



Health Promotion, Model of Health and Wellbeing and Model of Care

South Georgian Bay Community Health Centre Policies & Procedures			
Section:	Clients	Approved by:	Executive Director
Title:	Health Promotion, Model of Health and Wellbeing and Model of Care	Date:	Not Set
Effective Date:	02/16/2022	Applies to:	All Employees
Next Review Date:	02/16/2026	Revised Date:	02/16/2022

PURPOSE:

The South Georgian Bay Community Health Centre (SGBCHC) has a strong focus on illness prevention and health promotion, in addition to treating illness. Health promotion builds on individual and community strengths to improve health and well-being.

The [Model of Health and Wellbeing](#) and the Community Health Centre’s [Model of Care](#) is the basis for this health promotion work . [The Health Equity Charter](#) is one of the foundational documents that, together with the Model of Health and Wellbeing and Model of Care guides SGBCHC’s collective efforts recognizing and confronting barriers to equitable health and bringing the community closer to attaining best possible health and wellbeing (Alliance, 2021).

POLICY:

All employees, students and volunteers are to be knowledgeable of the [CHC’s Model of Care](#) , [Model of Health and Well Being](#) and the [Health Equity Charter](#), foundational documents developed by the Alliance for Healthier Communities (2021).

The SGBCHC will endeavour to provide workshops, programs and services based on best evidence and/or best practices.

Using the health promotion guidelines for planning, the SGBCHC’s health promotion programming will focus on addressing client safety, cultural safety, anti-racism, anti-oppression, and accessibility (on and off site) by abiding by the following policies:

- [Client Safety in Health Promotion Programs](#)
- [Accessibility for Ontarians Customer Service Policy](#)
- [Equity, Diversity and Inclusion](#)

The SGBCHC is committed to integrating its health promotion policy into all appropriate aspects of CHC work. It will also be referred to when planning, promoting, implementing, and evaluating SGBCHC’s workshops, programs and services.



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Health Promotion:

Based on the [Ottawa Charter](#), Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment (2017, Nov 14). To achieve this health promotion activities include building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, re-orienting health services and moving into the future.

Health promotion activities SGBCHC may be involved with based on needs identified by clients and community partners are:

- participation in public policy development related to the SDOH
- working with local groups to encourage healthy behaviours and make positive changes to our environment,
- working with individuals to gain knowledge and support to practice healthy lifestyles,
- community networking and capacity building by working with community groups to identify gaps and develop action plans to improve the health of our communities through: educational opportunities, coordination of resources and partnerships
- working with the South Georgian Bay Ontario Health team to re-orient health care services in collaboration with the community in order to adapt to a changing environment

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

As a member of the Alliance for Healthier Communities, SGBCHC's has adopted the Alliance' Model of Care and follows the Model of Health and Well Being Framework. The following section of this policy is a description of

- A) The Model of Care that guides Community Health Centres approach to health promotion in a primary care setting (CHC)'s (Alliance, June, 2020)
- B) The Model of Health and Well Being Framework ([Alliance, updated 2017](#)).

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



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barriers to accessing health care such as poverty, geographic isolation, ethno- and culturo-centrism, racism, sexism, 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 and coordinated primary health care for their communities encompassing; primary care, illness prevention, and health promotion by providing one on one service, groups, and community level interventions.

Accessible:

CHCs are designed to improve access, participation, equity and inclusiveness by eliminating systemic barriers. 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.

Client and community focused:

Clients, 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:



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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, social workers, 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, ant 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, the development of healthy public policy, and 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.

Model of Health and Wellbeing:



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An evidence-informed Model of Health and Wellbeing (MHWB) guiding the delivery of primary health care defines health in the same way as the World Health Organization: “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

The goal is to achieve better health for all by championing transformative change for people and communities facing barriers to health.

Guiding Principles

The Highest Quality, People- and Community-Centred Primary Health Care

SGBCHC commits to continuous improvement in the quality of services and programs with all efforts oriented to meet the specific needs of the people and communities being served.

Health Equity and Social Justice

SGBCHC designs services and programs to reduce health disparities and inequities. We also advocate for healthier public policy and against unfair practices and prejudices that harm people’s health.

Community Vitality and Belonging

SGBCHC partners with community members to build safe and caring communities where everyone is valued and feels like they belong.

Model’s Attributes Population Needs-Based Planning

CHC’s strive to improve the health and wellbeing of the entire population in their catchment area. SGBCHC assesses the needs of different demographic groups and develop action plans to address them in its strategic planning, through client surveys and participation on local community groups.

A Community Development Approach

Centres work with community members to develop solutions that support healthy living. For example: SGBCHC has participated with local groups on community gardens, affordable housing projects, and civic engagement campaigns which enable community members to actively participate in public policy decision making through its municipal leaders.



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A Strong Focus on the Determinants of Health

Community Health Centres mitigate the impact of the Social determinants of health. For example, SGBCHC will serve people facing socio-economic challenges by providing additional supports: transit tickets to get to health appointments, counselling on how to secure employment or access to additional social services. SGBCHC supports the Alliance for Healthier Communities and local community partners to advocate for healthier public policies that enable people to access a healthy environment and afford other basic necessities of life.

Interprofessional, Integrated and Coordinated

Membership in interprofessional teams extends well beyond Primary Care providers to include health promoters, social workers, dietitian, diabetes educators, physiotherapy, outreach and community development workers. SGBCHC collaborates with other parts of the health and social service system.

Anti-oppression and Culturally Safe Practices

Community Health Centres recognize many populations face discrimination that harms their health and wellbeing. SGBCHC ensures their employees, students and volunteers receive ongoing training in anti-oppression and culturally safe practices.

Accessibility

Accessibility requires breaking down all racial, cultural, linguistic, physical, social, economic, legal and geographic barriers that prevent people from accessing health services. SGBCHC assesses and mitigates for barriers in planning services and programs offered in the community. The JOHS committee ensures the office space of the SGBCHC is accessible for clients. SGBCHC ensures their employees, students and volunteers receive ongoing training on accessibility.

Community Centredness and Community Governance

Based on what they learn through a wide range of engagement processes, centres constantly reorient their services to meet communities' changing needs. Community-centredness is strengthened by another defining feature of the model: community governance. SGBCHC's board is made up of community members that bring a wide range of skills and geographical representation.



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Accountability and Efficiency

Community governance also ensures centres are accountable to their communities and their funders. In addition, Community Health Centres develop and apply reporting indicators so funders can track their performance with respect to effectiveness and efficiency. SGBCHC reports through the CAPS/OHRS system regularly (Q2, Q3, Q4) to Ontario Health as the main funder.



Source: Alliance for Healthier Communities, stock image from [Google 2022](#).

Health Equity Charter

The image below has been developed by the alliance (2021).



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HEALTH EQUITY CHARTER

The Alliance for Healthier Communities and its members' collective commitments are embodied in the **Health Equity Charter** that outlines **bold, strategic and relentless actions** to challenge barriers to equitable health and address the needs of people and communities we serve.

The Health Equity Charter is based on understanding **health** as the highest attainable state of **wellbeing**. Today in Ontario, not all people have a fair opportunity to achieve their full health potential. Major gaps in population health outcomes have deep roots in **historical and current systems of power**. The goal of **health equity** is to eliminate these unjust and remediable differences among groups of people to ensure good health and wellbeing are attainable for all.

In **solidarity**, we stand together to serve people who face the biggest social, economic, environmental, linguistic, cultural and other barriers to health and wellbeing.

In **humility**, we are led by the people in our communities. We work in anti-oppressive and anti-racist ways, guided by the knowledge, strength and expertise of people with lived experience from populations who face barriers to health equity.

In **accountability**, we commit to hold ourselves responsible for advancing health equity through community governance and the regular, open evaluation of our progress in closing health equity gaps.

The Health Equity Charter is a living document. We invite you to commit to this Charter as well. Read the full Health Equity Charter here: <https://www.allianceon.org/Health-Equity-Charter>

Wellbeing
Social justice
ACTION
Intersectionality
Human rights
Accountability
Anti-oppression
Systemic inequities
Health care
Change
Digital equity
Anti-racism
Bold, strategic, relentless
Determinants of health
Partnership
ACCESS
Allyship
Health
Solidarity

Alliance for Healthier Communities
Advancing Health Equity in Ontario



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Source: Alliance for Healthier Communities (2021). [Health Equity Charter](#).

Relevant Policies

[Client Safety in Health Promotion Programs](#)

[Accessibility for Ontarians Customer Service Policy](#)

[Equity, Diversity and Inclusion](#)

References:

- The [Alliance for Healthier Communities \(2017\) Model of Health and Well Being](#).
- The Alliance for Healthier Communities (August 26th, 2019 updated). [The Model of Health and Well Being Online Series](#)
- [The Alliance for Healthier Communities \(updated, 2021\). Health Equity Charter](#).
- [The Alliance for Healthier Communities \(2008\). Ontario Community Health Centre. The Community Health Centre Model of Care: A Statement of Principles. Retrieved on February 3, 2022](#)
- Government of Canada (2017, updated). [Ottawa Charter for Health Promotion](#)