

Centre de santé communautaire
CHIGAMIK
Community Health Centre

Strategic Plan Report

**NO
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NO**



PART ONE STRATEGIC PLAN

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ACKNOWLEDGEMENTS

MIIGWETCH. MERCI. THANK YOU.



Picture: Participants at the Soup for the Soul Francophone drop-in group.

Centre de santé communautaire CHIGAMIK Community Health Centre (CSC CHIGAMIK CHC) would like to recognize the contributions made by a number of people who were involved in the planning process of the strategic plan.

Thank you to our community members, partner organizations and clients who generously shared their time and insights during our

community consultations and continuously provide feedback on their care. We would also like to thank our Board of Directors and staff members who shared their time and expertise. Our community's feedback and involvement was instrumental in the creation of the strategic plan.

STRATEGIC PLANNING PROCESS

In 2019, the CSC CHIGAMIK CHC Board of Directors determined that it was an appropriate time to reflect on the organization's future direction – how the CHC, its clients, community and partners were evolving and the emerging health care needs within the community.

During the past 20 months, many community members and partners participated in the refresh of the strategic plan. The Board of Directors and management team identified initiatives that support organizational growth and strategic direction within the framework of the Centre's mission, vision and values.

CSC CHIGAMIK CHC's planning process is grounded in a "Theory of Change." This planning process enables the CHC to analyze the relationship between the interventions (activities, programs) being offered to the community and the long-term outcomes that the organization is trying to achieve (see *Appendix 1 for Pathways to Change*).

This strategic plan defines CSC CHIGAMIK CHC's role, scope and goals including:

- Three strategic directions that the organization will focus on over the next twenty years.
- Long-term and intermediate goals that the CHC will try to achieve over the next twenty and ten years, respectively.
- Five short-term goals and fifteen key objectives that the CHC will try to achieve within the next five years.



Picture: Participants during the Kitchen Talk program.

OUR MISSION & VISION

Mission

To promote culturally relevant holistic programs and services to equip our communities to achieve optimal health and well-being through awareness, health promotion and illness prevention.

Vision

To be an inclusive place where everyone is welcome to pursue an enrichment of their quality of life, health and wellness.

Priority Populations

CSC CHIGAMIK CHC has identified seven priority populations in the North Simcoe and broader region catchment area. These populations include:

- Individuals experiencing poverty
- Homeless or under housed
- Isolated seniors
- Youth
- Individuals experiencing mental health problems and/or addictions
- Francophones
- Indigenous and Métis peoples
- Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Two-Spirit people

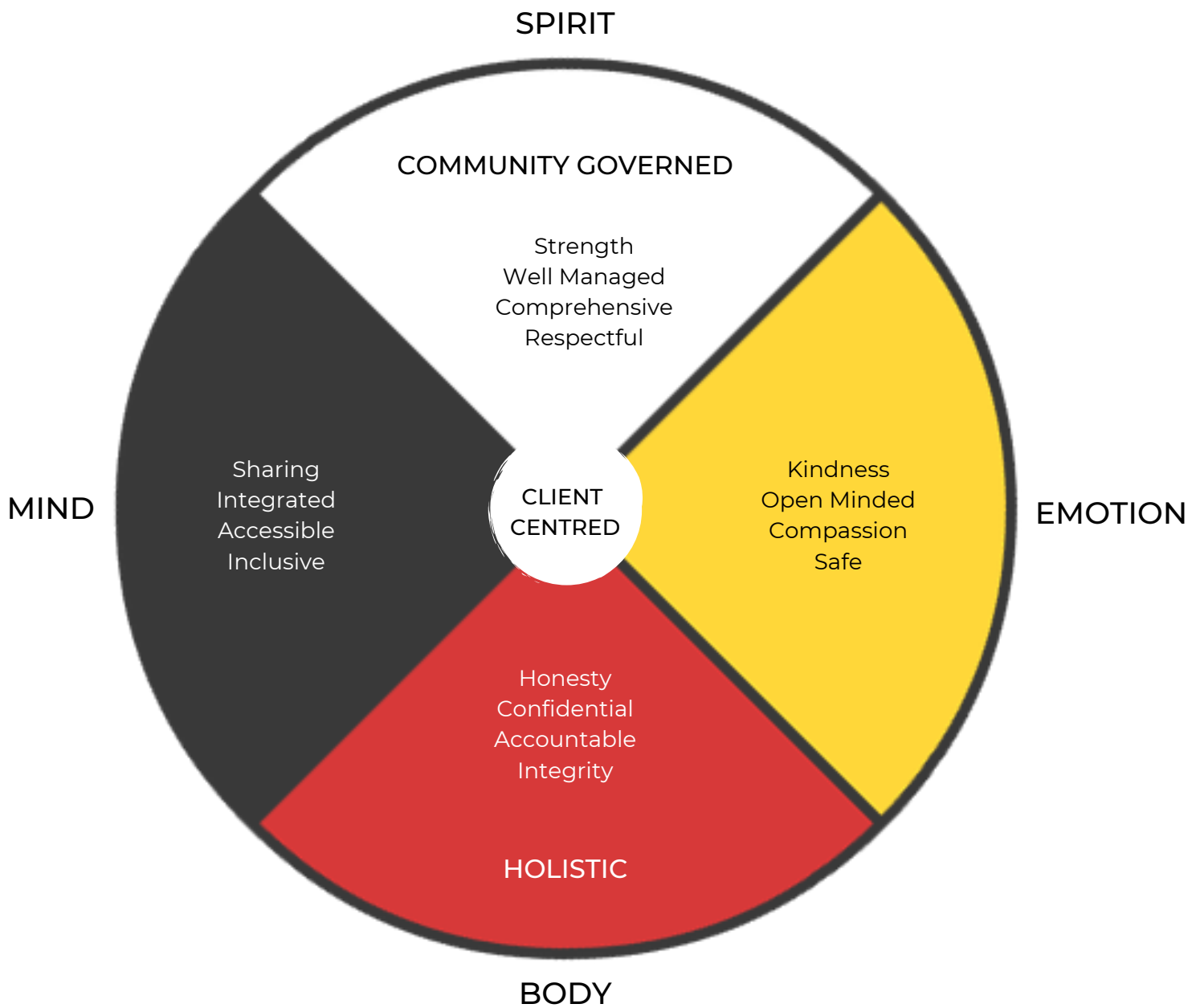
Framework and Roadmap

CSC CHIGAMIK CHC delivers primary and allied health care founded on the Model of Health and Wellbeing and the parallel Aboriginal Health Access Centre (AHAC) Model of Wholistic Health and Wellbeing (*See Appendix 2 and 3*).



OUR VALUES

GROUNDING IN THE MEDICINE WHEEL AND THE SEVEN GRANDFATHERS TEACHINGS



**THE SEVEN GRANDFATHERS TEACHINGS
TRUTH, RESPECT, HONEST, HUMILITY, WISDOM, LOVE, BRAVERY**

See Appendix 4 for CSC CHIGMAIK CHC's Statement of Values.

GUIDING PRACTICES

Anti-oppressive

Community Health Centers provide programs and services in a safe, anti-racist and anti-oppressive environment; where there is no assault, challenge or denial of an individual's identity - *who they are* and *what they need*. It is about sharing the knowledge and experience of learning, living and working together with truth, respect, honesty, humility, wisdom, love and bravery. In practice, we welcome and encourage individuals from various cultural and linguistic backgrounds to use our services, resulting in their ability to control or influence the decisions about the health care services they receive. We believe this is an important factor when creating a safe and anti-oppressive environment.

Active Offer: French Language Services

An active offer of French language Services (FLS) applies to all services provided by Chigamik. Members of the general public are encouraged to use the official language of their choice – which will not result in a diminished quality of service, wherever this service is offered.

An active offer of French language services means:

- Providing quality service in the official language of the client's choice.
- Making this service evident, readily available, and easily accessible to the client.
- Providing a comparable service in both official languages for all oral, written, and electronic communications related to the service.

In March, 2019, CSC CHIGAMIK CHC received the Government of Ontario's French Language Services designation which means Francophones in North Simcoe Muskoka will continue to have access to quality health care services and programs at CHIGAMIK, in the language of their choice.

Cultural Awareness: Creating Cultural Safety and Competencies

For Indigenous peoples, CSC CHIGAMIK CHC's approach to health care is to provide a balance between Indigenous Traditional healing practices combined with the western approach to healing. This service is made available by gaining and holding an awareness of culture, developing competencies with regard to Indigenous culture and creating cultural safety. Cultural safety refers to a state whereby a provider embraces the skill of self-reflection as a means to advancing a therapeutic encounter with Indigenous peoples and other communities including but not limited to, visible minorities, LGBTQ2 individuals and people living with challenges. Self-reflection in this case is underpinned by an understanding of power differentials. For Indigenous communities, this power imbalance is unequal and can be seen as a residual element of colonization and acts as a barrier to facilitating the health and healing of Indigenous residents. As providers and practitioners at this CHC, we endeavour to understand our own biases and prejudices, and how racism might play a role while providing care to these

diverse communities. Finally, an important aspect of cultural safety is allowing the client to define what “safe service” means to them.

Quality: The Journey to Excellence

Healthcare is in the midst of constant innovation. New technologies, clinical practices and health system processes are being developed and tried across the continuum of care. Care that is based on evidence — evidence about safety, efficacy and outcomes — is the pillar of a high-quality healthcare system. CSC CHIGAMIK CHC embraces the quality framework set out by Health Quality Ontario and will endeavour to initiate best practices across the organization.



Picture: Participants at the Miijim Market.

Success in the Early Years

There is strong evidence establishing a direct link between Adverse Childhood Experiences (ACES) and poor mental and physical health in adults. The goal of this initiative is to offer all children a good start in life so that by the time they begin grade one (age 6), they are physically, socially and emotionally healthy and ready to learn. This work is not owned by a single organization, but is made up of partners from the public, private and non-profit sectors in North Simcoe. These partners are working together for the health and wellbeing of young children and their families in North Simcoe, and are committed to increasing and improving the services and programs available.

Climate Change and Environmental Stewardship

The World Health Organization states climate change to be the greatest global health threat of the 21st century. How we respond today and for the next ten years will set the stage for the wellbeing of our communities and residents now and for generations to come. This CHC has decided to re-frame existing equity-based programming such as – food security, community gardens, youth mental health, water protection, cooling stations, poverty mitigation – as an integral part of local climate change plans. The CHC will increase awareness, promote viable community programs and advocate for policy change in concert with community and provincial partners.

Social Determinants of Health

CSC CHIGAMIK CHC has identified five priority social determinants of health which significantly impacts the social context of this community (see *Appendix 5*).

- Income and social status
- Culture/ethnicity/race/language
- Personal health practices and coping skills
- Access to health services
- Social support networks



OUR STRATEGIC DIRECTION

Long-term Outcomes: 20 years

1. Increase health equity and inclusion in the Indigenous population
2. Increase health equity and inclusion in the Francophone population
3. Reduce the impact of poverty

Intermediate Outcomes: 10 years

1. Reduce the burden of multiple chronic conditions
2. Improve mental health outcomes
3. Improve social support network and a sense of belonging

Short-term Outcomes: 5 years

1. Create a culturally safe space to provide health care services
 - 1.1 Increase capacity to serve the Indigenous community
 - 1.2 Increase capacity to serve the Francophone community
2. Improve comprehensive health care provision for vulnerable groups
 - 2.1 Increase capacity to serve isolated seniors (65+)
 - 2.2 Increase capacity to serve youth (13-29 yrs)
 - 2.3 Increase capacity to serve perinatal women with young children
 - 2.4 Increase capacity to serve the LGBTQ2 community
3. Increase community capacity to support individuals experiencing mental health and addictions
 - 3.1 Increase the ability of clients to self-manage or resolve mental health and addiction challenges
 - 3.2 Increase the capacity to identify and intervene adverse childhood experiences (ACEs)
 - 3.3 Increase the ability of clients to quit or reduce smoking/vaping
 - 3.4 Increase the ability of clients to prevent, self-manage or resolve opioid addiction
4. Increase community capacity to prevent and manage diabetes
 - 4.1 Increase the ability of clients to self-manage diabetes in different stages of health
 - 4.2 Increase the ability of clients to self-manage and maintain healthy weights
 - 4.3 Increase opportunities for healthy eating
5. Raise awareness about climate change concerns
 - 5.1 Promote the health, environmental and financial benefits of increased legume consumption
 - 5.2 Implement a climate change awareness campaign

PART TWO APPENDIX



Picture: Participants taking a stroll using Chigamik's Nordic Poles.

- 01** Pathways to Change
- 02** Model of Health & Wellbeing
- 03** AHAC Model of Wholistic Health & Wellbeing
- 04** Statement of Values
- 05** Social Determinants of Health
- 06** Strategic Plan Consultation Summary



STRATEGIC PLANNING FRAMEWORK:

PATHWAYS TO CHANGE

APPENDIX 01

What is a pathway of change?

A Pathway of Change is a way of planning which requires the group[1] to think about the relationship between interventions (such as programs and services) that the Community Health Centre may launch and the long-term outcome that they are trying to achieve.

Purpose

The purpose of using a Pathway of Change is to provide an opportunity to think about the bigger picture. It is a process which asks the group to reflect on and explain how their early achievements will eventually lead to a desired long-term result. It also allows the group to reflect on what the current situation is and what needs to change, before implementing a strategy.

The Pathway of Change gives the group a chance to...

- Raise new questions while developing a strategic plan and challenge the logic of the connections between interventions and intermediate and long-term outcomes.
- Develop a realistic picture of the complexity of the change process and demands that the group consider resources and time available.
- Develop consensus on the activities that should be undertaken and develop a shared understanding of the outcomes that the group is trying to achieve.

This is a draft based on backwards mapping – the group may need to improve, modify or edit pieces as the process evolves.

Definitions and Relationships: Elements of a Pathway of Change

Long-term Outcome

A long-term outcome is an end goal or result achieved after an extended period of time – between 10 and 20 years. It is a clear definition of the desired community health change/outcome that the group would like to achieve through program activities, also known as “interventions”. Determining clear and concise long-term outcomes will (1) lead to concise thinking about what needs to be done to reach the outcome; (2) will give the ability to build a consensus about what is important in terms of connections and resources; and (3) will make it easier to develop measurements to analyze results and outcomes.

Intermediate Outcome

An intermediate outcome is an intermediary or transitional goal achieved after an extended period of time – between 3 and 5 years. It precedes the long-term outcome and proceeds the preconditions.

It is a clear definition of a desired condition that the group would like to achieve through program activities, also known as “interventions”, which will lead to a larger outcome. Determining clear and concise intermediate outcomes will (1) lead to concise thinking about what needs to be done to reach the outcome; (2) will give the ability to build a consensus about what is important in terms of connections and resources; and (3) will make it easier to develop measurements to analyze results and outcomes.

Often, in a Pathway of Change, one or more intermediate outcomes need to be met in order to achieve a long-term outcome. In some cases, intermediate goals may not be necessary.

Precondition / Goal

A precondition/Goal is a condition that is required to meet an intermediate or long-term outcome. Without each of the preconditions in place, it is assumed that the outcome cannot be attained. Preconditions/Goal precede every intermediate outcome.

Reflecting on preconditions should help the group determine which are legitimate outcomes, and which are extra outcomes that would be nice to achieve, but may not relate directly to the long-term outcome.

In order to determine the preconditions/Goals, the group will list a complete set of necessary and sufficient building blocks that must exist prior to reaching the desired outcome.

Indicator

The indicator tells the group how and when the precondition or outcome has been met; it is a measure of success. One or more indicator is determined for each precondition as well as the intermediate and long-term outcomes.

The indicator should be specific and include a lot of detail. When determining indicators, the group should consider the following questions:

- Who or what is the target population of change?
- How much change has to occur on the indicator to successfully reach the outcome? (thinking about baseline and threshold values).
- How long will it take to bring about the necessary change in this indicator in the target population?
- What evidence will be used to show that the precondition has been achieved?

Intervention

An intervention is an activity (or a set of activities) which aims to meet a precondition. The target population and goals of the intervention should match the desired precondition and its indicator(s). The intervention(s) precede all preconditions and outcomes of the Pathway of Change, however should only be determined last and have a shared intention.

An intervention can include, but is not limited to a single activity, a personal development group, a support group, a program, a campaign, a policy-change and an advocacy project.

Assumptions: Working in Theory

It is important that the group mapping of the pathway of change articulate the assumptions used to explain the connections between the interventions and the long-term outcomes in all stages of the process they have envisioned. These assumptions should be supported by research and “best practices”. Furthermore, it is important that the group gain a consensus on the assumptions they have agreed upon.

Avoid Implementing a Mistake

In order to avoid having to remap the pathway throughout its evolution, the group is encouraged to be as thorough and honest as possible when considering the following questions:

- Are there conditions outside our control that will impact our ability to produce these preconditions?
- Are there unintended effects which could surface and work against us achieving our outcome?
- Are these really the only required outcomes to reach the long-term outcome?
- How long will it take to reach my long-term outcome?
- Do we have the resources we need to implement this intervention?
- Is the planned intervention enough to achieve this goal?
- Can we get real community-level change toward the outcomes?

Reference: Anderson, A. The Community Builder’s Approach to Theory of Change: A Practical Guide to Theory Development.

<http://www.aspeninstitute.org/sites/default/files/content/docs/rcc/rcccommbuildersapproach.pdf>

MODEL OF HEALTH AND WELLBEING

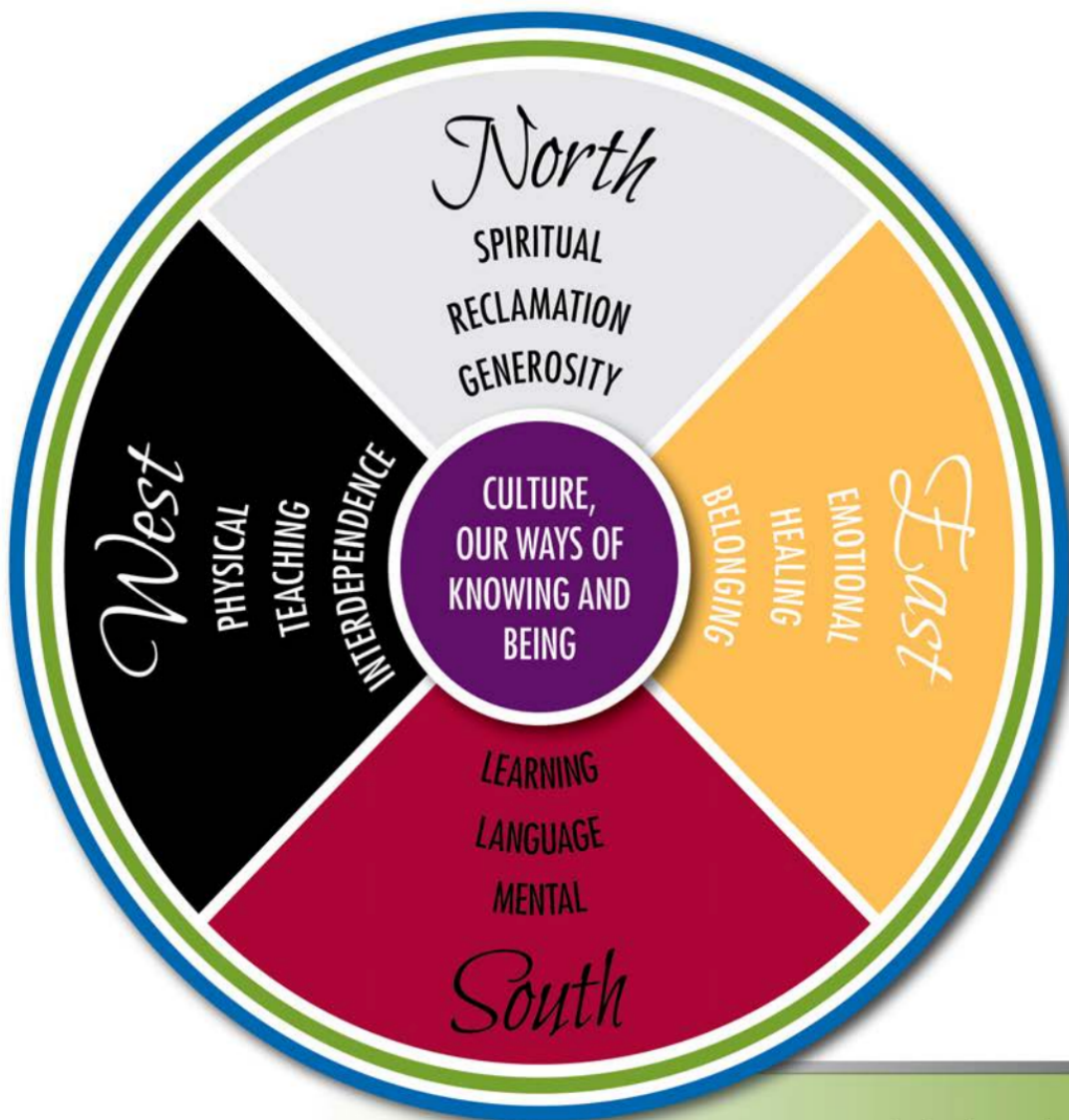
APPENDIX 02



Reference: <https://www.allianceon.org/model-health-and-wellbeing>

AHAC MODEL OF WHOLISTIC HEALTH & WELLBEING

APPENDIX 03



Cultural teachings and traditional practices vary between nations and regions. All are recognized and respected.

The value systems represented by this Model of Wholistic Health and Wellbeing are the common ones that frame the work of the AHACs toward healthy communities.



Ontario's Aboriginal
Health Access Centres
Centres autochtones d'accès
aux soins de santé de l'Ontario

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Reference: <https://www.allianceon.org/sites/default/files/documents/Model%20of%20Wholistic%20Health%20and%20Wellbeing.pdf>

STATEMENT OF VALUES

APPENDIX 04

Values Narrative

The Board of Directors created this values statement purposefully in the form of the sacred medicine wheel from the teachings of the seven Grandfathers from the Anishinaabe tradition. In an oral tradition a picture or a symbol conveys levels of meaning which is true for this wheel. The Board deliberated, pondered and sat with these ideas for three years and came up with this rendering.

Among the Anishinaabe people, the Teachings of the Seven Grandfathers, is a set of teachings on human conduct towards others. There is much you can learn about these teaching, and we encourage you to do so. The Medicine Wheel represents harmony and connections and is considered a major symbol of peaceful interaction among all living beings on Earth. This is the back drop for the wheel on the next page.

The narrative for the wheel goes something like this:

We approach the client from the centre of their experience and we place them in the center of their healing process and address their body, mind, emotions and spirit. Our approach is holistic, that is:

- We are honest with the client, retain what they share as confidential, and agree to be held accountable to the client, to our peers and Great Spirit. We act with integrity with all of our actions.
- We share what we know without hesitation, integrated across disciplines. This is how the client gets the holistic message. We strive to be accessible at all levels, physical, mental and spiritual. No one is turned away for any reason.
- Our strength is lodged within a well-managed team of practitioners. We are comprehensive in our approach to health and wellbeing. Respect for our client and each other is unconditional and not dependent on something elicited by abilities, qualities, or achievements.
- We strive to create an atmosphere of kindness, expressed as being open minded, having compassion for the journey of the other and grounded in a sense of safety.

We are community governed. Our governors represent the community that is served by CSC CHIGAMIK CHC. Furthermore, the Board and staff reside in the communities we serve.

SOCIAL DETERMINANTS OF HEALTH

APPENDIX 05

CSC CHIGAMIK CHC understands the following social determinants of health as defined by Public Health Canada (2013).

Income and Social Status

Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.

Culture/Ethnicity/Race/Language

Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural or linguistic values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

Personal Health Practices and Coping Skills

Personal health practices and coping skills refer to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health.

Access to Health Services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function, contribute to population health. The health services continuum of care includes treatment and secondary prevention.

Social Support Networks

Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.

STRATEGIC PLAN

CONSULTATION SUMMARY

APPENDIX 06

A community consultation was held on June 20th, 2019 to obtain a retrospective overview on CSC CHIGAMIK CHC's primary care and allied health services. Focus groups were created to represent our three serving populations; First Nations, Métis, Inuit (FNMI), Francophones and the mainstream community. A series of questions guided the participants to identify key points that resulted in the following:

1. How is Chigamik doing with regard to the delivery of supports and services? Generally are we linguistically and culturally appropriate?

FNMI Community	Opening ceremonies at Chigamik social events are appreciated and bring the community together. The holistic opportunities, and the cultural and spiritual understanding promotes acceptance and self-identification, while also encouraging knowledge to be passed down to future generations.
Francophone Community	Active offer should always be available at Chigamik, along with bilingual documents, signage, and having a bilingual community event facilitator. Public documents should only be available when accessible in both languages. Chigamik should also have equal space and representation of the French culture (Franco-Ontarian Flag, wall art, bilingual signs, and opening ceremonies recognizing francophone culture as well).
Mainstream Community	Chigamik makes a sincere attempt at inclusivity with their diverse clients. It's a welcoming and unique tri-cultural hub that offers various program choices, opportunities and services.

2. How responsive is Chigamik to aspects of care like: access to appointments, able to reach us, hours of service, etc.?

FNMI Community	It's difficult to make an appointment because you can't get through and/or phone calls are not being answered. Consistency with phone call reminder and cancellations also need to occur.
Francophone Community	Worried that the expansion of French primary care services in Barrie will dilute accessibility to the Midland point of access. It's also difficult to make an appointment in French and to have someone return voice messages.
Mainstream Community	The lack of wait times for primary care appointments is great. However, the lack of communication between Chigamik and clients can be frustrating (medical appointments, Traditional Healing, can't get through to reception).

3. Specifically, how is Chigamik doing with delivery of services in French?

FNMI Community	Do not have experience attending services in French.
Francophone Community	There's a great need for primary care in French but the accessibility is limited in both the Barrie and Midland point of access. There's also a need for more French programming, especially in the Midland area for diverse age groups and other demographics.
Mainstream Community	Not sure of what French Language Services are available.

4. Specifically, how is Chigamik doing with creating a culturally safe space?

FNMI Community	There's feeling of cultural acceptance, however, clinicians should have more awareness of holistic cultural beliefs and Traditional Healing services should be more accessible.
Francophone Community	Chigamik needs to implement active offer and create a better culturally safe space with bilingual documentation, signage, and materialistic pieces (Franco-Ontarian flag) to welcome Francophones to the centre.
Mainstream Community	Satisfied with the current resources available.

5. Do you have specific reflections on: the primary care clinic, mental health services, community programs, Traditional Healing, other?

FNMI Community	More councillors and program facilitators for indigenous programming is needed. Traditional Healers need to be more accessible as well. We feel that Clinicians are responsive to our needs.
Francophone Community	Accessibility to Francophone primary care needs improvement. There's also a need for more French community programs in Midland to reach people from different demographics.
Mainstream Community	OTN services are great and we have feeling of support and advocacy for our own health by clinicians and program facilitators. Mental health services are not always continuous and we sometimes feel like we are falling through the cracks.