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CANADA - U.S.

Community Health Centres

2018 SUMMIT



SUMMARY REPORT

For more visit:

www.ifchc.org/victoriasummit2018

THANK YOU

Organizers and participants are grateful to the RCHN Community Health Foundation for their partnership and support of the 2018 Canada - U.S. Community Health Centres Summit



This report was designed by and developed in collaboration with Trotman Communications. For more information about Trotman Communications, or to contact Christopher Trotman, visit:

www.seetrotman.com

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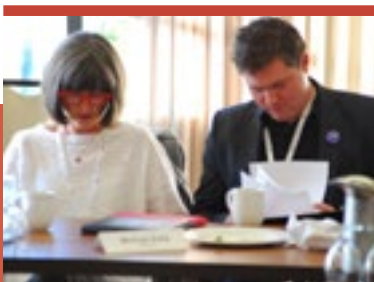
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OVERVIEW OF THE SUMMIT

From **September 26-28, 2018** over 100 leaders from Community Health Centres and Community Health Centre associations throughout Canada and the U.S. gathered in Victoria, British Columbia for discussion aimed at increasing cross-border collaboration among CHCs and CHC associations in our two countries. The summit was convened under the banners of the Canadian Association of Community Health Centres, the U.S. National Association of Community Health Centers, and the International Federation of Community Health Centres.

The case for collaboration is grounded in the shared vision and mission of CHCs and CHC associations in Canada and the U.S., and made all the more urgent by a number of pressing health, social, economic and political issues affecting populations in both countries such as the opioid/overdose crisis; increased urbanization; migrant and transient populations; and increasingly interconnected economies at regional levels.

In preparation for the Summit, Community Health Centres from 5 Canadian provinces and 14 U.S. states were invited to respond to an online survey to begin identifying similarities, differences and possible opportunities for collaboration between and among CHCs in both countries.



AGENTS OF CARE, AGENTS OF CHANGE

From early-August until mid-September 2018, an online survey was conducted for all Community Health Centres (CHCs) in a subset of Canadian provinces and U.S. states. The goal of the survey was to identify trends related to services and populations served by CHCs in both countries, with some special attention to the impact of the opioid crisis and responses being mounted by CHCs in Canada and the U.S.

NUMBER OF PARTICIPATING COMMUNITY HEALTH CENTRES

80



73

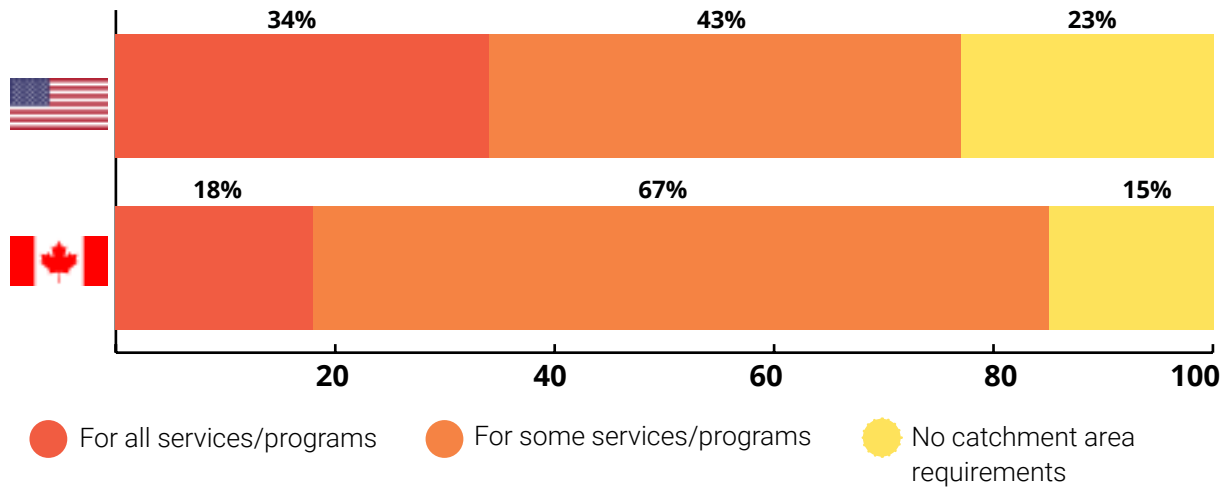


A total of 153 Community Health Centres responded to the survey (Canada = 73, United States = 80). The survey was conducted in 5 Canadian provinces and 14 U.S. states

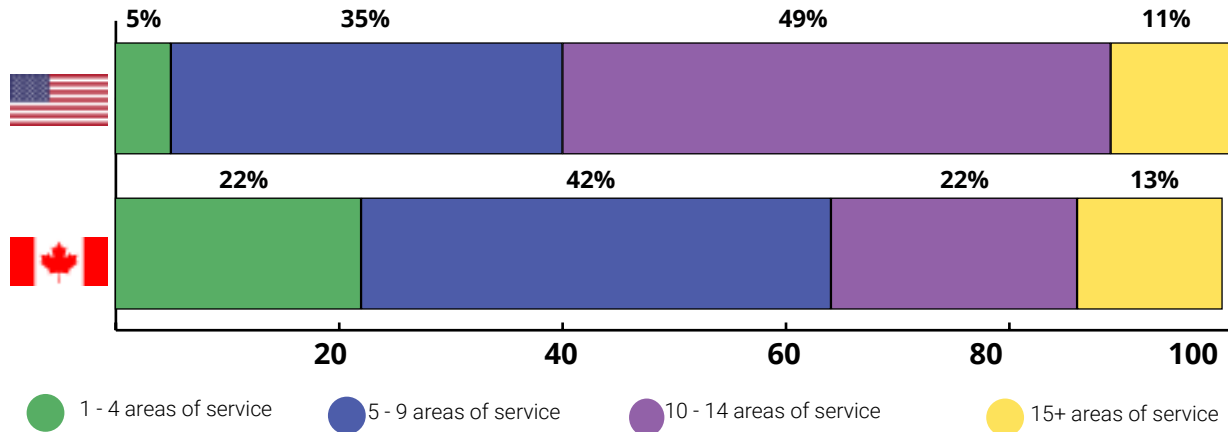
Please see some high level results from the survey on the following page. To view all results from the survey access the full survey report at:

www.ifchc.org/victoriasummit2018

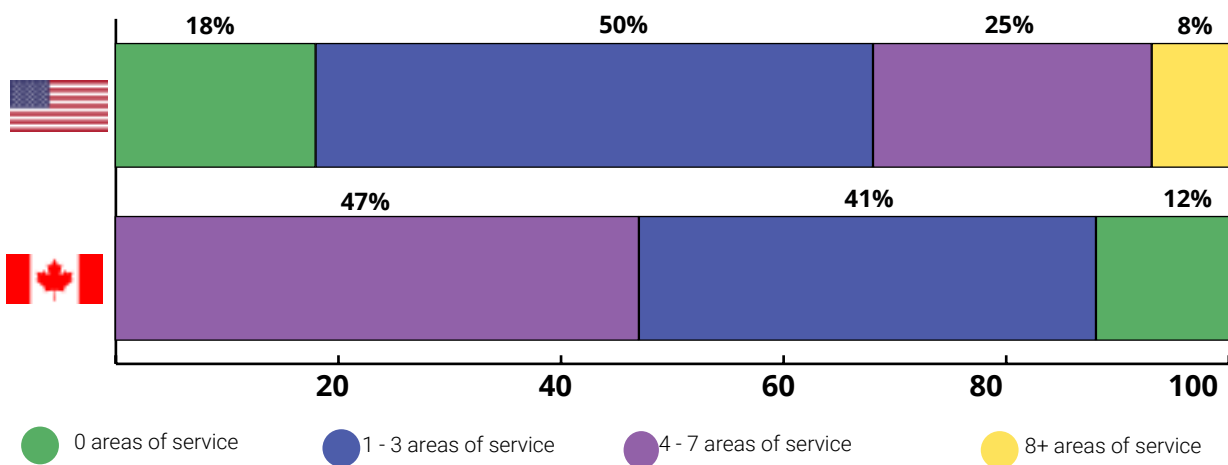
DO CLIENTS NEED TO RESIDE WITHIN A DEFINED GEOGRAPHICAL CATCHMENT AREA TO ACCESS SERVICES AND PROGRAMS AT YOUR CHC?



COMPREHENSIVENESS OF CLINICAL SERVICES AT CHCS



COMPREHENSIVENESS OF SOCIAL/COMMUNITY SERVICES AT CHCS





THE SUMMIT



OPENING CEREMONY - ANSWER WOMEN'S DRUM GROUP

The summit opened with a performance and acknowledgement of traditional lands by ANSWER Indigenous Women's Drumming Group, an urban Victoria drum group with nations from Nuuchahnulth, Dene, Mohawk, M'iqmaw, Anishnawbe, Metis and Cree peoples. The group's name is an acronym for All Nations Strong Women for Education and Reconciliation, and they use drumming as a means of healing from the lived trauma and impacts of colonialism.

In opening the conference, Jessica Sault, a member of the group, addressed the need to know who your community is, and spoke to the history of First Nations communities before colonization. She enforced the importance of knowing and working in true partnership with the communities to which services are being provided. The legacy of colonialism and residential schools provides an extreme example of what happens when solutions are prescribed to a community, rather than developed collaboratively in consultation with the community being served.



“When you go into our communities today and you see unhealthiness and you see the vast divide of obesity, of alcoholism, I want you to reach out your hands and talk to them about their healing tools. Not yours, ours.

If you want to know the community, if you want to work and make a difference, you need to know the community and what works for them.”

- Jessica Sault, ANSWER Women's Drum Group

HONOURABLE ADRIAN DIX, BRITISH COLUMBIA MINISTER OF HEALTH



“Our government is incredibly committed in everything we do on the social determinants of health and there is no model more significant in supporting determinants of health than Community Health Centres across North America”

-Adrian Dix, British Columbia Minister of Health

The Honourable Adrian Dix spoke to the history of universal public healthcare in the Canadian context and commended the creativity and dynamism of organizations like Community Health Centres in the United States to serve vulnerable communities in the absence of a universal health system there. With the growing inequality that exists within both countries, Minister Dix stressed the importance of system-level thinking to ensure that the health care needs of communities are met.

He highlighted how the BC government is making a number of upstream investments to address the social determinants of health that affect the population, particularly vulnerable people. This includes a poverty reduction plan, free university tuition for children within the child protection system, and

\$300 million dollars to address the opioid crisis in the province.

Minister Dix described how power structures and social inequities have a deep impact on the health of communities and highlighted First Nations communities in British Columbia as an example. He stressed that these structural and social inequities underscore the need for community-informed and community-governed healthcare and social service responses, which is why the Government of British Columbia strongly supports Community Health Centres in B.C. and has committed to additional support and funding for CHCs throughout the province as part of their primary health care strategy.





SETTING THE STAGE: JOINT CANADA-U.S. PRESENTATION



SCOTT WOLFE, EXECUTIVE DIRECTOR, CANADIAN ASSOCIATION FOR COMMUNITY HEALTH CENTRES (TORONTO, ON)

Scott Wolfe, Executive Director of the Canadian Association for Community Health Centres noted that, unlike the U.S., there is no federal policy mandating Community Health Centres nor any such policy in most of Canada's provinces. Nonetheless, CHCs have emerged organically across Canada in response to a clear desire from communities for the sort of integrated, team-based health and social services model provided by CHCs. Speaking to the fact that Canada largely has a universal, single-payer healthcare system, he underscored that Canada demonstrates that access to appropriate care is about much more than just solving the "coverage" issue.

Wolfe discussed how Community Health Centres serve to fill the gaps that exist within Canada's healthcare system due to a wide range of social and health inequities faced by different segments of the population, as well as the continued dominance of highly-medicalized, fee for service primary care that does not address the vast majority of people's actual health needs. Despite the impact of CHCs across the country, Wolfe stressed that a core priority moving forward is collecting

the evidence on this impact across Canada and engaging federal, provincial and municipal governments around the need for more sustained and all-government support for CHCs.

"CHCs are not just service delivery agencies. They are civic agencies, they are the heartbeat of the community."

- Scott Wolfe



JOSEPH GALLEGOS, SENIOR VP FOR WESTERN OPERATIONS, NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTRES (ALBUQUERQUE, NM)

Joseph Gallegos, Senior VP for Western Operations at the U.S. National Association of Community Health Centers, spoke to the need for Community Health Centres in both countries to collaborate and partner locally, regionally and federally to establish sustainable solutions. Gallegos spoke to the direction that health policy and funding are moving in the U.S., from a “volume-based” approach to a “value-based” approach. As organizations that see a large number of uninsured people and rely heavily on public funding in the U.S., CHCs are facing pressure to demonstrate value at the level of patient outcomes and system impact. As part of this, he underscored that providing healthcare services alone is not enough – to achieve the sort of value and impact we need, more emphasis is needed on services and programs that address people’s determinants of health.

In concluding, Gallegos noted that the success of growing and expanding CHCs in the U.S. over the past five decades – now serving over 28 million Americans from over 9000 CHC sites – is due to a strong advocacy and civic engagement agenda. CHCs are very well networked at federal, state and local levels in the U.S. and have invested in building their federal, state and regional associations as essential platforms for influencing public policy and investment on behalf of communities.

“Advocacy and civic engagement need to be part of the DNA of every community health center.”

- Joseph Gallegos



BRUCE GRAY, CEO, NORTHWEST REGIONAL PRIMARY CARE ASSOCIATION (SEATTLE, WA)

Bruce Gray, CEO of the Northwest Regional Primary Care Association, which is the regional association for CHCs in Alaska, Idaho, Oregon and Washington State, reinforced the value of coming together and collaborating across borders. He stressed the many commonalities between CHCs in both countries and the value of sharing experiences and building peer-to-peer networks. Gray discussed the Pacific Coast Collaborative (PCC), an agreement between the governments of British Columbia, Washington, Oregon and California as the sort of framework that CHCs on both sides of the border should be connecting to. The PCC has expanded beyond its original mandate of discussing climate change to other policy areas, including a shared commitment by these state and provincial governments to address the opioid epidemic and overdose crisis in the region. These are all areas where CHCs offer an ideal community-based service solution to complex social issues being identified by governments across jurisdictions.

He also highlighted how there are a variety of other compelling reasons why CHCs and CHC associations need to be working together across borders. He cited public health challenges, migrant populations, and the encroachment of private, for-profit primary care models as a few of the pressures that could

be better addressed by U.S. and Canadian CHCs and their associations in partnership.

“Collaboration between Canadian and U.S. CHCs is the right thing to do, the smart thing to do, and the necessary thing to do.”

- Bruce Gray



HIGHLIGHTS FROM MODERATED PANEL DISCUSSION

Building on the joint presentation from CACHC, NACHC and NWRPCA, five representatives from CHCs and state/provincial CHC associations in Canada and the U.S. participated in a moderated panel discussion. They reflected on local and regional experiences that underscore the need for collaboration across borders. They also shared local examples of innovative health services and social programs at CHCs that should be at the heart of knowledge-exchange between Canadian and U.S. CHCs and CHC associations moving forward. A few of these are summarized here as brief case studies.



**Heidi Hart, CEO,
Terry Reilly Health Services
(Boise, ID)**

“For Community Health Centers in the western part of the U.S., we’re looking forward to working with our Canadian counterparts not only to add value to what we do on the ground, but to engage local, state and provincial governments around the solutions Community Health Centers provide to common challenges on both sides of the border. The Pacific Coast Collaborative between the governments of British Columbia, Washington, Oregon and California is a great example of political frameworks we can leverage with our governments to work collectively at a regional level across borders.”

- Heidi Hart



**Loretta Bush, CEO, Michigan
Primary Care Association
(Lansing, MI)**

“About 80% of Community Health Centers in Michigan integrate oral health into their primary care services. When we talk to government and other partners about why this is so important, we remind them that the head is still part of the body. We also talk about the economic case. When people don’t have access to dental care it has a huge impact on their health and remaining part of the workforce, or on chances of becoming employed. There are many ways that access to oral health improves our economy.”

- Loretta Bush



The SANE (Sexual Abuse Now Ended) Solutions program is a community-based outpatient counseling and treatment program dedicated to repairing sexual abuse trauma and increasing victims' and their families' ability to create safety and stability. This is done by providing services to everyone impacted by child sexual abuse including victims, families, and offenders. Juvenile and adult sexual offender treatment is implemented to prevent further offenses, and public education effectively prevents the occurrence of child abuse within the community.

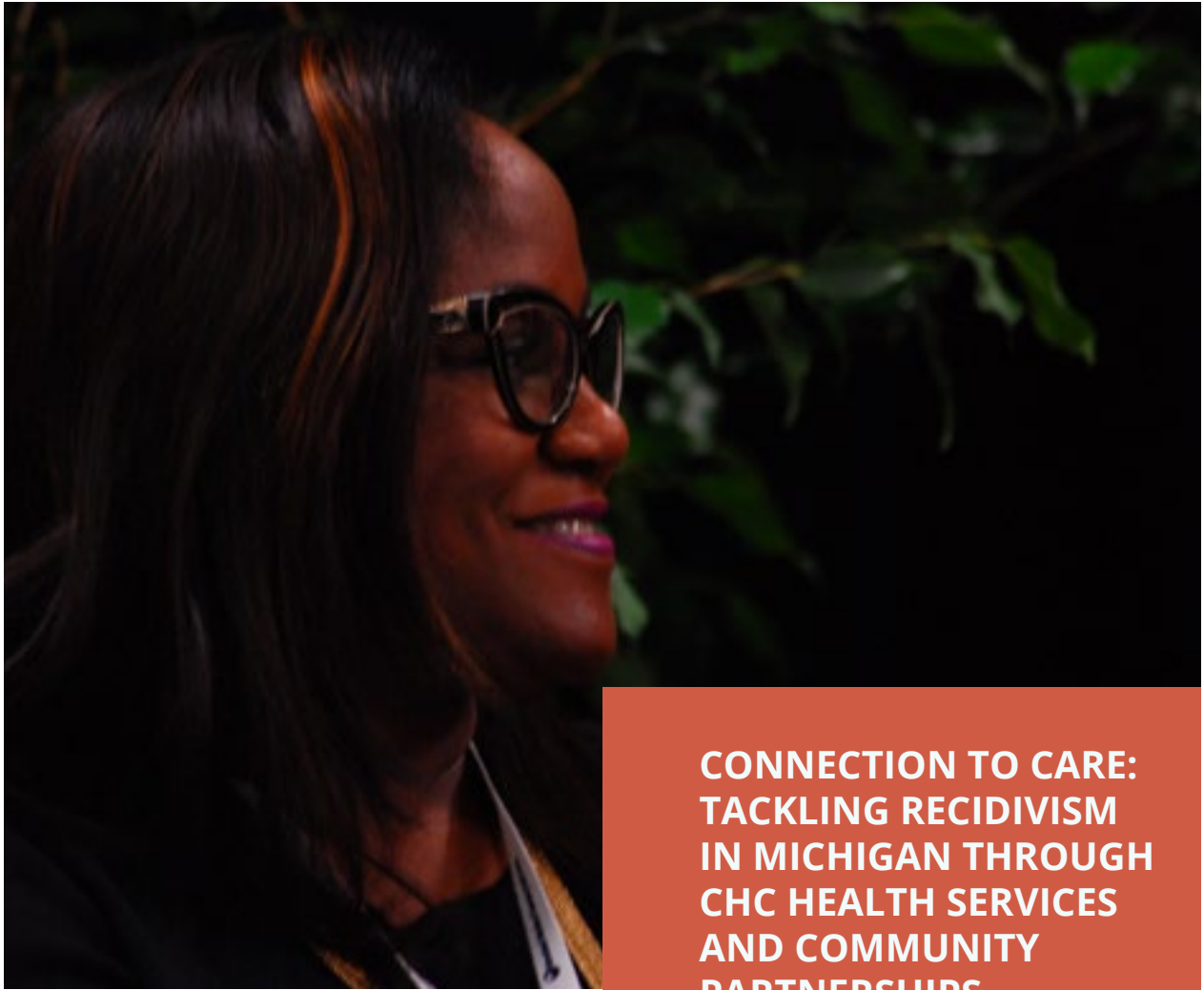
Terry Reilly began the SANE Solutions program in 1983 in response to increased awareness of the prevalence and seriousness of sexual abuse within the community. Today, SANE Solutions is Idaho's largest outpatient counseling program dedicated to treating sexual abuse.

HOW AN IDAHO CHC IS WORKING TO PREVENT AND HEAL THE TRAUMA OF SEXUAL ABUSE

SANE (Sexual Abuse Now
Ended) Solutions Program

SANE Solution therapists are Master's degree state licensed mental health professionals with specialized training and experience in care related to sexual abuse.

For more information in the program, click here: <http://www.trhs.org/services/behavioral-health/sane>



CONNECTION TO CARE: TACKLING RECIDIVISM IN MICHIGAN THROUGH CHC HEALTH SERVICES AND COMMUNITY PARTNERSHIPS

Connection to Care Pilot Program

Recidivism refers to the tendency of a convicted criminal to reoffend, and represents one of the primary drivers of increased state expenses in Michigan. State Senator John Proos worked with the Michigan Primary Care Association (MPCA), Michigan's state association for Community Health Centres, to support a pilot program that improves access to timely care and social services for recently released inmates.

The pilot program, called Connection to Care, involves facilitated hand-offs from the Michigan Department of Corrections to the MPCA to ensure returning residents are connected to MyCare -- a Community Health Center -- within seven days of release from prison. At the health center, returning residents have access to medical, dental, behavioral, and substance use disorder services, as well as a health coach with lived experience. The health center also connects the returning

resident with appropriate social services, such as Michigan Works!, food services, temporary and permanent supportive housing assistance, and transportation.

By connecting returning residents with wrap around supports they are better supported to become and remain healthy, stay connected, and less likely to reoffend.



Dr. Marwan Haddad, Family Physician and Medical Director of Center for Key Populations, Community Health Center, Inc (Middletown, CT)

“When I moved from Canada to work in the U.S. I was coming from a universal healthcare system and I wanted to continue working in a universal healthcare system. Community Health Centres were about the closest I could get to this in the U.S.”

- Dr. Marwan Haddad



Nicole Chammartin, Executive Director, Klinik Community Health Centre (Winnipeg, MB)

“I’m excited about the potential impact of collaboration between Community Health Centres and our national, provincial and state associations on both sides of the border. We face a lot of common challenges in building vibrant communities and healthy populations and so sharing successes, innovations and best practices could result in some very tangible benefits for communities in both countries.”

- Nicole Chammartin



LINKING HOUSING AND HEALTH THROUGH COMMUNITY

Klinik Community Health's Housing Partnership

In Winnipeg, Manitoba, access to safe affordable housing has long been recognized as a major issue in the inner-city. In 2010, St. Matthews Non Profit Housing approached Klinik Community Health to participate in development of the WestEnd Commons, a project aimed at converting sanctuary space into affordable social housing.

The CHC lent a staff community worker to the project for its duration to help write grants, and to develop and implement social programs that would be delivered to residents once housed. The idea was that providing support services directly alongside social housing would not only benefit families but also the broader community. Residents began occupying housing at WestEnd Commons in late 2014, and in 2018 the Canadian Centre for Policy Alternatives released a 3-year study on the impact of WestEnd Commons on individuals and families it houses.

Over the three year span, 61% of residents achieved gains in employment, 50% furthered their education, and 28% stopped receiving social assistance during

their tenancy. Residents not only have more stable housing, they have stronger social networks, reduced isolation, stronger labour market attachment, and greater financial stability.

This project is just one of the ways that Klinik Community Health has worked in partnership to build a stronger, more connected community.

For more information on the project, click here: <http://klinik.mb.ca/2018/03/home-guest-blog/>



SPECIALITY SUPPORT FOR PRIMARY CARE PRACTITIONERS

Project ECHO, is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best practice specialty care and reduce health disparities through its hub and-spoke knowledge sharing networks. It links expert specialist teams at an academic 'hub' with primary care clinicians in local communities – the 'spokes' of the model. Together, they participate in weekly teleECHO™ clinics, which are like virtual grand rounds, combined with mentoring and patient case presentations.

Currently, Community Health Center Inc.'s Centre for Key Populations houses the only Community Health Centre-based ECHO project in the United States. Since January 2012, Dr. Haddad has led CHC Inc.'s Project ECHO HIV, Hepatitis C, and Buprenorphine programs which expand the integration of these programs not only within the

CHC but throughout a large number of health centers nationwide.

CHC Inc's Project ECHO
(Extension for Community
Healthcare)

CHC but throughout a large number of health centers nationwide.

For more information on the project, click here:
<https://www.weitzmaninstitute.org/project-echo>



**Adrianna Tetley, CEO,
Alliance for Healthier
Communities (Toronto, ON)**

“We have a lot to learn from CHCs and CHC associations in the U.S. in terms of advocacy, and social engagement. Even though we have more of a universal healthcare system in Canada there are still gaps and we face many social barriers to health. Major segments of our population experience serious social and health inequities. We need to draw from the lessons and expertise of the U.S. CHC movement to become better advocates for transformative change in Canada.”

- Adrianna Tetley





Social Prescribing is a structured means of referring people who visit their doctor or nurse practitioner to appropriate local, non-clinical services and supports. This provides primary care practitioners with an expanded range of options for addressing the health care needs of their clients for which clinical care is not the best or most appropriate course of action.

In late 2018, The Alliance for Healthier Communities, Ontario's provincial association for Community Health Centres, partnered with 11 Ontario-based Community Health Centres to pilot an innovative year-long social prescribing project. Through the project, the Alliance for Healthier Communities will enable the evaluation of social prescribing as a sustainable service model in the front lines of primary care.

Through the project, CHC clients and other community members are also invited to

SOCIAL PRESCRIBING AT CHCS IN ONTARIO

Rx Community: Social
Prescribing

participate as volunteer Health Champions, identifying local health issues, gaps in supports/ services, and developing local solutions.

For more information about the project click here:

<https://www.allianceon.org/Rx-Community-Social-Prescribing>

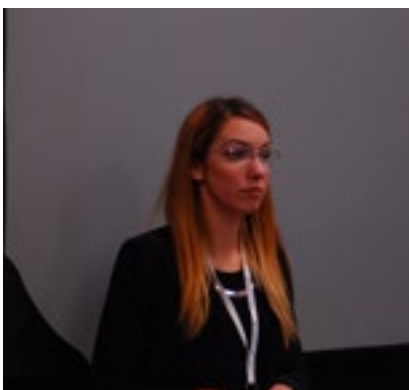
MOVING TO ACTION: COMMITMENTS AND NEXT STEPS

Following plenary and panel sessions, participants broke into groups for a series of rotating discussions on practical opportunities for collaboration. Several key areas were identified, and participants committed to action in three broad categories.

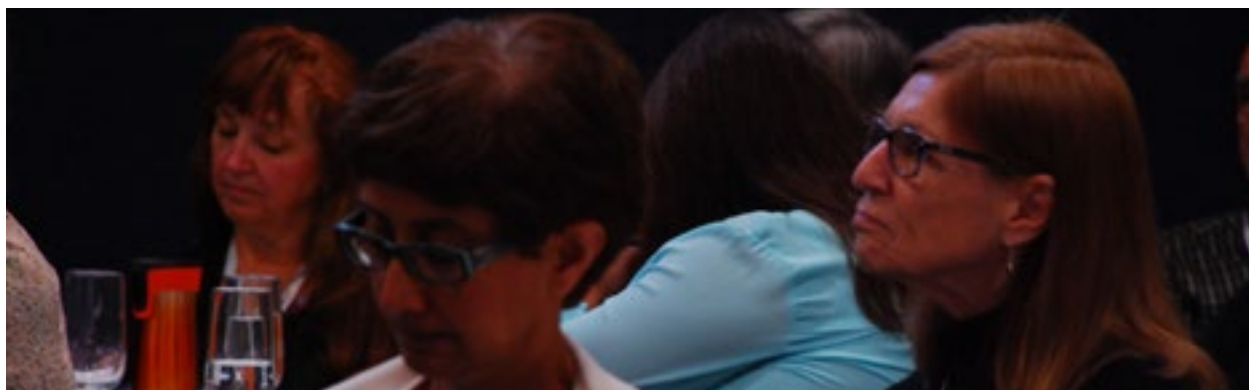
CACHC / NACHC COLLABORATION



- Hosting a Board-to-Board meeting in 2019 to solidify buy-in and commitment to continued partnership.
- Partnering to further advance Canada – U.S. dialogue, relationship-building and knowledge-exchange at each other's conferences.
- Working together to identify and pair CHCs across borders based on common service areas, priority populations and other dynamics.



REGIONAL COLLABORATION (e.g. ,WEST COAST STATES/PROVINCES)



- Establishing and building relationships between state/province CHC associations
- Partnering to make cross-border content and knowledge-exchange routine at each other's conferences.
- Working together on engagement of state/province governments regarding the value and impact of CHCs to regional socio-economic development.
- Short, CHC study tours across borders, at a regional level, to facilitate more in-person relationship building and learning.



CHC-TO-CHC COLLABORATION



- Establishing collaborative agreements between U.S. and Canadian CHCs near the border to facilitate improved support and care for diverse individuals and families crossing from one country into the other.
- Identifying areas for focused collaboration based on areas of services, common population groups and other dynamics.
- Developing CHC-to-CHC twinning arrangements to facilitate more in-depth knowledge-exchange, learning and partnership at an organizational level.





Canadian Association of Community Health Centres

340 College Street – Suite 500

Toronto, ON M5T 3A9

Phone: 416.922.5694

Email: info@cachc.ca

 [@CACHC_ACCSC](https://twitter.com/CACHC_ACCSC)

