

SCHC Health Promotion Strategy 2023-2026

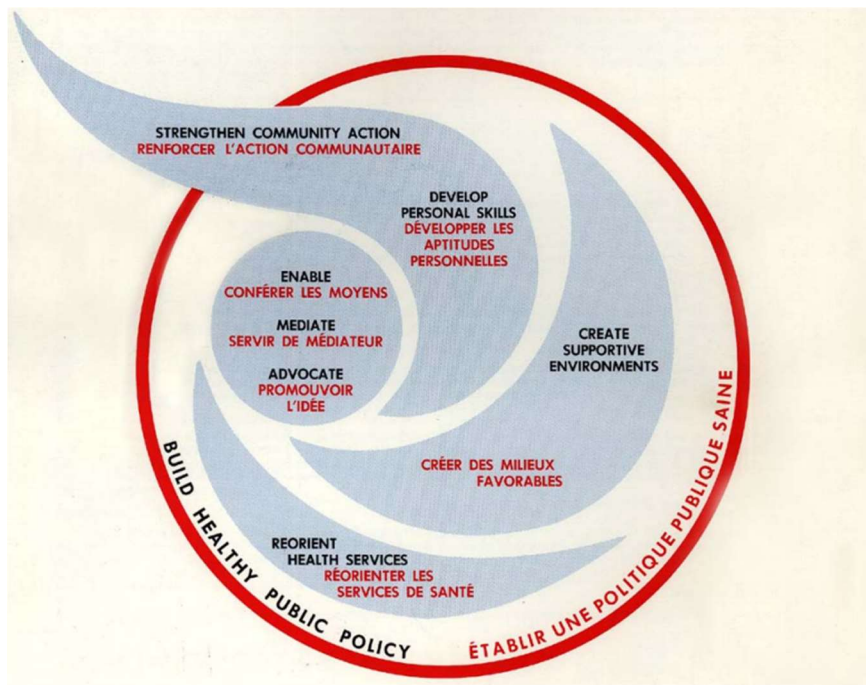
Foundational Concepts

This document is based on a holistic understanding of health and of the role of health promotion as a key practice and approach to improve health and health equity that is key to achieving SCHC’s strategic plans and overarching mission.

Health is a “state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity” (WHO, 1948). Within the context of health promotion, health is further understood as a resource for everyday living (WHO, 2021). This understanding comes from the Ottawa Charter for Health Promotion and includes reference to core pre-requisites for health, such as shelter, education, food, and income (WHO, 1986). These pre-requisites highlight the links between health and social and economic conditions, the physical and social environment, individual health behaviours and skills (WHO, 2021). A holistic understanding of health, with clear connections to the concept of determinants of health, is central to understanding health promotion.

Health promotion is a “process of enabling people to increase control over, and to improve, their health” (WHO, 1986). Health promotion incorporates actions to address the determinants of health across all levels. This includes actions directed at strengthening individual skills and capabilities as well as actions directed towards changing social, environmental and economic determinants of health (WHO, 2021). The Ottawa Charter identifies three basic strategies for health promotion and five priority areas for action. **These strategies include advocating, enabling, and mediating and can be put into practice through actions to build healthy public policy, create supportive environments, reorient health services, strengthen community action, and develop individual skills** (WHO, 1986).

Figure 1:



Building on these foundational concepts, SCHC aims to improve health and health equity in Scarborough communities by incorporating comprehensive and evidence-informed health promotion strategies and actions throughout our program areas and operations. This requires embedding a health promotion framework and applying health promotion competencies throughout all areas of our work spanning planning, delivery and evaluation.

Framework

This Health Promotion Strategy 2023-2026 uses the Model of Health and Wellbeing (MHWB) as the underlying framework to inform our work. The MHWB was developed through an evidence-informed and iterative process to outline and inform the delivery of community-centered, comprehensive, integrated and equitable primary health care programs and services (Rayner et al., 2018).

Figure 2:



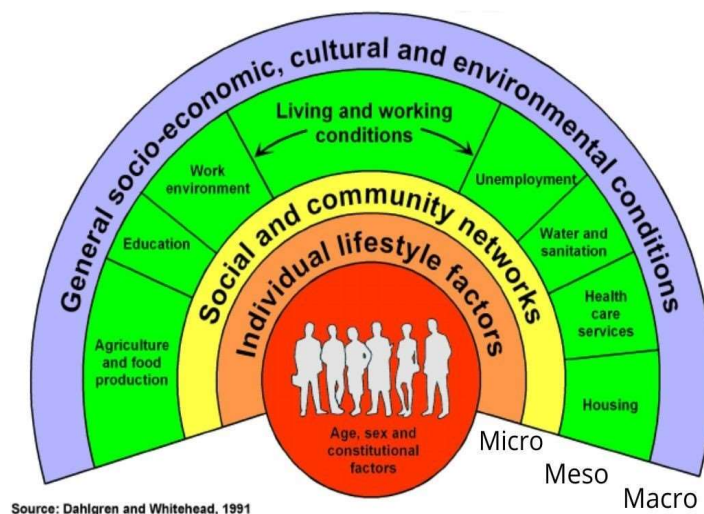
Guiding principles: The MHWB has three guiding principles: highest quality health and well-being for people and communities; health equity and social justice; and community vitality and belonging (Rayner et al., 2018). These principles connect with SCHC’s existing ways of working and the aims of this Health Promotion Strategy.

Attributes: The MHWB outlines eight attributes that describe how programs and services are provided (Rayner et al., 2018). These attributes reinforce SCHC’s core values and key considerations that this Health Promotion Strategy seeks to highlight.

Based on the determinants of health

The determinants of health are the “range of personal, social, economic and environmental factors that determine the healthy life expectancy of individuals and populations” (WHO, 2021). The Rainbow Social Determinants of Health Model (figure 3) illustrates the multiple and interactive factors across levels that influence health. These levels include individual (micro), community and networks (meso), and systems and policies (macro). The determinants of health can influence health directly and through interrelated impacts as the factors interact with each other. For SCHC to take a determinants of health approach, we must examine how factors such as income, race, gender, sexual orientation, citizenship status, education, and much more effect health and then plan interventions to address and/or mitigate this impact. **Health promotion is fundamentally concerned with action to address the full range of determinants of health spanning all levels** (WHO, 2021).

Figure 3:



Anti-oppression and culturally safe

There are several related concepts that are necessary to unpack to ensure practice is anti-oppressive and culturally safe. These concepts include intersectionality, anti-oppressive practice, and trauma-informed care. Each has their own principles that can guide how to apply these concepts in practice. Intersectionality is a framework that recognizes individuals are multi-dimensional and complex with one’s identity, experiences and health shaped by multiple factors and social dynamics intersecting and operating together across levels (Hankivsky, 2014). This includes multiple social categories (such as race, ethnicity, gender, sexual orientation, socioeconomic status) that intersect at the micro level of the individual and that occur within structures of power at the macro level of institutions, policies and laws. These structures intersect at the macro level and reflect interlocking systems of privilege and oppression (such as racism, xenophobia, colonialism, patriarchy, heterosexism, ableism, capitalism) (Hankivsky, 2014). Intersectionality recognizes inequalities, including health inequalities, are not the result of a

single factor but rather the result of intersections of numerous different social positions, power relations, and environmental factors (Hankivsky,2014).

Building on this understanding of intersectionality, the importance of and need for anti-oppressive practice is clear. To improve health and health inequities, we need to recognize the systems of oppression that exist in society and pay attention to positionality and power in our own lives and work. This includes at the individual level by developing an ongoing awareness of our biases, judgements, and potentially inequitable actions and by adopting non-discriminatory behaviors and skills. At the organizational level, we can work to disrupt or mitigate the impact of oppressive systems and redistribute power imbalances in our communities.

This work is linked to SCHC providing culturally safe, inclusive and empowering spaces where diverse groups are respected and engaged. This requires operationalizing not only anti-oppressive practice but also trauma-informed care. This can include developing policies, guidance, and training to enhance staff understanding, reflection, and application of these concepts to our practice. SCHC's work in this area is being led by the Director of Diversity, Equity and Inclusion and the DEI&B Culture Committee.

Population needs-based

A population health approach is “an approach to health that aims to improve the health of the entire population and to reduce health inequities between population groups” (PHAC, 2012). This approach encompasses key elements that are also core to health promotion practice, such as addressing the determinants of health, basing decisions on evidence, applying multiple interventions and strategies, and collaborating across sectors and levels (PHAC, 2013). A population health approach can include targeting programs and interventions to better reach and impact the health of population groups that are marginalized by current systems and policies. For SCHC to take a population needs-based approach, we must ensure our programs have an equity focus to reach and improve the health of priority population groups such as immigrant and racialized communities (including Black communities), Indigenous communities, and 2SLGBTQ+ communities.

Grounded in a community development approach

A community development approach emphasizes and strengthens the role of community in influencing all aspects of community health and well-being. It emboldens SCHC to promote and foster a community-centered and community-driven approach to our programs and our operations. This approach is in-line with SCHC's value of community engagement and commitment to person and family centered care (PFCC). In SCHC's journey toward PFCC, we have begun work to identify and foster relationships with patient advisors and establish a PFCC committee. For SCHC to take a community development approach, we must continue to build on these commitments and mechanisms for community members to inform our service and program planning, delivery and evaluation.

Community governance

Community governance is closely tied to a community development approach but is primarily concerned with community representation and ownership at the highest levels of the organization. Community

governance can involve a range of mechanisms to foster community participation and ensure community members have a voice in the leadership and decision-making processes of the organization.

This can include participatory methods to bring diverse voices and experiences to be part of needs assessments, planning, and evaluation, as well as community representation on board governance.

Interprofessional, integrated, and coordinated

Interprofessional teams are better placed to address the holistic health and wellness needs of individuals and to improve health outcomes for individuals and communities. With a wide range of staff roles and scopes of practice spanning diverse areas of expertise, skills and competencies, SCHC is better placed to address complex health issues as well as intervene on more upstream determinants of health. SCHC's current staff is comprised of a range of health care and community health professionals such as physicians, nurse practitioners, diabetes educators, dietitians, social workers, youth workers, health promoters, seniors support workers and others. Our interprofessional team provides primary health care, community health and wellness services, and social services and support. For SCHC to be more interprofessional, integrated and coordinated, we must build on the strength of our diverse staff and programming and enhance integration and coordination within the organization and across the community. This includes working more collaboratively across program areas and through intersectoral partnerships.

Accountable and efficient

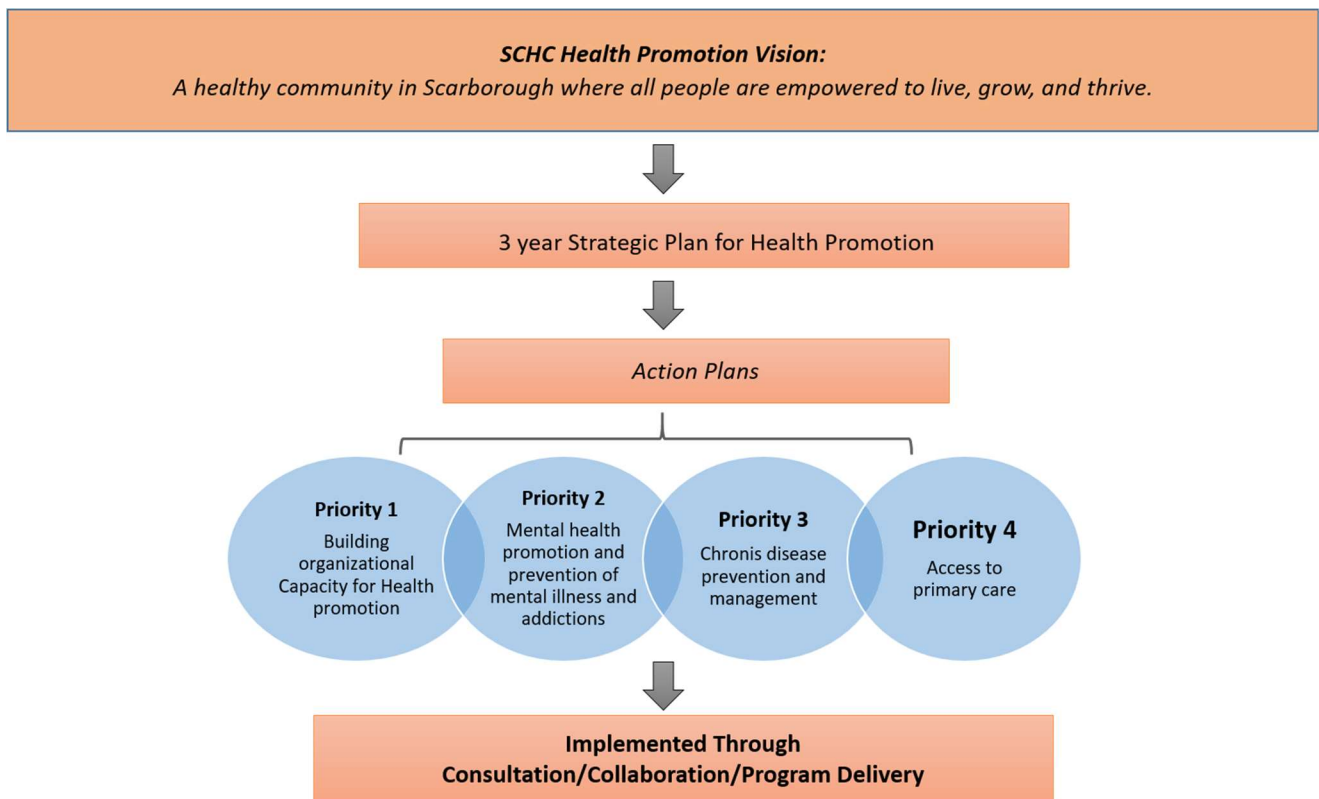
Accountability and efficiency are important to maximize the resources and services available to the community and are part of fostering a transparent and responsive relationship with stakeholders. SCHC is accountable to Scarborough communities, our funders, and local health authorities including Ontario Health and the Ministry of Health. This accountability work is done in part through our continuous quality improvement and accreditation processes. For SCHC to be more accountable and efficient, we can enhance what and how we capture, measure, and report on our work and its impact on the community. This can include through evidence-informed planning and evaluation processes and more centralized, transparent and accessible data collection, management and reporting. This work must inform program and service learning and improvement as well as be shared back with the community and other stakeholders.

Accessible

Accessibility is about the ability of or extent to which communities can attain services and participate in the planning, delivery, and evaluation of those services (SCHC, 2019). In addition to access, this is about equity, inclusiveness, and social justice. SCHC outlines its understanding and commitment to these values in more detail in our Access, Equity, and Inclusion Policy. SCHC strives to be accessible and connected to the communities we serve through over 40 integrated programs and services across 10+ physical sites as well as outreach and at-home services. For SCHC to be more accessible, we must continue to remove barriers as well as offer provisions to ensure welcoming, safe, and relevant services and support. This can include considerations for cost, language, hours, location and much more.

Action plan

The strategic plan for Health promotion is the overall approach to guide SCHC’s decisions and actions over the next 3 years. Action plans are a set of goals and objectives to address each strategic priority or issue. Goals are the long-term change we plan to achieve, and objectives describe how each goal will be met. Work plans will include specific programs, activities and interventions that will be implemented by SCHC staff/departments through consultation, collaboration, and program delivery to address each objective.



Strategic Priorities and Action plan

Priority 1: Building organizational Capacity for Health promotion										
Goal: We will strengthen our organization capacity to advance health promotion across SCHC										
Objective	KPIs	Time Frame								
		2023	2024				2025			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Integrate health promotion competencies (e.g., Need assessment competencies, evidence informed decision making) across the organization	<ul style="list-style-type: none"> # of SCHC initiatives undertaken to build evidence –based decision-making skills for staff % of programs and services adopted best practices for improving quality and reach of their services 									
2. Improve overall coordination and collaboration across SCHC, across programs that work on similar topics	<ul style="list-style-type: none"> # of new initiatives established to improve co-ordination across SCHC program areas 									
3. Improve stakeholder relationship and community collaboration to broaden the range of services and health data sharing.	<ul style="list-style-type: none"> # of new community collaborations established 									

Priority 2: Mental health promotion and prevention of mental illness and addictions										
Goal: Improve organizational capacity to effectively respond to mental health needs of SCHC clients										
Objective	KPIs	Time Frame								
		2023	2024				2025			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Address stigma towards mental illness and addictions among SCHC clients	<ul style="list-style-type: none"> # of interventions to raise awareness and address stigma around MHA among SCHC identified priority populations. 									
2. Develop competencies among staff to incorporate mental health promotion in their roles and provide service referral through client interactions	<ul style="list-style-type: none"> % of staff trainings completed to integrate mental health promotion in their roles. # of internal referrals to services within SCHC Successful implementation of the social prescribing model of care. 									
3. Remove restrictions/mitigate barriers to accessing services for mental illness and addictions	<ul style="list-style-type: none"> % increase in MHA service use Client satisfaction upon referral. Sample question: "Do you find SCHC an environment that supports your sense of belonging, where staff are genuinely interested you care and in your welfare?" 									

Priority 3: Chronic disease prevention and management										
Goal: Improve organizational effectiveness in addressing chronic disease risk factors and health behaviours										
Objective	KPIs	Time Frame								
		2023	2024				2025			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Address determinants of health to provide holistic support for health & wellness needs of SCHC clients	<ul style="list-style-type: none"> # of organizational initiatives /community outreaches supported to address gaps between needs and service provision # of programs /interventions delivered and/or created to address social determinants of health 									
2. Improve care and delivery approaches to reflect a client-centered model	<ul style="list-style-type: none"> # of staff training sessions offered to enhance client-centred delivery skills % increase in client surveys indicating positive client care experiences. Sample question: "Please rank the care and services you received at SCHC." 									
3. Address gaps in chronic disease services and programs across SCHC	<ul style="list-style-type: none"> % increase in programs addressing chronic disease risk factors and health behaviours 									

Priority 4: Access to primary care and health services										
Goal: Leverage organizational infrastructure and expertise to improve care access										
Objective	KPIs	Time Frame								
		2023	2024				2025			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. Build capacity for evidence-informed community outreach across community-facing teams to improve attachment for priority populations.	<ul style="list-style-type: none"> % increase in use of evidence-informed outreach practices/tools by community-facing teams. 									
2. Support existing tables with review and translation of best practices for improved provider-client concordance and relations.	<ul style="list-style-type: none"> Development of a consultative support decision-making framework for HP team that prioritizes requests for improved provider-client relations. 									
3. Collaborate with teams to develop formal referral pathway for preventive care.	<ul style="list-style-type: none"> Successful development of referral pathway principles for SCHC preventive and wellness focused programs. Evaluation of the effectiveness of referral pathway principles. 									