CHAMPIONING
TRANSFORMATIVE
CHANGE
Strategic Plan 2015–2020
Our Vision
The best possible health and wellbeing for everyone in Ontario.

Our Mission
We champion transformative change to improve the health and wellbeing of people and communities facing barriers to health.

Our Values
Equity:
We champion an equitable, inclusive and respectful primary health care system.

Leadership:
We challenge the status quo with integrity and transparency and are catalysts for system innovation.

Collaboration:
We embrace community-driven cooperation and partner to influence change.

Knowledge:
We act and learn from a community-informed and evidence-based approach.
Who We Are

The Association of Ontario Health Centres (AOHC) is an organization firmly committed to championing transformative change to improve the health and wellbeing of people and communities facing barriers to health. We are the voice of Ontario’s community-governed primary health care organizations, a vibrant network of Aboriginal Health Access Centres (AHACs), Community Health Centres (CHCs), Community Family Health Teams (CFHTs) and Nurse Practitioner-Led Clinics (NPLCs).

Our association is strong and united. Each member represents the local communities they serve, and each is committed to working together to achieve shared province-wide goals.

Our most important shared commitment: to be bold, strategic and relentless in recognizing and confronting barriers to equitable health and wellbeing. This promise lies at the heart of everything we do and drives each direction for change identified in our 2015-2020 strategic plan.
Our Call to Action

Ontario is in the grips of a great health divide — a divide that means some communities are much less healthy than others. Growing income inequalities, plus many other pervasive and persistent systemic barriers to health, continue to worsen this divide.

A growing body of evidence calls for decisive action. Research we commissioned reveals about 22% of our population — or approximately 3.5 million people — face major barriers that put their health at risk. These barriers are not of their own making. They are systemic and persistent. To permanently break them down, Ontario needs transformative change in its understanding and approach to health and wellbeing.

Transformation is what this plan is all about. To build it, we gathered as many different perspectives as possible. We engaged members and advocacy partners, and gathered insights from provincial decision makers and opinion leaders. The result: a renewed mission and four directions for transformative change for people and communities facing barriers to health.

Our consultations clarified that AOHC has a dual role advancing these directions for change.

- We are problem solvers for system-wide change. We present solutions to the province, the Local Health Integration Networks and other decision making bodies that will support significant shifts to achieve improved health and wellbeing for people and communities facing barriers; and

- We provide strong support to members to ensure they are equipped to operate healthy organizations and realize their full potential as effective catalysts in system transformation.

Our plan for transformative change is ambitious, and we cannot do it alone. Join us on our journey — a journey that moves us towards achieving the best possible health and wellbeing for everyone in Ontario.
Much of our strategic plan rests on a theory that, to improve health outcomes of people facing barriers to health and wellbeing, an integrated primary health care approach addressing the determinants of health, cultural safety and the health of communities is needed.

These evidence-informed, integrated approaches are represented in the Model of Health and Wellbeing and the Model of Wholistic Health and Wellbeing.

The Model of Health and Wellbeing has been endorsed by Ontario’s Community Health Centres (CHCs), Community Family Health Teams (CFHTs) and Nurse Practitioner-Led Clinics (NPLCs) that make up our membership. The common values, principles and attributes that these organizations share are providing people facing barriers to health with the services and supports they need to move towards the World Health Organization’s definition of health: a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or infirmity.

The Model of Wholistic Health and Wellbeing is Indigenous-informed and grew out of the wholistic framework of the Ontario Aboriginal Healing and Wellness Strategy, which considered all stages of life within a comprehensive care continuum. Indigenous cultures’ ways of knowing and being are at the centre of the model. All aspects of health — mental, emotional, spiritual and physical — are considered in relation to self, family, community and the environment. The Model addresses the intergenerational trauma and impacts of colonization that underpin poor health and wellbeing within Indigenous communities. In this way, the Model itself can be considered decolonizing. This Model has been endorsed by the Aboriginal Health Access Centres and Aboriginal Community Health Centres.

PROVING THE THEORY OF CHANGE

While strong bodies of evidence support the attributes of these models, AOHC’s five-year research agenda aims to study how the integrated application of these principles and practices play a transformative role improving population health, enhancing people’s experiences and delivering a strong return on investment.
In keeping with OUR VALUES

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and our MODELS

Model of Wholistic Health and Wellbeing

Model of Health and Wellbeing

North
- Spiritual
- Reclamation
- Generosity

West
- Physical
- Teaching
- Independence

East
- Emotional
- Belonging

South
- Cultural
- Language
- Mental

Highest Quality, People and Community Centred

Health & Wellbeing

Grounded in a Community Development Approach

Based on the Determinants of Health

Community Governed

Interprofessional Integrated and Coordinated

Accessible

Accountable and Efficient

Population Needs-Based

Anti-Oppression and Culturally Safe

Community Vitality and Belonging

Health Equity and Social Justice

CHAMPIONING TRANSFORMATIVE CHANGE
We’re striving towards four
STRATEGIC DIRECTIONS to support
OUR MISSION

1. Champion health equity and population needs-based planning, and challenge systemic inequities to achieve improved health outcomes.
2. Advance people-centred, high quality primary health care as the foundation of the universal and publicly funded health system to increase access to appropriate services, especially for populations facing barriers.
3. Demonstrate the value and impact of the Model of Health and Wellbeing on the improved health outcomes and experience of people and communities.
4. Advocate for appropriate policies, processes and resources to ensure members are equipped to operate healthy organizations and realize their potential as effective catalysts in system transformation.

The best possible health and wellbeing for everyone in Ontario.
STRATEGIC DIRECTION 1
Champion Health Equity

*Champion health equity and population needs-based planning, and challenge systemic inequities to achieve improved health outcomes.*

OUR 2020 ADVOCACY GOALS FOR HEALTHIER PUBLIC POLICY

- The Government of Ontario increasingly works across ministries using approaches such as Health in All Policies and the Canadian Index of Wellbeing.
- The Government of Ontario increases social assistance rates and minimum wage and introduces policy changes to deal with precarious employment.
- The Ministry of Health and Long-Term Care (MOHLTC) expands publicly funded dental programs to adults living on low incomes and increases access to dental suites in our member centres.
- The MOHLTC eliminates the three-month waiting period for newcomers and those with precarious immigration status.
- The Government of Ontario works with the federal government to ensure everyone in Ontario has improved access to appropriately prescribed drugs.

OUR 2020 ADVOCACY GOALS FOR HEALTH SYSTEM TRANSFORMATION

- The Government of Ontario and Local Health Integration Networks (LHINs) embed a health equity lens into all aspects of health system planning, policies, legislation and service delivery.
- The Government of Ontario and the LHINs embed the Aboriginal Health Policy within health system planning and service delivery related to the Indigenous population and consider the AHACs and Aboriginal CHCs as leaders within the delivery of Indigenous culturally safe, primary health care.
- All LHINs implement a common equity-informed population needs-based planning methodology for primary care, with a specific culturally appropriate plan for Indigenous and Métis communities.
- The MOHLTC, with the LHINs, develops and implements a provincial strategy for the 3.5 million people facing barriers to health to ensure access to the Model of Health and Wellbeing (MHWB) with a particular focus to ensure the Indigenous and Métis populations have access to the Model of Wholistic Health and Wellbeing (MWHWB).
- AOHC, with members and key provincial stakeholders, has implemented action plans to:
  - increase access to Francophone health services in Ontario, particularly in designated areas;
  - strengthen the network of programs and services for diverse people living in rural and northern communities;
  - grow a lesbian, gay, bisexual and trans (LGBT) primary health care network across the province and enhance trans care as a function of primary care;
  - ensure that racialized people, newcomers and refugees have access to the full MHWB, particularly resources like language interpretation; and
  - contribute to more timely, coordinated, effective and comprehensive programs and services, including trauma-informed care and harm reduction approaches, that span the continuum of care needed by AOHC’s members’ clients living with addiction(s) and/or mental illness.
**STRATEGIC DIRECTION 2**

Strengthen Primary Health Care — The Foundation of Our Health System

*Advance people-centred, high quality primary health care as the foundation of the universal and publicly funded health system to increase access to appropriate services, especially for populations facing barriers.*

**OUR 2020 ADVOCACY GOALS FOR PRIMARY HEALTH CARE**

- The MOHLTC ensures primary care is the foundation of the health system.
- Primary care organizations are able to fulfill their roles in care coordination and system navigation. AHACs’ and Aboriginal CHCs’ scope of services includes culturally safe system navigation, care coordination, home and community care, and hospital discharge planning.
- The MOHLTC implements a province-wide shared care solution to enable the socially and medically complex people receiving primary care from non-team based physicians to access interprofessional teams, programs and services. An independent evaluation is conducted to determine the health outcomes of this shared care.
- All AHACs and Aboriginal CHCs provide Indigenous-informed healing services.
- The LHINs use Collective Impact-type approaches to subLHIN governance, respecting community-oriented governance.
- AOHC has secured funding and has begun the journey to enable people served by AOHC’s members to meaningfully participate as part of their care teams through a common collaboration platform.
CHAMPIONING TRANSFORMATIVE CHANGE

STRATEGIC DIRECTION 3
Support Evidence-Informed Decision Making

Demonstrate the value and impact of the Model of Health and Wellbeing on the improved health outcomes and experience of people and communities.

OUR 2020 GOALS TO SUPPORT EVIDENCE-INFORMED DECISION MAKING

- Provincial and regional decision makers are able to access a comprehensive body of knowledge to support evidence-informed decision making about primary health care solutions for people and communities facing barriers to health.
- Decision makers are using evidence to inform investment decisions related to the Model of Health and Wellbeing and the Model of Wholistic Health and Wellbeing.
- Members have adopted and are using equity-informed health promotion, determinants of health and community development indicators based on a wellbeing measurement framework.
- AHACs and Aboriginal CHCs have a comprehensive, Indigenous-informed performance framework, which includes indicators and evaluation methodology, for the Model of Wholistic Health and Wellbeing.
- AHACs and Aboriginal CHCs are leading the growth of Indigenous health knowledge resources focused on measurable health and wellbeing outcomes and accelerating Indigenous health gains through expanding Indigenous stakeholder partnerships and networks.
STRATEGIC DIRECTION 4

Ensure Members Can Achieve Their Potential

Advocate for appropriate policies, processes and resources to ensure members are equipped to operate healthy organizations and realize their potential as effective catalysts in system transformation.

OUR 2020 GOALS FOR IMPROVING MEMBERS’ OPERATIONS

- The MOHLTC and the LHINs provide base funding to address compensation, information management/information technology and operational pressures.
- Health Capital Investment Branch policies and processes enable the timely completion of new facilities and the repair or renewal of existing ones.
- Members are better able to hire a broad complement of interprofessional team members, including, but not limited to, physicians, nurse practitioners, mental health counsellors, and health promoters, to deliver the full MHWB or MWHWB.
- The Government of Ontario better supports the development and sustainability of Community Hubs.
- Members are able to share and use high quality data to improve outcomes.
- Members’ data systems are fully connected to the health system.
- Members are able to maximize meaningful use of their electronic medical records to improve care and health outcomes.
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For more information about AOHC and how you can get involved:

- Visit our website: [www.aohc.org](http://www.aohc.org)
- Follow us on Twitter: [twitter.com/AOHC_ACSO](https://twitter.com/AOHC_ACSO)
- Connect with us on Facebook: [facebook.com/AOHC.ACSO](https://facebook.com/AOHC.ACSO)
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