

**Notisha Massaquoi**, Executive Director, Women's Health in Women's Hands Community Health Centre (Toronto, ON, CANADA)

This session expands the previous session describing community-based participatory research (CBPR). Learn from health centres how their research activities have been used to create and expand a public health and health equity agenda: Toronto's Women's Health In Women's Hands CHC responded to an increasingly gendered and racialized HIV epidemic by implementing a research program for and by HIV positive women and their clinicians; CDN's SMART/EST Women's Project designed, implemented and evaluated behavioural interventions into primary care using lifestyle and social support strategies, through a collaboration among a practice-based research network (PBRN), an academic health centre, and health centres located in USA female HIV epicentres (New York, New Jersey, and Florida). Learning outcomes include:

1. Tips and strategies for engaging in CBPR.
2. Understanding of the transitions from efficacy to effectiveness to dissemination and implementation research.
3. Recognition of the contributions of the social determinants of health and opportunities to expand health centre influence beyond clinical care services.

## Conference Social Media

- The official *Conference Social Media Guide* is available online at [www.aohc.org/conference](http://www.aohc.org/conference) and from the **Social Media Table** located near the **Internet Café** (by the entrance to the skywalk).
- View and comment on real-time coverage of the conference on its official blog at: [www.ActingTodayShapingTomorrow.posterous.com](http://www.ActingTodayShapingTomorrow.posterous.com)
- Share your conference photos: upload to your **Flickr** account and tag photos using **CHC2011**
- Use your **Twitter** account to "tweet" throughout the conference and use the official conference hashtag **#CHC2011**
- The Conference's official Facebook page: <https://www.facebook.com/CHCs.ActingTodayShapingTomorrow>
- The Conference's official website: [www.aohc.org/conference](http://www.aohc.org/conference)

## WORKSHOP B15: FOOD SECURITY BUS TOUR: Thursday June 9th, 2011 (2:50 – 6:15 pm)

### **B15: Food Security Bus Tour: A bus tour to see some of the local programs highlighted in the handbook “Thinking outside of the breadbox: A ‘how-to’ handbook for food security programming in Community Health Centres”**

Tour Guides from the GTA Community Health Centre Food Security Network

**Bronwyn Underhill**, Health Promoter, Fairview Community Health Services, Flemingdon Community Health Centre (Toronto, ON, CANADA)

**Linor David**, Health Promoter, Queen West Community Health Centre (Toronto, ON, CANADA)

**Julia Graham**, Community Health Worker, Stonegate Community Health Centre (Toronto, ON, CANADA)

**Rebecca Hasdell**, Master of Public Health Candidate (Toronto, ON, CANADA)

The Greater Toronto Area (GTA) Community Health Centre Food Security Network inventory and handbook, created in response to

growing interest around food programming, highlights existing food programs, program outcomes and the resources and information needed to implement them. The moving venue will take workshop participants to two of the four downtown CHCs to see different food programs in action. We will taste the food that is made, talk with participants and see how CHCs are incorporating food security into their work. On-the-road discussions will focus on the GTA CHC Food Security Network project and highlight a few sections in the handbook. Each participant will leave with a copy of the handbook and lots of new ideas! Learning outcomes include:

1. Identification of the role that food security plays in health.
2. Identification of the four different types of food security programs, tools, best practices and innovative ideas to start your own programs.
3. Knowledge of the steps involved in developing a similar inventory/handbook.

## Workshops C

### **Friday June 10th, 2011 (10:30 am – 12:15 pm)** See *Workshops at a glance* insert for locations

Delegates who have not yet chosen their workshops can do so at the Registration Booths, based on availability

#### **C1: Building International Health Partnerships: A Case Study of Experiences from US Community Health Centres**

**Colleen Boselli (Moderator)**, State Policy Analyst, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Anne Nolon**, CEO, Hudson River Health Care (Hudson Valley, NY, UNITED STATES)

**Andrew Bazemore**, Assistant Director, Robert Graham Center for Policy Studies in Family Medicine and Primary Care (Washington, D.C., UNITED STATES)

Community Health Centers continually receive recognition as providers of high quality, cost-effective, accessible care. Yet many within the health center community ask – what more can we do? In response to the need to provide greater access to primary and preventive care in remote parts of the world, several health centers in the U.S. have begun working with global healthcare advocacy groups, communities abroad and academic centers to share and spread the health center model to those most in need internationally. This session will highlight current global partnerships and outline the benefits these relationships provide to both host and home communities. Learning outcomes include:

1. Have a better understanding of the importance of expanding their mission to communities abroad.
2. Identify ways to effectively expand their mission globally to an international community.
3. Understand best practices from health centers in the US.

#### **C2: A Look at Primary Health Care in Sweden and the Role of Community-Oriented Health Centres**

**Robert Sinclair**, Senior Medical Advisor, Västra Götaland Health Region (Göteborg, SWEDEN)

**Daniel Pollack**, Senior Medical Advisor, Västra Götaland Health Region

**Jan de Maeseneer**, Chairman, European Forum for Primary Care (Utrecht, NETHERLANDS)

This workshop will provide an overview of primary health care in Sweden, with emphasis on experiences from the Västra Götaland Region. More detailed examples will be provided that focus on the history, success and obstacles faced in efforts to implement community-oriented primary health care in Sweden. In the course of the workshop, presenters will engage participants around common values and objectives in community-oriented primary health care that both Swedish counterparts and the European Forum for Primary Care want to support at an international level. Learning outcomes include:

1. A better understanding of primary health care and the community-oriented approach within the context of Swedish society and the country's healthcare system.
2. Insight into barriers, experiences and lessons from primary healthcare centres in advancing a community-oriented approach to primary health care in Sweden.
3. A sense of the values, approaches and definitions of community-oriented primary health care that are common to different jurisdictions internationally.

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### C3: Improving Refugee Health: Lessons from a Pilot e-Health Project

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**Farah Ahmad**, Assistant Professor, Dalla Lana School of Public Health, University of Toronto (Toronto, ON, CANADA)

**Khaled Karyan**, Access Alliance Multicultural Community and Health Services (Toronto, ON, CANADA)

**Jasmine Li**, Clinical Social Worker and Allied Health Team Lead, Access Alliance Community and Health Services

**Yogendra B. Shakya**, Senior Research Scientist, Access Alliance Community and Health Services

**Cliff Ledwos**, Director, Primary Health Care and Special Initiatives, Access Alliance Community and Health Services

Some computer-based interactive tools can be applied in health and social services to enhance people's timely access to information and care. One such model is computer-assisted psychosocial risk assessment or CaPRA. A joint university-community team at Access Alliance piloted a project with Afghan refugees, first identifying the health priority areas for refugees through a community participatory approach which included multiple brainstorming sessions with healthcare providers and representatives of the Afghan refugee community. The resulting psychosocial CaPRA survey was administered by touch-screen technology using iPad and completed by patients before seeing the clinician. The CaPRA tool has been evaluated with 50 Afghan refugees. This workshop will present the 1) process of CaPRA tool development, 2) preliminary results from the perspectives of refugees, 3) perspectives of providers, and 4) practice implications. Learning outcomes include:

1. Learnings about the interactive eHealth tool in waiting room.
2. Knowledge about the culturally-sensitive mixed-method research.
3. Practice/policy implications of emerging eHealth tools for CHCs.

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### C4: Systems Navigation: An Innovative Community Health Centre Response to Growth and Change

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**Patricia Dupon**, Mental Health Care Team Lead, London InterCommunity Health Centre (London, ON, CANADA)

In the face of huge growth in clientele, the majority with significant mental health concerns, complex physical health issues exacerbated by a lack of access to primary care, and multifaceted settlement and psycho-social issues, London InterCommunity Health Centre created the position of Systems Navigator (SN) in order to address the need to serve their existing and new clients in an innovative and responsive way. The SN focuses on three main areas: intake (a comprehensive assessment of capacities/needs across the spectrum of social/physical determinants of health), provision of information and referrals to internal services (precluding the need to re-tell their story), and assistance in the navigation of community systems and services. The Systems Navigator's intervention ends once the client has been successfully connected with the appropriate provider or service. Learning outcomes include:

1. Understanding of the Systems Navigator role in Community Health Centres.
2. Benefits of having a Systems Navigator.
3. Knowledge about the challenges that arise during the implementation of this new position.

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### C5: Putting 'Community' in Community Hub: Examining Effective Strategies for Partnership Development and Stakeholder Engagement

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**Kerry-Lynn Wilkie**, Director of Programs, Partnerships and Evaluation, Langs Farm Village Association Community Health Centre (Cambridge, ON, CANADA)

**Bill Davidson**, Executive Director, Langs Farm Village Association Community Health Centre

**Judy Applebee**, Administrative Assistant, Langs Farm Village Association Community Health Centre

From early planning stages to co-locations of health and social services, a neighbourhood-based CHC will outline the process, challenges and successes of its partnership development model over the past thirty years, which led to federal and municipal capital funding investments. Hear first-hand experiences, learnings and newly-emerging approaches to innovative cross-sector service planning and delivery that engage residents/clients in decision-making and support families in suburban and rural communities. Workshop participants will learn about and contribute to the perspectives and benefits of community partnerships and discuss how to advance this work to shape tomorrow's investment in prevention in provincial policy and the community hub model. Learning outcomes include:

1. Enhanced knowledge of system visioning and planning for partnerships to enhance community health.
2. Day-to-day strategies and tools to enhance their partnership development process.
3. How to build internal readiness, capacity and support for partnership development work and the creation of community hubs in your organization.

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### C6: 'On the Go' for 'Better Body and Balance': A Community-Based Falls Prevention Program for Adults over 50 Years of Age

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**Lori Patterson**, Occupational Therapist, St. Joseph's Community Health Centre (Saint John, NB, CANADA)

**Jill Roberts**, Community Development Nurse, St. Joseph's Community Health Centre

**Senior Partner**, to be determined

Saint Joseph's CHC in Saint John, New Brunswick is creating a comprehensive community-based falls prevention program that will be offered to older adults (50+) and is comprised of two main areas. The 'On the Go' mobile clinic screens older adults and provides a

## WORKSHOPS C: Friday June 10th, 2011 (10:30 am – 12:15 pm)

falls-risk score, falls prevention education and individual follow-up. Secondly, older adults can enrol in a community exercise class led by a volunteer, certified Senior Fitness Instructor. This comprehensive program will assist in decreasing falls-risk by providing information on participants' risk factors and age-appropriate exercise in their own neighbourhoods. Side benefits include enhanced community capacity, social cohesion, and knowledge on the importance of physical activity in the older years. Learning outcomes include:

1. Your own fall risk after completing the Quick Screen assessment.
2. Identification of falls prevention educational resources for older adults.
3. How to start a comprehensive, community-based falls prevention model that is founded on the work of volunteers.

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### C7: Innovations in Peer-Support to Enhance Chronic Disease Self-Management

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**Michelle Westin**, Manager of Diabetes Education Program, Black Creek Community Health Centre (Toronto, ON, CANADA)

**Bronwyn Underhill**, Health Promoter, Fairview Community Health, Flemingdon Community Health Centre (Don Mills, ON, CANADA)

**Marsha Brown**, Community Health Worker, Fairview Community Health, Flemingdon Community Health Centre

Peer-training models can improve accessibility of health-promoting programs by (e.g.) offering the program in various languages, running the program at locations throughout the community, and working with peer leaders who reflect the communities the health centre serves. Many of the populations served by CHCs also are at a higher risk for developing chronic health conditions due to their ethnic, social, or income backgrounds and peer-led groups can be an effective way to address their health concerns and support self-management behaviours. Black Creek Community Health Centre trained peer leaders from the Black Caribbean, South Asian (Urdu-speaking), Somali, Vietnamese and Spanish-speaking communities in the "Live, Learn, and Share" Diabetes Peer Support Group model. Community residents and partner agencies worked together to ensure that the materials and content were reflective of the experience of those living with diabetes. Fairview Community Health (Flemingdon Health Centre) trained peer leaders who spoke Mandarin, Farsi, Urdu, Tamil, Tagalog, and English as leaders in the Stanford University Chronic Disease Self-Management model. These leaders then ran the program in their native languages with members of their ethnocultural groups. Participants in this workshop will learn practical tips and tools around how to start and help sustain peer led programs in their CHCs and will leave feeling inspired! Learning outcomes include:

1. Learn about the role of Peer Education/Support in chronic disease self-management
2. Know more about two successful peer training models for diverse ethnocultural and linguistic populations
3. Take home practical information and resources to adapt this model for your community

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### C8: Maximizing Efficiency, Quality and Value: Tools and Takeaways From Two Community Health Centres' Quality Improvement Journey

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**Aynur Gurbanova**, Director of Clinical Services and Community Programs, East End Community Health Centre (Toronto, ON, CANADA)

**Wendell Block**, Family Physician, East End Community Health Centre

**Emily Stevenson**, Physiotherapist/Quality Improvement facilitator, East End Community Health Centre

**Kathleen Foley**, Manager Health Services, South Riverdale Community Health Centre (Toronto, ON, CANADA)

**Marianne Cheetham**, Nurse Practitioner, South Riverdale Community Health Centre

**Rebecca Merritt**, Team Lead/ Medical Reception, South Riverdale Community Health Centre

**Jorie Morrow**, Social Worker, South Riverdale Community Health Centre

**Trish O'Brien**, Director, Quality Improvement, Quality Improvement and Innovation Partnership (QIIP) (Mississauga, ON, CANADA)

This workshop will highlight the quality improvement (QI) journey of East End (EECHC) and South Riverdale CHCs. For East End CHC, the result has been nothing less than the creation of a QI culture. EECHC will highlight the value of QI from a client perspective, enablers and barriers to clinical-care outcome optimization and the process design/redesign required to improve client and clinical-provider experience. South Riverdale's involvement in the provincial Quality Improvement and Innovation Partnership (QIIP) focussed on: enhancing and streamlining the administrative infrastructure to support change, addressing practice management issues to improve access, inter-disciplinary communication and our work environment. Learning outcomes include:

1. Knowledge about the processes needed to address QI with a complex clinical patient population in an interdisciplinary clinical setting.
2. Identification of the change process and potential enablers/barriers encountered during the process of improving client and care-provider experience.
3. Tools (data collection tools, monitoring/reporting tools and process maps), resources and processes necessary for implementing QI.

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## WORKSHOPS C: Friday June 10th, 2011 (10:30 am – 12:15 pm)

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### C9: GLADSI: Prevention and Early Intervention on Youth Substance Use from a Community and Youth Engagement Perspective

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**Shirley Withers**, Project Coordinator/Clinical Social Worker, Community Health and Addiction Services, Horizon Health Network (Fredericton, NB, CANADA)

**Isabel Camp**, Manager, Queen's North Community Health Centre (Minto, NB, CANADA)

The GLADSI initiative, funded by Health Canada, was inaugurated in April of 2009 and will be completed in June 2011. The goals of this initiative are: to enhance awareness regarding positive psychology approaches, to strengthen community connectedness among youth and community stakeholders, to increase recognition of individual and collective strengths, to increase collaborative efforts among youth and community stakeholders and to design, implement, and evaluate a co-ordinated messaging and brief intervention strategy designed to reduce or prevent problem substance use among youth. Learning outcomes include:

1. Enhanced understanding of the significance of community engagement.
2. Knowledge on how to address health inequities from a community perspective.
3. Understanding of the challenges of engaging vulnerable populations and the value of community partnerships.

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### C10: Poverty, Racism and the Impact on Health: Making Policy Connections

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**Liben Gebremikael**, Executive Director, TAIBU Community Health Centre (Scarborough, ON, CANADA)

**Maxine Carter**, Access and Equity Coordinator, City of Hamilton (Hamilton, ON, CANADA)

**Denise Brooks**, Executive Director, Hamilton Urban Core Community Health Centre (Hamilton, ON, CANADA)

**Simone Atungo**, Director, Community Development, Mount Sinai Hospital (Toronto, ON, CANADA)

Members of the Inner City Health Strategy Working Group will discuss the outcomes and recommendations resulting from our recent policy summit. The summit was convened to provide an opportunity for advocates, leaders, and community members to examine the practices, gaps and experiences of poverty and racism and the impact on the health of racialized populations, exchange knowledge and information and make policy and practice recommendations for improvement and change. Organizations from Nova Scotia, Massachusetts and New York provided input on the summit's

four theme areas related to mental health, integration, access and differential treatment, and reducing disparities and improving outcomes for racialized populations. Learning outcomes include:

1. Better understanding of the impact of poverty and racialization on the health and well-being of racialized populations.
2. Understanding of the policy, practice and service gaps related to poverty, racism and the impact of these unaddressed areas.
3. Advocacy tools for policy and practice change in your community or organization.

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### C11: Harm Reduction – Effective Strategies to Improve Individual and Public Health (a focus on care and support for vulnerable and street-involved women)

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**Josie Ricciardi**, Community Health Co-ordinator, Regent Park Community Health Centre (Toronto, ON, CANADA)

**Anne Egger**, Nurse Practitioner, Regent Park Community Health Centre

**Karla Dozzi**, Registered Nurse, Regent Park Community Health Centre

**Mary Kay Mac Viccar**, Harm Reduction Coordinator, Street Health (Toronto, ON, CANADA)

**Molly Bannerman**, Women's Harm Reduction Coordinator, South Riverdale Community Health Centre COUNTERfit Program (Toronto, ON, CANADA)

**Kelly Green**, Women's Harm Reduction Researcher, South Riverdale Community Health Centre

**Brenda Bernet**, Women's Harm Reduction Researcher, South Riverdale Community Health Centre

South Riverdale, Regent Park and Street Health provide an integrated model of care to address the health and social challenges facing women who are homeless/precariously-housed, engaged in sex work and use illicit drugs (IDU). South Riverdale's COUNTERfit, a leading harm-reduction program in Toronto, conducted an innovative community-based research project with more than 40 IDU/sex-working women. Their research indicated a correlation between the criminalization of these women and reduced use of harm-reduction, health and other support services. Regent Park and Street Health's Safer Stroll Outreach Project is a peer training program that builds both sex workers' capacity to deal with high-risk situations and that of agencies to respond to sex-worker-directed violence. Learning outcomes include:

1. Strategies to reduce violence and build trust with women who are sex workers, drug users and street-involved.
2. Knowledge about advocacy to reduce health inequities for women who unjustly suffer criminalization and stigmatization.
3. Illustration of benefits of the interprofessional model in doing this work.



### Promoting a Healthy, Scent-Free Environment

In consideration to those who are sensitive to chemicals, we kindly asks you to refrain from wearing perfumes, colognes and other scented products at the conference and affiliated events.

## WORKSHOPS C: Friday June 10th, 2011 (10:30 am – 12:15 pm)

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### **C12: Renewing Primary Health Care: The New US Health Care Landscape and the Role of Community Health Centers**

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**Michelle Proser (Moderator)**, Director of Research, National Association of Community Health Centers (Washington, D.C., UNITED STATES)

**Doug Smith**, CEO, Greene County Health Care (Greeneville, NC, UNITED STATES)

**Leighton Ku**, Professor, Department of Health Policy and Director of the Center for Health Policy Research, George Washington University (Washington, D.C., UNITED STATES)

**Mike Bell**, Director of Primary Care and Quality Improvement, Kingston Community Health Centre (Kingston, ON, CANADA)

**David Gibson**, Executive Director, Sandy Hill Community Health Centre (Ottawa, ON, CANADA)

How can U.S. CHCs use recent healthcare reforms to re-invent care delivery and push the narrow boundaries of primary care to a renewed CHC vision that enhances our common core attributes? One U.S. center transformed itself into a 'health care home', providing personal, team-oriented, comprehensive, coordinated, high-quality care while creating culturally-competent, expanded access. Hear about U.S. innovations to improve co-ordination and integration among CHCs and other safety-net settings. Finally, hear how Ontario's CHCs implement a Model of Care where the focus is on client-centred, integrated and coordinated primary health care with a focus on illness prevention, health promotion, community capacity-building and the social determinants of health. Learning outcomes include:

1. Better understanding of health care and financing innovations in the U.S.
2. Understanding of U.S. partnership arrangements and best practices, both U.S. and Canadian.
3. Development of a core set of common attributes for CHCs and CHC networks in Canada and the United States to advance your capacity to take advantage of healthcare reforms in the U.S. and Ontario.

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### **C13: Making the Case for Community Prevention: Lessons from Efforts to Integrate Prevention into U.S. Health Reform**

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**Sana Chehimi**, Program Director, Prevention Institute (Oakland, CA, UNITED STATES)

Groups embarking on prevention efforts, to address community factors that influence health, will need to bring a wide range of stakeholders on board (e.g., policymakers, potential partners, the public). Data and research on the return on investment (ROI) from prevention are particularly powerful in engaging desired audiences. Prevention Institute will describe the organization's efforts to evaluate the ROI from environmental and policy changes targeting the most costly chronic diseases in the U.S. The analysis projected a 5:1 annual ROI (from a \$10 per capita investment) in the fifth year and

was an instrumental component of broader health reform advocacy efforts from 2008-2010. The session will describe the role of ROI research in successfully incorporating prevention into U.S. health reform legislation and future directions in prevention research. Presenters will also touch upon other elements of making the case that were critical in achieving policy success, including framing and engaging the media. Learning outcomes include:

1. Understand how community prevention can reduce health care expenditures and also have a number of societal benefits including reducing health disparities and improving long-term health outcomes.
2. Understand the prominent findings from Prevention Institute's analysis of the ROI from community prevention efforts (including an analysis of end-of-life costs).
3. Understand the need for comprehensive approaches to make the case for prevention and elements in addition to data and research. By the end of this session participants will be equipped to utilize the data, messaging, and resources shared in this presentation to support their making the case efforts.

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### **C14: Research and Policy Priorities for Advancing Comprehensive Primary Health Care: A Follow-Up from Recent Dialogue**

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**Kevin Barclay**, Senior Advisor, Canadian Health Services Research Foundation (Ottawa, ON, CANADA)

**Gillian Mulvale**, Director, Healthcare Financing, Innovation and Transformation, Canadian Health Services Research Foundation (Ottawa, ON, CANADA)

**Jack McCarthy**, Chairperson, Canadian Alliance of Community Health Centre Associations (Ottawa, ON, CANADA)

On June 8th, CHSRF and CACHCA convened a special, pan-Canadian dialogue as a lead up to the June 9-10 conference, with the goal of identifying research and policy priorities that will advance comprehensive primary health care in Canada. Draft results from the June 8th dialogue will be summarized at this workshop as a foundation for further planning and action. Leadership needs to come from across health and social service systems to advance comprehensive primary health care. Priorities for policy and research will carry little weight unless all stakeholders have an opportunity to share in their development and identify contributions to advancing these priorities. Participants will be invited to reflect on the draft priorities from June 8th and their experiences at the conference, identifying how they can individually and collectively advance the development of comprehensive primary health care in Canada. Learning outcomes include:

1. Better understanding of common policy and research priorities to advance comprehensive primary health care.
2. Understanding of key opportunities for advancing comprehensive primary health care policy and research.
3. Identification of next steps, individually and collectively, for pursuing opportunities that will advance comprehensive primary health care.

# Networking Sessions *or* Organized Tour of a Toronto CHC

Delegates who have not yet chosen a networking session or the Tour can do so at the Registration Booths, based on availability.

See *Workshops at a glance* insert for locations.

## Networking Sessions **Thursday, June 9th, 2011 (4:50 – 6:15pm)**

1. **Francophone:** a French-language session for Francophones and allies
2. **Aboriginal:** for Aboriginal people and allies
3. **LGBTQ:** for members of the LGBTQ community and allies
4. **Communication Leads:** a session to share ideas about promoting services and programs; demonstrating/communicating effectiveness of CHCs with opinion leaders and decision makers
5. **Community Governance:** for Board members
6. **eHealth:** Health IT / IM
7. **Care Coordination:** for discussions related to client care and/or case coordination
8. **Performance Improvement:** enhancing quality of care
9. **Community Initiatives & SDOH:** to discuss initiatives and strategies to address the social determinants of health (SDOHs)
10. **Mental Health and Addictions:** to discuss mental health and addictions prevention and care initiatives
11. **Oral Health:** for discussion of initiatives to increase access to oral health care and improve outcomes
12. **Organizational Health / Operations:** for discussions related to sustaining healthy organizations and staff
13. **Community-based Research (CBR):** for researchers and others interested in CBR
14. **Provincial / State Associations:** for individuals working at provincial/state health centre associations

*or*

## Organized Bus Tour **Thursday, June 9th, 2011 (4:50 – 6:15pm)**

A guided tour of a Toronto-area Community Health Centre (one of Lakeshore Area Multi-Service Project (LAMP), Access Alliance Multicultural Health and Community Services or Parkdale Community Health Centre)



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**Please take the opportunity to visit our exhibitors' booths: 8 am – 5 pm on Thursday, June 9th and 8 am – 3 pm on Friday, June 10th. The Exhibit Hall is in the Metro East Ballroom.**

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## Thank You, Volunteers!

Our deep appreciation goes out to Dr. Nicole Nitti for her time and input into the conference planning process, and to the many on-site volunteers who have supported this year's conference. Your efforts have truly helped to make this international event a great success.

The AOHC would also like to extend a special thank you to our Coordinator of Volunteers extraordinaire, Lindsay Hall. At every conference that AOHC has held, Lindsay has been a fearless, tireless, patient and good-natured leader to our many volunteers.

Lindsay: From the bottom of our hearts, thank you - we couldn't have done it without you.



LINDSAY HALL  
COORDINATOR OF VOLUNTEERS

