

# Centretown Community Health Centre

## Strategic Plan 2006-2009

<b>Version:</b>	Full Plan with Results
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## The Development of the Centretown Community Health Centre Strategic Plan

This plan builds upon the work done in previous strategic planning cycles. Over the next three years Centretown Community Health Centre (CCHC) is committed to moving towards its community vision by clearly articulating what is achievable within this plan's timeframe.

*This plan has been developed to show specific results that should be both achievable and measurable over the next three years.*

The plan was developed over the fall and winter of 2005/06 through a series of partner and community consultations, data collection activities, and environmental scans. This information has been documented and is available on request. At a planning day in early February 2006, the board and staff identified a vision for the centre and strategic directions. Throughout the whole process, the Strategic Planning Action Committee (Action 2009) oversaw and coordinated the process.

In an attempt to respond to the increasing need for accountability, this plan has been developed to show specific results that should be both achievable and measurable over the next three years. In order to provide increased accountability, the strategic plan will continue to be refined within its first year as measurable indicators of success for the objectives and activities outlined in the plan are developed.

## Centretown Community Health Centre - An Overview

Since its early beginnings in 1969, the CCHC has grown into an organization that serves over 10,000 people by offering a broad range of health and social services to individuals and families who live or work in Ottawa South, the Glebe and Centretown, as well as certain specialized services to all residents of the Ottawa region. CCHC continually strives to address the determinants of health through health promotion and advocacy.

With a current annual budget of seven million dollars and a staff of over 90, in addition to the dedicated energy of many volunteers and community members, the CCHC is committed to providing responsive and accessible health and social services for individuals and families, as well as demonstrating leadership in building healthy communities.

## The Trends Observed - Responding to Change

The strategic planning process began during a time of uncertainty in the health care system. Despite these external uncertainties, the CCHC found itself in a period of relative stability.

*Increased emphasis on formal accountability structures*

In the fall of 2005, the CCHC was in a post-Romanow Commission environment where there was a high level of interest by both federal and provincial governments in enhancing comprehensive primary health care. At the same time, provincial governments, the judicial system and health organizations were attempting to address issues regarding the privatization of certain elements of the Canadian health care system.

By September 2005, Community Health Centres knew that that they would be affected by the implementation of the Local Health Integration Networks (LHINs). Community Health Centres were also responding to an increasing emphasis on formal accountability structures with the Ministry of Health and Long Term Care.

The City of Ottawa continues to recognize and support the work of community health centres. However, ongoing city budgetary pressures continue to be a concern for other programs, organizations and initiatives that work to enable and improve the health and well-being of the communities the CCHC serves.

The communities of downtown Ottawa have experienced an increasing level of growth and development as the city encourages the intensification of its downtown core. It is anticipated this will continue over the period of this strategic plan. Community members and partners stressed the importance of having a safe and vibrant downtown core and expressed concern about the increasing intensification and the pressures this would have on resources such as parks, green space and affordable housing, as well on people living in poverty.

The consultations identified isolation as a major negative factor to individual well-being. This was a theme that ran across all segments of the population, but was more pronounced with seniors and recent immigrants. Discrimination, safety and difficulty accessing required services continued to be a concern for other segments of the population, especially the GLBT community. Poverty and affordable housing were also concerns expressed in the consultations.

The diversity of the communities the CCHC serves was emphasized through both the consultation process as well as the demographic profile. The CCHC's catchment area has pockets of socio-economic extremes. Some areas of our community have a population that is very highly educated and with correspondingly high incomes, while other sections have very low levels of income and education. Likewise some areas are very ethnically and linguistically homogenous, while others are incredibly diverse. These extremes continue to pose challenges to planning and providing programs that are respectful of this diversity and also meet the needs of our community.

***Centretown  
Community Health  
Centre's catchment  
area has pockets  
of socio-economic  
extremes.***

The last three years has been a period of relative stability for the CCHC. The ability to plan and respond to community needs has been reflected in the positive feedback that was provided in the client and partner surveys as well as the community consultations. Over the last three years, the centre was able to focus on developing leadership in the areas of diversity and cultural competency as well as building leadership capacity with seniors and the GLBT community. In the next three years, the centre anticipates changes with expanding programs such as Diabetes Education as well as responding to the challenges of an aging workforce.

Identifying the changing environment has been a major focus of this strategic planning process. However, as "*change is inevitable and growth is optional*," it is imperative that we embrace the opportunities presented to grow towards our vision of 2009.

## Community Vision

People of every race, culture, language, faith, gender, age, ability, sexual identity, family status, income level and health status are valued members of our community and can participate fully as citizens.

All people deserve access to adequate income, employment, health services, education, food, shelter, transportation, recreation and culture.

People need the means to act on their concerns, working with others to meet their needs and improve their well-being. When a full range of community services is in place, people can access the supports they need to reach their full potential. By living, working and playing together, individuals and organizations can build a strong community.

## Centre Vision

CCHC is a recognized leader in comprehensive interdisciplinary primary health care, health promotion and chronic disease prevention and management.

We achieve our success by developing the skills and expertise of communities, clients, volunteers and staff in environments that support the health and well-being of all, and that are free from barriers to good health.

## Core Functions

### *Mission*

CCHC is committed to the health and well-being of all people within the communities we serve. CCHC provides a full range of health and social services to individuals and families who live or work in Ottawa South, the Glebe and Centretown, and specialized services to all residents of the Ottawa region. We strive to provide services that respond to the changing needs of those we serve and that are accessible to all. Through leadership and support, we foster the active participation of individuals and groups in a common effort to build healthier communities.

### *Values*

Population Health Promotion Model (Health Canada); [Diversity Statement](#); [Service Delivery Statement](#); [Leadership Statement](#); [Client Rights and Responsibilities](#); and [CCHC Commitment to Workplace Health](#)

### *Core Services/Programs*

[Primary Care](#)

[Social Services](#)

[Community Health Promotion](#)

[Early Years](#)

[LESA Program](#)

[Diabetes Education](#)

## Strategic Directions

### *Excellent, Comprehensive, Integrated Primary Health Care*

Develop innovative partnerships and provide programs and services that address the determinants of health in an interdisciplinary manner, in order to reach more community members and improve service collaboration and integration.

### *Responding to Community Needs*

Help strengthen the capacity of community members, in order to improve the health of their community.

### *Organizational Health and Capacity*

Provide an environment with appropriate space, systems and policies and with strong, sustainable leadership and management, in order to support the development and well-being of all staff and volunteers.

### *Ensuring Accountability*

Apply information and demonstrate results that are evidence-based, in order to provide responsive and effective programs and services.

### *Health Systems and Policy Change*

Advocate strongly, in order to promote the CHC model of care, primary health care transformation, community issues and healthy public policy.

## Direction 1: Excellent, Comprehensive, Integrated Primary Health Care

**Goal:** Develop innovative partnerships and provide programs and services that address the determinants of health in an interdisciplinary manner, in order to reach more community members and improve service collaboration and integration.

### Results Statements:

- Access to programs and services, particularly in the Glebe and Old Ottawa South  
Indicator: Services & programs offered in the Glebe and Old Ottawa South  
Increase in number of clients/participants who live in the Glebe & Old Ottawa South  
Language-specific outreach
- Demonstrated interdisciplinary care  
Indicators: Case studies/examples, internal (across teams) and external referrals  
Professional development  
Assessment against Best Practices for interdisciplinary care
- Better system integration for CCHC clients and community members  
Indicator: New partnerships resulting in collaborative service delivery

**Objective 1.1** Develop innovative partnerships that provide opportunities for clients and community to easily access services they need.

### Activities:

- Actively contribute to the demonstration of an effective, integrated service partnership between Ottawa Public Health and the Coalition of Community Health and Resource Centres through participation in the project on vulnerable families with children 6 years and under.

*Team: ED*

*Lead: Marguarite*

*Plan ref: Coalition ED plan - Vulnerable Children*

- Participate in opportunities for regional collaboration in chronic disease prevention and chronic disease management initiatives, while continuing to develop internal capacity in these areas at CCHC.

*Team: CHP*

*Lead: M. Kort/Margarite*

*Plan ref: Promote Health & Self Care*

- *Coalition/City Physical Activity Partnership*
- *CCHC Framework for Chronic Disease Prevention*

**Objective 1.2** Move beyond our four walls and explore opportunities to reach more members of our community.

### Activities:

- Building from the community consultations, assess and implement programs and activities that would be good candidates for outreach in the Glebe and Old Ottawa South.

*Team: Management*

*Lead: Program Managers*

*Plan ref: 1.2*

- Increase CCHC capacity to offer language specific outreach services to the most prevalent language groups we serve.

*Team: Program Managers/Diversity Development*

*Lead: Cathy, Betty, Marjorie*

*Plan ref: Team operational plans*

## Direction 1: Excellent, Comprehensive, Integrated Primary Health Care

**Objective 1.3** Develop the capacity to become a centre of excellence for interdisciplinary care and service integration.

**Activities:**

- Support, monitor and increase where appropriate, interdisciplinary care and service integration at CCHC by developing and/or implementing best practices.

*Team: Management*

*Lead: Marjorie*

*Plan ref: 1.3A*

- Demonstrate leadership in collaboration between models of primary health care for the benefit of the community through an effective service arrangement with Central Ottawa Family Health Network.

*Team: Management*

*Lead: Marjorie/Betty*

*Plan refs: 1.3B*

- Develop effective mechanisms to monitor and manage Primary Care roster capacity.

*Team: Management/PC*

*Lead: Cathy/Alice*

*Plan ref: PC - Practitioner Retreat Follow-up*

**N.B. Definitions to be developed:**

- Access
- Interdisciplinary care
- System Integration

**Template needed:** for content of case studies

## Direction 2: Responding to Community Needs

**Goal:** Help strengthen the capacity of community members, in order to improve the health of their community in order that they can take action on significant health issues.

### Results Statements:

- Engaged communities  
Indicators: Health issues that are identified by community members  
Distinct Community Initiatives that address determinants of health  
Reported decrease in social isolation among Immigrant Women
- CCHC leadership in building capacity  
Indicator: Leadership demonstrated by community members

**Objective 2.1** Work with specific groups to identify significant community health issues

#### Activities:

- Engage communities and populations through focused participatory consultation processes to enable collaborative and effective initiatives.

*Team: Mgt*

*Lead: Marjorie*

*Plan ref: 2A*

**Objective 2.2** Work in partnership with priority populations to address barriers to good health.

#### Activities:

- Develop, implement and evaluate programming aimed at reducing isolation, building capacity and promoting social integration with women from diverse cultures.

*Team: Mgt*

*Lead: Marjorie*

*Plan ref: 2A*

**Objective 2.3** Develop and support community leadership.

#### Activities:

- Identify community projects and work with community leaders to foster independence and sustainability.

*Team: Mgt*

*Lead: Marjorie*

*Plan ref: 2A*

**Objective 2.4** Be a catalyst among partners and funders to address identified service gaps.

#### Activities:

- Engage partner agencies in an exploration of the health care needs of youth at risk, including GLBTTQ youth

*Team: Mgmt*

*Lead: Cathy*

*Plan ref: 2B*

## Direction 3: Organizational Health and Capacity

**Goal:** Provide an environment with appropriate space, systems and policies and with strong, sustainable leadership and management, in order to support the development and well-being of all staff and volunteers.

### Results Statements:

- Employee and volunteer satisfaction  
Indicators: Reported usefulness of technology and tools  
Reported satisfaction with workload
- Physical work environment  
Indicators: Results of healthy space audits  
Documented improvements in building  
Reported satisfaction with physical environment
- Succession plan and leadership development initiatives.  
Indicators: Leadership development initiatives to build capacity of staff and volunteers  
Succession plan in place  
Vision and implementation plan for volunteer program

**Objective 3.1** Support the well being of staff and volunteers by balancing quality programs and services with CCHC's capacity and resources

#### Activities:

- Introduce appropriate new technology and tools that would reduce impediments in enabling staff and volunteers to better serve clients.  
*Team: Mgmt*  
*Lead: Marguarite/Alice*  
*Plan ref: 3.1A*
- Develop a strategy for CCHC staff and volunteers that focuses on team plans to manage workload and resources.  
*Team: Mgmt*  
*Lead: Peter/Wendy*  
*Plan ref: 3.1B*
- Develop tools to measure staff and volunteer progress towards enhanced workplace health and well-being.  
*Team: Mgmt*  
*Lead: Peter/Wendy*  
*Plan ref: 3.1C*

**Objective 3.2** Create a healthier physical work environment for staff and volunteers, as well as programs that support their well-being.

#### Activities:

- Develop a revised functional plan for the building to maximize use of existing space and pursue realistic options for any needed additional space.
- Implement a regular "healthy space audit"  
*Team: Mgmt*  
*Lead: Marguarite/Alison*  
*Plan ref: 3.2*

**Objective 3.3** Build strategies for sustained leadership and professional development that will keep the centre moving towards its vision.

#### Activities:

- Create a framework for leadership development and succession planning, and implement programs to increase employee capacity.  
*Team: Mgmt*  
*Lead: Cathy/Betty/Wendy*  
*Plan ref: 3.3*

**Objective 3.4** Develop a strong volunteer program that will increase the capacity of community members and will assist in the centre in moving towards its vision.

#### Activities:

- Develop a centrewide vision for the CCHC volunteer program based on program and community needs, and capacity of the centre.
- Develop and implement a medium-term plan that moves CCHC towards this vision.  
*Team: Mgmt*  
*Lead: Peter/Marjorie*  
*Plan ref: 3.4*

## Direction 4: Ensuring Accountability

**Goal:** Apply information and demonstrate results that are evidence-based, in order to provide responsive and effective programs and services.

### Results Statements

- Accountability to community, partners and funders  
Indicators: Successful BHO accreditation  
Complying with MOHLTC accountability agreement
- Information to funders, partners and community in demonstrating our results  
Indicators: Evidence of evaluation & research results communicated to funders, partners, and community.  
Inclusion of results achieved in Annual Report.
- Relevant information for Board and management decision making  
Indicator: Positive results of Board performance assessments in the areas of policy development and monitoring.  
Positive results from management decision-making assessments

**Objective 4.1** Strengthen our ability to evaluate services and demonstrate outcomes to show the effectiveness of the CCHC model of care and progress against our strategic goals.

#### Activities:

- Review and revamp our existing evaluation and research structure and funding to offer more effective support to these activities.

*Team: Mgmt*

*Lead: Marguarite/Alice*

*Plan ref: 4.1*

**Objective 4.2** Demonstrate our accountability to funders and partners using performance information.

#### Activities:

- Find opportunities to demonstrate our capacity to help Champlain LHIN with its priorities for partnership, service integration and primary health care.

*Team: Mgmt*

*Lead: Marguarite*

*Plan ref: 4.2A*

- Ensure successful accreditation in 2007-2008

*Team: BDAT/Mgmt*

*Lead: Eva/Margarite*

*Plan ref: A/4.2B*

- Improve our capacity to collect and report accurate performance information to inform program teams, management, the Board and funders.

*Team: Mgmt*

*Lead: Marguarite/Alice*

*Plan ref: 4.2C*

## Direction 4: Ensuring Accountability

**Objective 4.3** Communicate our progress, successes and challenges to finders, partners and communities.

**Activities:**

- Develop better ways to communicate with communities.  
*Team: ACAT/Mgmt*  
*Lead: Christine /Margarite*  
*Plan ref: 4.3A /4.3A*
- Develop a concept paper/framework about CCHC partnerships, including those that are intersectoral, that describes the different kinds of partnerships (categories, levels of involvement, numbers and kinds of partners) as a communications piece for the LHIN.  
*Team: ACAT*  
*Lead: Carol S.*  
*Plan ref: 4.3B*
- Review and revamp our web site and newsletters to be more effectively report on evaluation, program successes and partnerships.  
*Team: Mgmt*  
*Lead: Margarite / Rachelle*  
*Plan ref: 4.3B*

## Direction 5: Health Systems and Policy Change

**Goal:** Play a strong advocacy role with respect to the CHC model of care, primary health care transformation, community health issues and healthy public policy.

**Results Statements:**

- Influence on decision-makers.  
Indicators: MOH, LHIN and City decisions that recognize and include CCHC, alone or in networks, in their plans and interventions  
Participating in influencing decisions at round tables, consulting fora and advisory groups held by decision-makers
- Public awareness of CHCs, primary health care, health policy and community health issues.  
Indicators: Evidence of action on key community issues  
Evidence of public awareness activity  
Public mention of CCHC and our work
- Engagement of Board, staff and volunteers in advocacy.  
Indicators: Completed training for Board on LHIN, MOH changes and impacts on CCHC  
Completed training for staff on advocacy  
Advocacy activity by Board and staff

**Objective 5.1** Garner support for the CHC model, and our strategic vision in order to ensure a sustained position for CHCs in primary health care transformation.

**Activities:**

- Advocate for an integrated model of Population Health and Health Promotion that promotes a broad range of strategies to address the determinants of health.

*Team: ACAT*

*Lead: John/Hilary/Margarite*

*Plan ref: 5.1*

**Objective 5.2** Take strong advocacy positions to support healthy communities.

**Activities:**

- Continue to monitor and strategically participate in community events and issues that are consistent with our vision, values and community needs.

*Team: ACAT / Mgmt*

*Lead: Christine/Margarite & Marjorie*

*Plan ref: 5.2/ 5.2*

**Objective 5.3** Promote Board, staff and volunteer engagement in advocacy and communications for greater impact in the community.

**Activities:**

- Offer training for the Board on the Champlain LHIN, changes in the Ministry structure and the impact on CCHC work.
- Offer training for staff on the CCHC Advocacy Framework and skills for effective advocacy.

*Team: ACAT / Mgmt*

*Lead: Carol S./ Margarite*

*Plan ref: 5.3B/5.3*

**Objective 5.4** Advocate for a publicly funded, accessible, inclusive and integrated health system based on a broad definition of health.

**Activities:**

- Monitor and take action on community issues as they arise, in particular as they relate to increased privatization of health care and broader use of competitive bidding for health and social services.

*Team: ACAT / Mgmt*

*Lead: Christine/Margarite*

*Plan ref: 5.4 /5.4*

## Service Delivery Philosophy

<b>Approach</b>	<i>We believe</i> in an approach to care that is holistic, non-discriminatory, caring and innovative. We believe in care delivered in a partnership which fosters the clients' and the community's control over their increased well-being.
<b>Quality of Care</b>	<i>We believe</i> in offering health and social services of the highest quality.
<b>Accessibility</b>	<i>We believe</i> in reducing barriers (physical, language, cultural etc.) which limit the use of our services.
<b>Consistency</b>	<i>We will work</i> as a team to provide a consistent approach to care, maintaining the same caregiver whenever possible.
<b>Scope</b>	<i>We believe</i> in promoting individual and community health by providing a range of supportive services, either directly at CCHC or by linking with other agencies.
<b>Communication</b>	<i>We believe</i> in open, honest, clear and respectful communication.
<b>Environment</b>	<i>We believe</i> in providing a welcoming, safe, comfortable and health-promoting environment.
<b>Client's Role</b>	<i>We believe</i> in the client's right to participate in determining what services are offered and how they are delivered.
<b>Approach to Community</b>	<i>We believe</i> CCHC exists to serve the health needs of our community. We believe CCHC has a leadership role to play in working with individuals, community groups and other agencies to identify and respond to these needs.
<b>Global Health</b>	<i>We believe</i> it is our responsibility to educate and advocate in response to broader health and environmental issues.

## Leadership Philosophy

- Accountability** *We believe* in the accountability of those in leadership positions for their actions and decisions.
- Decision-Making** *We value* participation and efficiency in decision-making and strive to achieve both. We believe in making informed decisions.
- Environment** *We believe* in a working environment that is health enhancing, caring, trusting, accessible and supportive of innovation and creativity.
- Human Resource Job Satisfaction** *We believe* in acknowledging, valuing and fostering the unique talents, skills and abilities of each individual for the benefit of the Centre and, where possible, for personal growth.
- Communication** *We believe* that communication must be open and honest, clear and purposeful.
- Interpersonal Relationships** *We believe* in honest and respectful interpersonal relationships which value diversity as well as similarity. We believe in a team approach.

## Diversity Statement

*We believe* that diversity enriches the communities in which we live and work. CCHC celebrates diversity and is committed to creating an inclusive environment where everyone is treated with dignity and respect, regardless of background, ethnicity, language, culture, religion, sexual orientation, gender, gender identity, age, disability or economic status. CCHC will work to promote equal opportunities and an environment that is free from discrimination or harassment.

## Commitment to Workplace Health

CCHC is committed to ensuring a healthy work environment that contributes to individual, team and organizational health, well-being and optimal performance.

CCHC recognizes that a healthy workplace contributes to an individual's physical, psychological and social well-being, which in turn positively contributes to the organization as a whole and to the quality of service for our clients and community.

The responsibility for workplace health is shared between employees/volunteers and supervisors/managers. The environment is monitored at various levels, e.g., by the supervisor and the management teams, through employee surveys or feedback to committees, through HR.

Many of the factors that impact workplace health were identified through staff consultations. The key contributors to a healthy workplace and which are seen as important for ongoing monitoring include (but are not limited to) the following:

- Employee Satisfaction is monitored and addressed informally throughout the year, formally in a bi-annual survey and through voluntary exit interviews.
- Both diversity and employee input are valued and supported through mutual respect, open communication and consultation. Continual learning is supported through periodically set and reviewed learning objectives and providing developmental opportunities including: paid training days, training budgets, sabbaticals or leaves of absence; solstices, case conferences and other development and networking opportunities.
- Clear employee performance expectations exist through job descriptions, negotiated work plans and performance feedback, and employee autonomy.
- Leadership and organizational development are priorities evident in the enhanced management structure and various initiatives, e.g., service integration.
- Work-Life Balance is supported where possible by part-time positions, flexible work schedules and job sharing arrangements.
- Workload is monitored and negotiated, and overtime is discouraged.
- Opportunities are provided to connect with peers through regular team, committee and all-staff meetings and other social events.
- A safe work environment is maintained by the Occupational Health and Safety Committee, related policies, training and security.
- Fair treatment is ensured through sound policies, consistent practices and appeal mechanisms.
- Competitive paid leave benefits are provided including generous vacation benefits and personal responsibility days.
- Comprehensive benefits are provided, including HOOPP, LTD and EAP.
- Staff appoint their representatives to the Human Resources Committee.
- Staff appoint their representatives to the Board of Directors.

# Client Rights and Responsibilities

## **As a client using CCHC programs and services, you can expect:**

1. To be treated politely and with respect;
2. To not be discriminated against on the grounds of ethnicity, language, culture, religion, sexual orientation, gender, gender identity, age, disability or economic status or any other ground listed in the Ontario Human Rights Code;
3. To be an active and informed participant in decisions about your health care;
4. That CCHC will follow procedures to ensure that:
  - a. we only collect necessary information about you,
  - b. we only share your information with your consent, unless required by law,
  - c. we properly train our staff who come in contact with your personal information in the appropriate uses and protection of such information,
  - d. storage, retention and destruction of any of your personal information complies with existing legislation and privacy protection protocols, and
  - e. our confidentiality policies comply with privacy legislation and standards of our regulatory bodies;
5. The right to refuse care;
6. Access to their individual records;

## **As a client, you have a responsibility to:**

1. Treat staff and others who use the Centre with respect;
2. Provide accurate and complete information as required to provide comprehensive care;
3. Cancel appointments with at least 24 hours notice;
4. Arrive on time for appointments;
5. Have respect for the safety of all staff, clients and visitors who use our Centre
6. Respect all property of the Centre; and
7. Refrain from using scented products (e.g., perfumes, aftershave lotions, hair sprays, skin creams) that often can affect the health of others.