



REASONS TO BE PROUD, REASONS TO IMPROVE





AOHC Board of Directors 2008-2009 First row: Carol Smith, Simone Hammond, David Orman. Second row: Jeannie Taylor-Page, Karen Smith, Almaz Reda, Jill Marzetti, Marsha Stephen. Third row: Marc Beaulieu, Paulos Gebreyesus, Anita Cameron, Vincent Lacroix, Joan Lesmond. Absent: Margaret Hedley and Elizabeth Belder

THE ASSOCIATION OF ONTARIO HEALTH CENTRES

(AOHC) is the policy and advocacy organization for non-profit, community-governed, interdisciplinary primary healthcare organizations. Our members are Ontario's Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs) and Community Family Health Teams (CFHTs).

We believe that effective primary healthcare addresses the social determinants of health, including social inclusion, access to shelter, education, income and employment security, food and stable ecosystems. It encompasses primary care, illness prevention and health promotion, and uses a community development approach to building healthy public policy in supportive environments.

Our Model of Care is highly effective for all Ontarians. At the same time, it is an especially important resource for people who encounter a diverse range of access barriers linked to social determinants of health, such as culture, ethnicity, geographical isolation, language, literacy, poverty, physical disabilities, and race.

For more information please visit www.aohc.org



AOHC STAFF From left to right: Sophie Bart, Lee McKenna, Scott Wolfe, François L'Ecuyer, Sandra Wong, Adrianna Tetley, Corinne Christie, Mary Chudley, Roohullah Shabon, Chantal Pinard, Carolyn Poplak and Lisa Tisdell. Absent: Keisa Campbell, Danielle Kurchak, Cory Leblanc and Brian Sankarsingh

Tackling chronic disease

AOHC is proud to have gathered, once again, a group of staff, Board members, professionals and experts to make our Annual Conference on chronic disease prevention and management a true success. We know that many of you have already brought the learnings back to your Centres to make good use of it at the local level and we hope that knowledge will spread throughout the entire sector.

The Association's Member Health Centres use a comprehensive and unique approach to prevent and manage chronic disease. The breadth and depth of their health services and programs enable them to play a vital role to meet this great challenge to our health system. Their potential to play a strong role in the province-wide strategy tackling chronic disease was also underlined in the Ontario Health Quality Council's QMonitor annual report.

Thanks to all the speakers, facilitators, volunteers and over 500 attendees, we were able to share this potential with all of you and to make this a conference to remember!

The AOHC Team

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Reasons to be proud, reasons to improve

Last year our conference was all about the challenge of completing the Second Stage of Medicare, a series of innovations that will continue solving many problems we face in our health system. Last June in Ottawa, we set the challenge of applying Second Stage of Medicare solutions to one of our biggest dilemmas facing our health system; how to do a better job preventing and managing chronic disease.

AOHC has a vision that implements the Second Stage of Medicare, a vision where every person in Ontario at risk of or diagnosed with chronic disease is getting the care and the support that they need, but more importantly the vision is that Every One has the same opportunity to be healthy no matter who they are or where they live.

If we had to summarize the conference in one line, it would be: we have reasons to be proud, and we have reasons to improve. Dr. Chan of Ontario Health Quality Council (OHQC) confirmed that CHCs are doing a pretty good job. We are not doing a great job, but we are doing a good job, and better than most other models. We heard from Dr. Bell of the Sunnybrook Health Science Centre that CHCs are leading inter-professional practice and quality of care for the last 30 years, and we are leading it because of our model of care. And our model of care is more than interdisciplinary practice; it is a model built on social determinants of health.

We have reasons to be proud, and we have reasons to improve. We heard from the OHQC that there were over 8,000 preventable deaths in Ontario last year. We also heard from our sister organizations – community health centres in Saskatchewan and the United States who have the same model and the same kind of clients as we do – that we can do better.

We learned from the Saskatoon Community Clinic that emergency room visits and alternate care levels have decreased by 20% for their senior groups as a result of a quality improvement collaborative. We have also heard in different workshops that there are proven methodologies, there is a lot of experience to build from and we need to start small, test often and celebrate our successes.

Let's remember Tommy Douglas when he said "Let's not forget that the ultimate goal of Medicare is to keep people well, rather than just patching them up when they get sick". Now as we reflect on that quote and on what we have shared together at our Annual Conference, we would like to say again "We have reasons to be proud, and we have reasons to improve".

Simone Hammond
President

Adrianna Tetley
Executive Director



Adrianna Tetley, Executive Director



Simone Hammond, President

A memorable moment

The conference started off with a moving song by Lawrence Martin, Executive Director at Misiway Community Health Centre and Juno Award Winner, as a tribute to First Nations Aboriginals people and to acknowledge the apology from the Government of Canada that was made the previous day for the abuses resulting from the residential school system in Canada.



*Many Children got taken away
From their homes and families
So many died from cultural genocide
And yet today, we struggle to be free*

*Many generations have carried the shame
In their heart and in their souls
But there comes a time when you must leave it behind
By stepping out and speaking from your heart*

*Anishinabe Child
You are God's creation
You need to be strong
You didn't do anything wrong*

*You must say how you feel
That's how you're gonna heal
In a little while
Like an eagle you can fly*

*The journey home is a long and winding road
Every single step along the way
So many tears for every ounce of fear
Believe in yourself and you can go all the way*

Lawrence Martin, Executive Director at Misiway
Community Health Centre and Juno Award Winner

Making a difference

Reminding each of us how much our work makes a difference, two clients and a volunteer program assistant from Ottawa's Centretown & Pinecrest-Queensway and the Centre de santé communautaire de l'Estrie CHCs shared the touching stories of how Community Health Centres are making a major positive difference in people's lives.



LARRY GRIFFITHS

"I joined the program in January 2007, where I met with Christine and Anita Rizinski who are members of the Centretown CHC team. I found that I was in denial and I was actually in fear. Both my parents died being diabetic. My dad was on a dialysis machine and my mom died of complications, so this is very serious to me. When I met with the team, I was able to express my fear, my denial and my lifestyle. For the first time in 10 years I am able to manage my diabetes because of the education that I received."

Prevention is very important to all of our Health Centres. Similar diabetes education programs are delivered at over 50 Health Centres across the province.



GERMAINE DEAN

“I have been a client at the Centre de santé communautaire de l’Estrie for about 18 years, and it is always like going home to my family. I can communicate in French, my first language, with all the staff. When I first went to the Centre I was so fragile, I was barely surviving. I was doing what needed to be done; it was that bad.

With a lot of counselling I started doing things for myself, went back to school and learned all about computers. I slowly started to take care of myself and built some confidence. I went to the Centre for one thing and was exposed to many other services they offered and I was diagnosed with borderline diabetes 9 years ago. I have since learned to control it with food and exercise and nine years later I am not on any medication.”

We believe that literate and educated citizens will have better employment opportunities which will result in increased access to health centres and better standards of living.

Clients communicating in their mother tongue improves the quality of care they receive. AOHC’s members deliver services and programs in Ontario in close to 60 different languages.



HUSSEIN ABDULAH

“About two years ago, our team at Pinecrest-Queensway CHC spoke to students and teachers and community workers and asked them to explain why young people were dropping out of school; the most important reason was the lack of literacy outside of school. Our intention became to provide young people with enough skills to stay in school, become more literate and succeed in post-secondary education.

Communication, life skills and knowledge obtained at a young age will assist the growing youth to make better decisions, better and healthier choices. This will also allow them to make superior health and safety decisions in the future. It is essential that we provide necessary life skills to prevent chronic disease, improve the standard of living and promote healthy lifestyles. Raising the level of literacy among youth will eventually reduce the level of social inequality in health outcomes for seniors. Improved literacy does equal better health.”

Model of Care praised



DR. BEN CHAN, CHIEF EXECUTIVE OFFICER,
ONTARIO HEALTH QUALITY COUNCIL

“Perhaps we can take some pride for a moment and reflect that despite these challenges and difficulties, when it comes to the delivery of evidence-based practices, the CHCs are indeed doing far better than fee-for-service groups or other types of non-fee for service care settings...

One of the key factors is the team work and team structure, in particular having a nurse practitioner working strongly beside the rest of the team. That factor seems to be particularly critical in getting better outcomes.

Although on the whole CHCs are performing better, does that mean that we will rest on our laurels? Does that mean that we’ve solved all the problems of chronic disease? As you can see when you look at some of the specific things we should all be doing, there are still huge areas for improvement and that’s where we need to be focusing our efforts...

But what does this mean from the patients’ perspective? It means an awful lot less disability, an awful lot less mourning, an awful lot less heartache for the people out there that we are trying so hard to serve.”

The Ontario Health Quality Council’s (OHQC) 2008 QMonitor Report, released in May 2008, provided a sharp critique of the lack of progress made in Ontario in preventing and managing chronic disease. The report shined light on several lessons and solutions that can help us gain important ground in reigning in chronic disease.

At the conference, OHQC President Dr. Ben Chan shared with the delegates how one of the things that has been his passion over the last several years is quality improvement, not only from his past background of running Saskatchewan’s Health Quality Council in implementing different quality improvement projects, but also through time as a front line family physician working in a variety of communities across Ontario. He also added that, having worked in seven different CHCs on a locum basis, he had had some first hand experience seeing the challenges CHCs face and the special populations they provide care to, and complimented them on the amount of team work and coordination which support the CHC Model of Care.

In the OHQC report, CHCs are highlighted as a key solution to Ontario’s health system challenges, most notably related to chronic disease. The findings also point out that not only do CHCs perform significantly better than individual physicians and other health organizations in managing their clients’ chronic illnesses, they also do so with population groups that typically face greater barriers to health and healthcare due to poverty, inadequate housing, language, geographic isolation and other factors.

Dr. Chan closed by saying that despite the fact that CHCs are performing so well, we should not rest on our laurels, and that there are still huge areas for improvement. Again, we have reasons to be proud, and we have reasons to improve.

OHQC’s annual QMonitor report can be found at www.ohqc.com

Tommy Douglas Celebration Award

Founded in 2004, the New Health Professionals Network (NHPN) represents over 20,000 future healthcare professionals from across Canada training in nursing, pharmacy, medicine, social work, physiotherapy, occupational therapy and chiropractic. The NHPN joined us again in 2008 to present their annual Tommy Douglas celebration of Medicare Awards. These awards, presided over by Brynne Stainsby, were named in the honour of Tommy Douglas and recognize best practices by organizations or initiatives that demonstrate excellence in the provision of health care within our publicly-funded healthcare system with a focus on interdisciplinary teamwork.

“The NHPN is committed to strengthening our single tier publicly funded healthcare system and we also recognize the importance of interdisciplinary teams in a reformed healthcare system.”

Brynne Stainsby, Second term President of the Student Canadian Chiropractic Association

“Dodging diabetes in St John was designed to explore the link between poverty and health for people living in low socio-economic situations and to develop participant driven responses to help mitigate the extraordinary challenges to disease prevention and management in two vulnerable communities.”

Sarah Painter, President of the Canadian Nursing Students’ Association 2007-09

“Wabano’s recognition as a recipient of a Tommy Douglas Celebration of Medicare award is a significant endorsement to the difference the Centre has made to Aboriginal people in its short ten-year existence.”

Aleem Pardim, President of the Professional Association of Interns and Residents of Ontario

GENERAL DISEASE MANAGEMENT AWARD WINNER



Lisa Wetmore proudly displays the Tommy Douglas Award for General Disease Management.

“As we go forward, we will have this award to continually inspire to work in the function in spirit and in dedication of the great Tommy Douglas.”

LISA WETMORE, PROJECT COORDINATOR AT URBAN CORE SUPPORT NETWORK OF ST JOHN

PRIMARY CARE AWARD WINNERS



Carly Chase and Louise Lo accept the Tommy Douglas Primary Care Award on behalf of Wabano Aboriginal Health Access Centre.

“This award is just another sign of a new beginning that we can take back to the community and share with them. It will serve to inspire us to continue to move forward.”

LOUISE LO, PRESIDENT OF THE BOARD OF DIRECTORS AT WABANO AHAC

HOME CARE AWARD WINNERS



Carrie Salsbury and Pauline Douglas strike the pose after accepting the Home Care Award on behalf of the Gateway Community Health Centre’s community outreach team.

“We have great members aboard our inter-professional team who’s very dedicated to our clients and community and I’m very proud to be part of that!”

PAULINE DOUGLAS, PROGRAM DIRECTOR AT GATEWAY COMMUNITY HEALTH CENTRE

MENTAL HEALTH AWARD WINNERS



Norah Malada-Lopez, Kathy Allan Fleet and Angie Sutter share the spotlight.

“We truly appreciate the recognition of our new innovative partnership between North Hamilton Community Health Centre and St Joseph Health Care Hamilton, a hospital in a big city focusing to provide mental healthcare service to immigrants and refugees.”

KATHY ALLAN FLEET, HEALTH PROMOTION MANAGER AT NORTH HAMILTON COMMUNITY HEALTH CENTRE

Addressing Social Determinants of Health in chronic disease prevention and management

In many cases chronic diseases are caused or worsened by social determinants of health like poverty, poor education, damaging environmental conditions, inequitable access to care or the absence of culturally competent care and other forms of social exclusion. Panellists discussed their experience about how the CHC Model of Care has made and can make a difference in the lives of so many people.

Panellists agreed that there is a tremendous window of opportunity for the kind of work that all AOHC members are doing. First, there are many indications that health equity and equitable access to resources and high quality care are going to be an important part of the overall provincial long-term strategy. Second, we are one of the models that are delivering health equity. They also discussed the fact that social determinants of health determine the health of many of our clients, and that the health system makes a huge difference in how well clients with chronic disease do. It is almost like a triple jeopardy: if you are poor, you are more likely to be sick and to have more barriers to care, and then if you do get care, those services are not always culturally competent or do not meet the needs of the clients.

When we take a look at the outcomes some of our Centres were able to achieve, and consider the factors contributing to their success, it is without a doubt the ability of the health centre to be able to work with individuals on the things that impact their health: their housing, their income, and their social support, among others. It is the ability of interdisciplinary teams to focus on prevention and management that really makes a difference for clients. It is the ability to work across sectors and integrate services with recreational programs, housing supports, other healthcare partners, educational partners, and foreign trained healthcare providers working with their cultural community that enables a wide ranging response to a significant health condition.



BOB GARDNER, DIRECTOR OF POLICY AND RESEARCH,
THE WELLESLEY INSTITUTE

“Wherever I go, working with LHINs or with Ministry officials, I’m always carrying on about CHCs, which are great drivers of the progressive healthcare reform we all want.

The opening for chronic disease prevention and management and health equity is a tremendous window of opportunity for developing community-based perspectives and advocacy to move these two agendas forward. There’s nobody better placed for that than the CHCs who have been doing this kind of work for many years.”



DR. ARLENE BIERMAN, CHAIR IN WOMEN'S HEALTH, ST. MICHAEL'S HOSPITAL

"I remember still so well many of my patients. For example, a young man in his late forties who had a stroke. He was a construction worker, did not have health insurance and supported a family. Another one, a single mom, had a leg amputated as a result of diabetes. So if anybody tells you that health care doesn't matter, well it really does when you don't have it, and what happens is that the social determinants of health really increase your risk of getting chronic diseases."

"So if anybody tells you that health care doesn't matter, well it really does when you don't have it"



VERONICA RICHARDSON, DIRECTOR, COMMUNITY HEALTH NURSING AT GRACE HILL NEIGHBOURHOOD HEALTH CENTRES (ST. LOUIS MISSOURI)

"The purpose and the mission behind the Chronic Care Collaborative were to improve the health of the chronically-ill patients by helping health plans and health provider groups, especially those serving low-income population, improve their care of the chronically ill.

We noticed at the end of that collaborative that although our partners were big universities, the changes they made with their patients in chronic disease was very much similar to those in Community Health Centres. So then we really had bragging rights to say: you guys have money and we don't, but we have creativity and we can do it too!"



MICHELLE HURTUBISE, EXECUTIVE DIRECTOR, LONDON INTERCOMMUNITY HEALTH CENTRE

"When we look at the profile of our clients in our CHC, 63% live below the poverty line, 37% don't speak English or French as their first language, 10% don't have OHIP coverage, 30% have a serious mental illness diagnosis, 43% have a significant co-morbid condition.

This is a client population with a high risk profile for chronic diseases. When we compared our clients with diabetes who were at optimal level of diabetes control (50%) to those in a review of physicians in general practice (24%) we have an improved outcome. This is even more considerable when you consider the challenges faced by our clients of poverty, language, and health status."

Quality improvement in chronic disease prevention and management

“Around the chronic diseases management program we had the privilege of working with Saskatchewan’s Health Quality Council. I thought a collaborative was people getting together and talking; it is also a quality improvement method. Collaborative enhances everything; the way we work and the way people feel about work. And you can learn so much from other people.”

Dr. Carla Eisenhauer, Saskatoon Community Clinic

“You have been leading inter-professional education and practice for more than 30 years. You have been leading in quality of care for that same amount of time because of your model of care, and I think if anyone is going to take on chronic disease management it should be you.

If you have been part of the national **Getting a Grip on Arthritis** program, then you are the reason it was successful. We developed tools together for patients and providers. The workshop content was for the whole team; they learned together and developed the skill set that could cross disciplines.”

Dr. Mary Bell, Head of Rheumatology at Sunnybrook Health Science Centre

The panellists underlined that our Health Centres are leading the quality of care movement through our model of care and that we have already proven that we can change the quality of care by our commitment to our model. Dr. Ben Chan, CEO at the Ontario Health Quality Council, both acknowledged how well our members are doing, and how much we still need to challenge ourselves to improve.

What will it take to improve outcomes in chronic disease prevention and management? How can health providers plan and work together, sharing experiences, pooling their knowledge and gathering the right kind of data, so they are able to make the changes required to do a better job – and to measure their success? Panellists presented success stories that offered many lessons learned and shared a new quality improvement learning collaborative in which Ontario’s CHCs and CFHTs are participating.

As the panellists discussed, the key elements of Quality Improvement are really to learn about quality improvement techniques and to share experiences. It is about trying to learn from each other so that each participant involved can really give their clients the best care it possibly can. Communication is always key within the team, within each department or profession and finally, with and from the clients, as there needs to be a clear and direct pathway in which to deal with any concerns. Quality improvement relies on the spread and adaptation of existing knowledge to multiple settings to produce a common aim. It is designed to teach a methodology for the teams to learn how to do this work, learn how to do use best practices and the rapid cycle change. It is intended to allow them to then apply it to anything.



Moderator Dr. Ben Chan, Dr. Carla Eisenhauer, Dr. Mary Bell and Brenda Fraser discuss quality improvement in chronic disease prevention and management.

“It’s a tremendously exciting time and there are great opportunities because I think we have the components in place now to move forward...”

Really trying to get in place a Model of Care that has some core features that include team-based care, the population approach, focusing on quality improvement, performance measurement, community partnership and client engagement. I think once those features are in place, we really feel that there’s an opportunity to move forward and really get a handle on chronic disease management.”

Brenda Fraser, Coordinator of Quality Improvement and Innovation Partnership

Why so little weighs so much

“When we’re looking at how we deal with chronic disease, the disease that is the most chronic is that of poverty and if you don’t deal with that, then nothing else really matters.”

The commitments of governments to reduce poverty have been mostly meaningless: almost two decades following a variety of government resolution, child poverty rates have not changed – despite a growing economy, a soaring dollar and low unemployment – and the gap between the rich and the poor has widened substantially. It is not about the ‘less fortunate’ as if poverty were about luck; the poor are poor because of a thousand decisions made every day by decision-makers, large and small, that privilege the already-privileged over the poor. Despite the unfulfilled promises of a generation, a recent poll suggests that Canadians – at least 85% of us – believe that our governments can and must act to drastically reduce poverty.

“Hunger, the threat of homelessness, watching your walls grow thinner when you don’t have the wherewithal to pay rent. The anxiety, depression, shame. Getting unplugged from the universe when they take away your phone. It’s all very real.”

This is why Pat Capponi’s address hit home so hard. Without a doubt, her talk on *The weight of poverty: why so little weighs so much* was one of the most appreciated by conference attendees. Pat shared with the audience how deeply familiar poverty was to her, and how she had been in and out of it most of her life, but somehow always forgot how immediate, enervating and frightening it can be when you are re-immersed in it.



Pat Capponi is one of Canada’s leading mental healthcare advocates and the author of several bestselling books, including *Upstairs in the Crazy House*, *Dispatches from the Poverty Line* and *Beyond the Crazy House*. She has been awarded the Order of Ontario and the C. M. Hincks Award from the Canadian Mental Health Association.

“Poverty is more than not having money in your pocket, that’s probably the least of it. Poverty is dependency on agencies, institutions. Poverty is being silenced because you’re afraid that if you speak there’ll be retribution.”

She reminded everyone that the responsibility to bring changes to the system is not carried by the Premier, the government, or any agencies, but that it rather lies within each of us and that we can all make a difference. She also pointed out that agencies and community health centres have bourgeoned in her community, with a lot more staff and a lot more work, but that the people who lived in the psychiatric boarding home and the people she worked with at her community’s activity and recreation centre all still fared very badly.



What is poverty?

Poverty is being teased for the way you dress.

Poverty is hearing mom and dad fighting late at night about money stuff.

Poverty is losing my front tooth in a fight and wondering if I'll ever smile again.

Poverty is the funny old woman who hangs out at the corner in her torn dress and scaly feet.

Poverty is Dad having to work two jobs off the farm.

Poverty is Christmas presents from the church free-store.

Poverty is feeling like there aren't a lot of choices except going with the gang.

Poverty is sad.

Grade four class, Nelson Mandela Park PS, Toronto

“It’s not enough to give people bandages or to just keep them alive so they can suffer longer. We have to fight for people’s right to contribute to this province and you people are on the front lines.”

Pat watched those who have not died of disease, accident, crime or suicide as they aged, while the effects of poverty diets, anti-psychotic medicines, street drugs, alcohol and homelessness took their toll. Her address was received with a standing ovation.

“We have let things slide far too long. We’ve got to get back to the basics; encourage teachers to start caring about their students and find ways to work with the families.”

Pat’s heartfelt presentation was all the more relevant as AOHC’s Annual Conference 2009, *At the Intersection of Poverty & Health; Where Every One Matters*, will be held in Toronto on June 4-5th.

AOHC has joined dozens of organizations and individuals that have endorsed the ‘25-in-5’ Campaign, an initiative calling for the reduction of poverty in Ontario by 25% in five years and by a further 25% by 2018. All Community Health Centres, Aboriginal Health Access Centres and Community Family Health Teams can endorse the 25-in-5 Declaration today!

**To access the Declaration on the 25-in-5 web-site please go to:
www.socialplanningtoronto.org/25in5**

Chronic disease prevention and management: what should policy-makers do?



Ruth Grier, Dr. Ben Chan, Connie Clement, Marguarite Keeley and moderator Ann Medina unite to discuss what policies need to and can be in place, and what needs to be done to put them in place to help Ontario do a better job preventing and managing chronic disease.

There are a lot of improvements that front line health providers can still make but their efforts will only take the healthcare system part way because front line providers must be supported by politicians and policy-makers who set the right strategies or overall direction for change. Among other things, panellists shared their thoughts on what policy-makers and politicians need to do to improve the quality of chronic disease prevention and management; how they ensure the policies, programs and services they develop and fund are responding to the social determinants of health; the wide-ranging public policies we need to reduce the occurrence of chronic disease; and, the fact that some populations are more vulnerable than others.

Ann Medina, host on History Television, asked the participants on the panel to put themselves in the shoes of the Premier or

government, and to reflect on whether we really have to solve the challenges of poverty, housing, minimum wage and environment in order to make significant progress on chronic disease prevention and management. The panelists said a resounding “Yes”! She also challenged them to showcase their successes so that the decision-makers would spend more attention to our sector and its accomplishment.

As the panellists pointed out, there is a lot of great work happening in our Health Centres. Some things about the social determinants of health may seem to be beyond the reach of what staff, volunteers and frontline providers can do because they are not the ones setting the public policies, but in their own daily work, there are still many things they accomplish to address the social determinants of health.



“I think one of the greatest barriers is that we don’t have the right people making the policy about the primary care prevention. The whole healthcare system is run by people who are trained to cure us when we’re ill. It’s the expansion of the CHC vision and the greater understanding of that vision and then the tailoring of funding and decisions in order to further that cause that would put us ahead.”

Ruth Grier, Former Ontario Minister of Health



“We don’t have a government-wide strategy, government-wide policies that really deal with chronic disease and really prevent it in the first instance. We’re relying on the Ministry of Health and the traditional health system only, both of which are very important, but only a small part of what needs to be part of it. So we need a strategy where every expenditure and policy goes through the eye of the social determinants of health need. We need greater public understanding for social responsibility so that the politicians get the boost to be the leaders they need to be in developing a policy.”

Margarite Keeley, Former Executive Director at Ottawa’s Centretown Community Health Centre



“We have so many policy silos; we forget to think about the big picture and to think about society as a whole. We’re busy with healthy living instead of healthy lives. One of the things we need is stronger whole of government approaches to do this strategy at the high end of the actual implementation. But we don’t set high level strategic goals to improve society and individual quality of life.”

Connie Clement, Executive Director at Health Nexus



“You may not be the people that are setting policies on overall housing but in your interdisciplinary teams you are helping people get connected to resources that get them the housing they need and that can often make or break their health. And that shows the results that you are getting from the work. You have an important role in advocacy.”

Dr. Ben Chan, Chief Executive Office at OHQC

Getting down and practical

Every year, AOHC takes advantage of the wealth of knowledge uniting together at our Annual Conference to set up hands-on workshops and share what is being successfully accomplished locally across the province. The 2008 conference on chronic disease prevention and management (CDPM) was no exception as 33 workshops were offered over three sessions and in three different categories to select from: the Quality Improvement (QI), Clinical and Social Determinants of Health.

In the QI stream, co-sponsored by the Ontario Health Quality Control (OHQC), participants learned about key access and efficiency measures used as baselines to prioritize future improvement efforts. Quality improvement tools and skills were also outlined to assist teams in implementing improvements within their Health Centre. For more information about the outcome of this workshop, contact Ian Brunskill at ibrunskill@pstgconsulting.com.

While the QI sessions were specifically dedicated to this important subject, the other streams offered a wider variety of topics related to CDPM. In the Clinical stream for example, CDP in the early years, relaxation training programs and working through team tensions to manage CDPM were some of the themes attendees learned about.

“Being a member of a Board of Directors, it gave me a good feeling of the work our employees have to do.”

Participant, Building Healthier Organizations (BHO) to Support QI

“It was an excellent workshop with passionate presenters.”

Participant, Working through Team Tensions to Manage Chronic Disease

The social determinants of health stream was definitely the most popular with over 180 registered attendees in 18 practical workshops on topics such as engaging rural & remote communities, cultural kitchens and mental health as well as food insecurity, preventing & managing HIV and smoking cessation programs.

“Discussion group was very useful because of the experience of facilitators and participants.”

Participants, Health Status and Health Needs of Older Immigrant Women

“Very useful personally and for my community. Please continue this work!”

Participants, Applying the Standorf Approach with Diverse Populations

“More CHCs and other youth service organizations should know about this.”

Participants, Food Insecurity and Diet: Understanding the link to Chronic Disease

The Board stream offered information sharing on the subjects of starting a diversity committee, tools to determine board effectiveness, strategic planning and balance scorecards.

“I thoroughly enjoyed the session; kudos to all three presenters. Four Villages CHC seems to be an excellent organization having the right people in the right place.”

Participant, New Tools for Determining Board Effectiveness

If the feedback from the participants can be used as a measure of success for the workshops, we can certainly proclaim: mission accomplished! They were thrilled to learn about programs, information and best practices they could take back home and share with their colleagues and clients. And this is just what the workshops are about: getting down and practical!

For more details about the session or to obtain the presentation material and program information, please visit www.aohc.org/conference

In their words



MPP and Former AOHC President France Gélinas with her family after being awarded the 2008 AOHC Award.

“I took this job because part of me is kind of a dreamer. I have a dream, or a passion, or maybe a mission – I’m not too sure. But I know what it’s called: The Second Stage of Medicare. It drives me. My dream is to make Ontario the healthiest province for people to live in. I spent enough time at the community level to know that real meaningful change can only happen through community engagement.”

“I want to re-orient government policies, foster political will, raise public awareness, mobilize and engage the non-health sector in population health actions. Thank goodness I’m not alone; I’m in good company. I know that I can count on Community Health Centres, Aboriginal Health Access Centres and Community Family Health Teams, and I can assure you that everyone of you can count on me.”

“Ontario already offers a number of key health programs for children and youth including dental services for low income families. We’re working with public health units, CHCs, dentists and dental hygienists to deliver prevention and treatment services for low income Ontarians. And we’ve committed to an investment of 135 million dollars over 3 years including expanding the children in need treatment program to serve kids between the age of 14 and 18.”

“I want to thank you for your involvement in improving healthcare in Ontario. I want to thank you for the knowledge, the passion and the dedication that you bring to your job every day. Without you and the services that you offer, we will not be able to improve healthcare in Ontario.”



The Honourable Madeleine Meilleur, MPP for Ottawa-Vanier, with AOHC President Simone Hammond after addressing conference participants at the Excellence Awards Celebration.



poverty_{and} health

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