



Community-centred primary health care

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The Community Health Centre Model of Care

Community Health Centres offer a range of comprehensive primary care and health promotion programs in diverse communities across Ontario. Services within Community Health Centres are structured and designed to eliminate system-wide barriers to access such as poverty, geographic isolation, ethno- and cultural-centrism, racism, heterosexism, language discrimination, ableism and other harmful forms of social exclusion that can lead to an increased burden or risk of ill health.

The Community Health Centre 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 to appropriate health care services through the optimal location and design of facilities, carefully planned programs, and 24-hour on-call services. CHCs have expertise in ensuring access for people who encounter a diverse range of social, cultural, or geographic barriers or who are at risk of developing health problems. This would include, for example, the provision of service by staff with cultural knowledge and language skills of the community.
- ***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 to 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, health promoters, community development workers, and administrative staff.
- ***Integrated.*** CHCs develop strong connections with both formal 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.



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- ***Community governed.*** CHCs are not-for-profit organizations, governed by community boards. 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. 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 framework¹.
- ***Grounded in a community development approach.*** CHC services and programs are tailored to local community needs, and build on community assets and skills. CHCs enhance the existing community infrastructure, supporting the delivery of a range of community-based services and other responses to health-related community concerns. Both the direct service and the infrastructure enhancement aspects of CHCs increase the capacity of communities to improve community and individual health outcomes.

¹ Hamilton, Nancy and Tariq Bhatti. *Population Health Promotion: An Integrated Model of Population Health and Health Promotion*. Health Canada. 1996.