

## Getting it right: the potential of community health centres in BC primary care reform

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As the province undergoes major reform to the delivery of primary care in BC, we have a valuable opportunity to learn from and build off the successes seen in other jurisdictions. HSA has long been an advocate for expanding team-based approaches to primary and community care. They allow health professionals with specialized knowledge and skills to collaborate to optimize patient care.

The Community Health Centre (CHC) model, which currently exists in some jurisdictions, including parts of Saskatchewan, Oregon, and Ontario, is a valuable piece of the puzzle for creating healthier communities.

Community health centres are non-profit organizations that integrate the delivery of health care and social services, increasing opportunities for collaboration among a patient's support network. In addition to providing multidisciplinary primary care, CHCs may also provide mental health services, such as clinical counselling, deliver community programming, such as cooking and nutrition classes, and provide social supports, such as access to housing support workers.

CHCs are committed to addressing the social determinants of health, and see community building and public advocacy as important tools for fostering healthier neighbourhoods. Through meaningful community outreach and engagement, CHCs are able to offer tailored services and programs.

In communities where the model has established footing, the results have been promising. But the community health centre model doesn't yet exist in B.C. This may change.

In May 2018, the province announced that it would be unrolling a new primary care strategy focused on team-based care, which would focus on three models: developing primary care networks, which it said would be the backbone of the new primary care strategy; creating urgent primary care centres across the province; and creating community health centres (CHCs), which would be integrated into the primary care networks.

To date, primary care networks and urgent primary care centres are the furthest down the road of

implementation.

It is well documented that the community health centre model has achieved major gains in health performance, particularly for underserved populations.

In Ontario, research indicates that CHCs outperform other primary care models in areas such as health promotion, supporting patients with complex health care issues including chronic conditions and severe mental illness, delivering community outreach services, and reducing emergency service rates. As a result, CHCs can generate cost efficiencies within the health system.

Some CHCs have unique histories rooted in grassroots, community-driven health care delivery, like the Virginia Garcia Memorial Health Centre in Oregon. It was created in response to the unnecessary death of six-year-old Virginia Garcia, a daughter of farmworkers who was unable to access care due to barriers facing her family. The centre's humble beginnings began in a three-car garage.

The Centretown Community Health Centre in Ottawa started as a youth street clinic in 1969, and has now evolved into a full-fledged CHC serving 14,000 residents annually.

### **A closer look at Ottawa's Centretown Community Health Centre**

As non-profits, CHC governance models differ from other public health clinics. In some cases, board representatives include community representatives. In other cases, centres are fully democratic and community-governed, and actively encourage community participation in the design and delivery of their health and community programs.

According to Simone Thibault, executive director of the Centretown Community Health Centre in Ottawa, the Centretown CHC has a truly democratic structure.

"The community fully and democratically elects our board," said Thibault. "And what's important to us and important to the community as well is that we have diversity on our board in terms of skill and identity. We are pretty clear when we do our outreach and advertisement that we are looking for diverse representation, and they come," she explained.

Thibault said that the board typically includes representation from francophone, LGBTQ, racialized, First Nations, and Metis communities.

"We have a full election. People have to present themselves and the community elects them."

To run for election to the board, the candidate must be a member of the CHC, which simply involves filling out an application form and committing to the vision, mission, and values of the centre. The board's governance committees are open to community members. The CHC also actively solicits input from patients through an annual client satisfaction survey.

Its democratic structure also shapes the centre's advocacy work. And through engaging in public advocacy, the centre is able to take a multi-pronged approach to tackling community health issues.

Thibault spoke proudly of the advocacy achievements accomplished by the centre.

She said that Centretown Community Health Centre succeeded in persuading Public Health Ontario to adopt a policy position against a proposed casino development in Ottawa, and most recently, convinced the City of Ottawa to devote a by-law officer exclusively to rooming houses when staff and community members observed that many of units were not up to code.



She says that the centre cares about affordable housing issues and other social issues that impact public health, and sees community health centres playing a role in standing up on issues that matter to the community they serve.

The Centretown CHC has an advocacy and communications committee that examines different community issues. Advocacy positions are adopted at the board level, and are informed by the input of staff and community members.

“People can come to our committee meetings and be part of the engagement process in moving our strategies forward,” said Thibault.

### **“Community supporting community.”**

The Centretown Community Health Centre is effective, in part, because so many people are coming together to deliver health services and community programming. “It really is about an organization that works with the community to address their health and social needs,” said Thibault. “I would describe it as community supporting community.”

The CHC model is truly multidisciplinary. “We have doctors, nurse practitioners, social workers, dietitians, kinesiologists, and we also have health promoters, community developers, and outreach workers. We’ve also hired peers - support people who have substance use issues. And we have over 300 volunteers.”

Many of these volunteers engage in the centre’s community development work. Others gain direct experience with some of the centre’s regional health programs, such as its screening program for diabetes.

“They are often from other countries, they are here in Canada for the first time, and they want to be engaged in something. They bring a lot of professional experience,” said Thibault.

“We support people when they have clinical issues, or chronic issues, or mental health and addiction issues, but we also support people in being engaged in their community because we know that social isolation is actually a bigger health problem than even tobacco or alcohol.”



Thibault emphasized the importance of delivering services tailored to the community.

“We really feel the importance of supporting people where they’re at.” For Thibault, this means paying attention to the social environment.

“Your health is really determined by your environment, including your social environment, she said.

“When I meet with clinical staff, they’ll tell me, ‘You know Simone, I can do so much with my experience and my skillset, but if there’s no food in the fridge, or the house is full of bed bugs, I’m limited to what I can do effectively,’ recounted Thibault.

She said the centre provides services to everyone, “but our resources particularly target those who are disadvantaged who might be marginalized.”

### **Better health outcomes**

Thibault says that research has demonstrated that CHCs perform particularly well when it comes to health promotion and complex care. Referencing a 2012 study, she said that despite the complex health cases treated at the centre, the emergency visit rate was significantly lower than expected, and lower than rates

documented in other primary care models.

“In every province, the biggest issue is that emergency visits are high. We place people in hospitals and they shouldn’t be in hospitals anymore. Well, we are part of the answer,” she said.

Thibault also said that retention rates are high for staff, in part because they are able to work as a team while providing quality care. “People in health care, they really want to do a good job. They really want to make a difference.”

“We actually have no recruitment issues,” said Thibault.

Thibault believes that the community health centre model is an important piece of the puzzle when it comes to health care delivery.

“It’s a great model if you are looking at retention and recruitment. It’s a great model if you’re looking for quality care. It’s a great model for cost-effectiveness.”

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