

NETWORK OF ONTARIO'S COMMUNITY HEALTH CENTRES

MODEL OF CARE CHARTER November 2008

*"Almost always, the creative dedicated minority
has made the world better."*

Dr. Martin Luther King, Jr.

Preamble:

Whereas Ontario's Community Health Centres (CHCs) share a common language and a common history of more than 35 years of holistic, interdisciplinary community-based care; and

Whereas the province's CHCs play a unique role as a vehicle for completing Tommy Douglas' vision of the Second Stage of Medicare – not just patching people up when they get sick, but keeping them well in the first place; and

Whereas our work recognizes the intersection of health disparities and social inequities and is thus undergirded by a commitment to the principles and values of social justice and the need to work for political and economic change; and

Whereas CHCs constitute a dynamic movement of empowered and empowering people dedicated to building healthy individuals, families, communities, partnerships, environments and civic institutions;

The following Charter

Sets forth a set of attributes and principles that form the nucleus of who we are and what we do as Community Health Centres in Ontario; these principles with their underlying beliefs and values not only form our internal identity, but also reflect who we are to the external environment;

Describes and prescribes a way of working together, clients and providers, Centres and communities, that asserts: Every One Matters;

Recalls and reminds us that CHCs' understanding of primary health care places us squarely at the community heart of a larger struggle for equity and social justice, for the right to holistic care, regardless of status, endowment or condition, that takes into account all aspects of human dignity;

Acclaims the distinguishing features of our collective identity as organizations and communities and *provides* an opportunity to affirm our commitment to the values, principles and beliefs embedded in the CHC Model of Care.

The Community Health Centre Model of Care: A Statement of Principles

CHCs offer a range of comprehensive primary health care and health promotion programs in diverse communities across Ontario. Services within CHCs are structured and designed to eliminate system-wide barriers to accessing health care such as poverty, geographic isolation, ethno- and culturo-centrism, racism, sexism, heterosexism, transphobia, language discrimination, ageism, ableism and other harmful forms of social exclusion including issues such as complex mental health that can lead to an increased burden or risk of ill health.

The CHC model of care focuses on five service areas:

- Primary care
- Illness prevention
- Health promotion
- Community capacity building
- Service integration

The CHC Model of Care is:

- **Comprehensive:**
CHCs provide comprehensive, coordinated, primary health care for their communities, encompassing primary care, illness prevention, and health promotion, in one to one service, personal development groups, and community level interventions.
- **Accessible:**
CHCs are designed to improve access, participation, equity, inclusiveness and social justice by eliminating systemic barriers to full participation. CHCs have expertise in ensuring access for people who encounter a diverse range of social, cultural, economic, legal or geographic barriers which contribute to the risk of developing health problems. This would include the provision of culturally appropriate programs and services, programs for the non-insured, optimal location and design of facilities, oppression-free environments and 24 hour on-call services.
- **Client and community focused:**
Clients, patients, program participants and community residents are at the heart of a CHC's activities. Planning follows a population health approach and develops best practices for serving a given population's needs. In view of the special relationship that CHCs have with their communities, whether based on geography and/or specific populations, the needs of those groups and individuals are of primary importance.
- **Interdisciplinary:**
CHCs build interdisciplinary teams working in collaborative practice. In these teams, salaried professionals work together in a coordinated approach to address the health needs of their clients. Depending on the actual programs and services offered, CHC interdisciplinary teams may include physicians, nurses, nurse practitioners, dietitians, physiotherapists, occupational therapists, social workers, Aboriginal traditional healers, chiropodists, counsellors, health promoters, community development workers, and administrative staff.
- **Integrated:**
CHCs develop strong connections with health system partners and community partners to ensure the integration of CHC services with the delivery of other health and social services.

Integration improves client care through the provision of timely services, appropriate referrals, and the delivery of seamless care. Integration also leads to system efficiencies.

▪ **Community governed:**

CHCs are not-for-profit organizations, governed by community boards. Community governance ensures that the health of a community is enhanced by providing leadership that is reflective of its diverse communities. Community boards and committees provide a mechanism for centres to be responsive to the needs of their respective communities, and for communities to develop a sense of ownership over “their” centres.

• **Inclusive of the social determinants of health:**

The health of individuals and populations are impacted by the social determinants of health including shelter, education, food, income, a stable eco-system, sustainable resources, anti-oppression, inclusion, social justice, equity and peace. CHCs strive for improvements in social supports and conditions that affect the long-term health of their clients and community, through participation in multi-sector partnerships, and the development of healthy public policy, within a population health framework.

▪ **Grounded in a community development approach:** CHC services and programs are responsive to local community initiatives and needs. The community development approach builds on leadership, knowledge and life experiences of community members and partners to contribute to the health of their community. CHCs increase the capacity of communities to improve community and individual health outcomes.

As community-directed organizations, Community Health Centres:

- **Advocate on issues of public policy and on matters that affect the well-being of individuals and communities;**
- **Adhere to the principles of social justice, namely,**
 - equity and dignity and integrity of the person
 - manifest in access to nutritious food, safe and secure housing, clean water, adequate and appropriate clothing, dignified and justly-remunerated employment or income, health care appropriate to all ages and stages of life, and mechanisms of fulsome engagement and participation in civic, social and political processes,
 - with the goal of putting in place and/or maintaining supports and political arrangements that enable persons to reach their highest potential,
 - and upheld by international covenants, charters and other undertakings to which we are signatory as a country and responsible to implement as a province;
- **Are efficient and effective vehicles of primary health care and accountable to both communities and funders;**
- **Strive to provide fair, equitable compensation and benefits for our staff.**

By my signature below, I hereby personally affirm and endorse the CHC Model of Care, and other principles contained in this CHC Charter dated June 10, 2008 and I will work with my organization to bring them to the point of affirmation and endorsement of this Charter.

Executive Director

Community Health Centre