

The CHC Model of Care

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 healthcare, such as poverty, geographic isolation, ethno- and culture-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-centred

CHCs are continuously adapting and refining their ability to reach and to serve their clients and communities. CHCs plan based on population-health needs and develop best practices for serving those needs. CHCs strive to provide client-centred care.

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 community 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.

Definitions

Ageism is the cultural, institutional and individual set of practices and beliefs that assign different values to people based on assumptions or stereotypes according to their age, thereby resulting in differential treatment.

Ethno/culturo centrism is the tendency to view others, using one's own group and customs as the standard for judgment and seeing one's group and customs as the best. Ethno/culturo centrism usually includes overgeneralizations about others' or one's own cultures and their inhabitants, on the basis of limited or skewed, if any, evidence. It usually leaves little room for the possibilities of other ways of thinking, seeing, understanding and interpreting the world.

Primary Health Care vs. Primary Care. Primary Health Care, as defined by the World Health Organization in 1978, is essential health care based on practical, scientifically sound, and socially acceptable method and technology, universally accessible to all in the community through their full participation, at an affordable cost, and geared toward self-reliance and self-determination (WHO & Unicef, 1978).

Primary Care refers to the patient's first point of contact with a doctor or a health care team. Primary care includes, but is not limited to, disease management and prevention, disease cure, rehabilitation, palliative care and health promotion. The *greatest difference* between primary care and primary healthcare is that primary healthcare is fully participatory and as such involves the community in all aspects of health and its subsequent action (Anderson & McFarlane, 2000; Wass, 2000; WHO, 1999).

Transphobia describes oppression based on gender identity and experienced by trans-identified people including transgender, transsexual, cross dressers, gender queer, and transvestite. Transphobia refers to the irrational fear, hatred, prejudice or negative attitudes towards trans-identified people. Another term, *genderism*, refers to the assumption that all people must conform to society's gender norms and, specifically to the binary construct of only two genders (male and female). (Asking the Right Questions 2 by CAMH 2004).