



Rideau Community
Health Services

Your Community Health Centre

Health Promotion Strategy

2023 - 2025

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Executive Summary

Rideau Community Health Services is a non-profit, community-governed health and social service agency governed by a 12-member Board of Directors. Incorporated in 1974, as the Merrickville Medical Centre, RCHS has grown steadily in regard to the diversity of programs and services offered as well as the geography served. The Corporate office is located in Merrickville. Other sites include, Smiths Falls, Perth and Brockville.

We currently support several partner locations across Lanark, Leeds and Grenville and deliver a wide variety of programs and services including primary care, diabetes education, chiropody, social work, nutrition counselling, telemedicine, lung health, and numerous community health promotion and disease prevention programs in support of the health and wellbeing of our communities.

Our interdisciplinary team, supported by our administrative team, provides primary health care services for our registered clients. We work with our many community partners to provide seamless health and wellness services for the community.

RCHS identifies with a vibrant network of Community Health Centres across the province which has adopted an evidence-informed Model of Health and Wellbeing to guide the delivery of primary health care and allied health programs and services. The model, which defines health in the same way as the World Health Organization, “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”, aims to achieve better health for all. In working towards this goal, the model advocates and supports transformative change for people and communities facing barriers to health.

Health Promotion Strategy

In alignment with RCHS' Strategic Plan (2021 -2026), the health promotion strategy strives to uphold RCHS' mission to *engage individuals, agencies, and partners to improve the health and wellbeing of our communities* by supporting RCHS' vision for *working together building healthy communities*. To accomplish this, the health promotion strategy focuses on initiatives that will further our understanding of clients and community members, create opportunities to increase community collaboration and partnerships, and assess and evaluate current programs and services. The health promotion strategy will incorporate the Model of Health and Wellbeing as seen in Figure 1 in conjunction with RCHS' Health Promotion Framework, Advocacy Framework, Integrated Risk, Quality and Safety Framework, Operational Plan (2024) and Strategic Plan (2021-2026).



Figure 1: The Model of Health and Wellbeing

Key Objectives of the Health Promotion Strategy:

1. Increase our understanding of the clients we serve by collecting sociodemographic data from community members accessing services at RCHS.
2. Evaluate the objectives and outcomes of our health promotion programs and services using an equity and client-centred lens.
3. Expand our understanding of the health of community members across our catchment area by conducting a Community Health Needs Assessment.
4. Create opportunities for collaboration and partnerships with community agencies by bringing key stakeholders together to engage in knowledge exchange, networking and discussion around program and service opportunities.

Health Equity is embedded in each of the objectives of the Health Promotion Strategy. Health Equity is an approach that includes policies and interventions that address discrimination and oppression with a goal of eradicating social inequality and disadvantage for the purpose of reducing differences in health outcomes. Health equity means all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions. The goal of a health equity approach is to dismantle barriers, eliminate health inequities and improve access to health care, especially for those who have historically faced and continue to face discrimination and disadvantage.

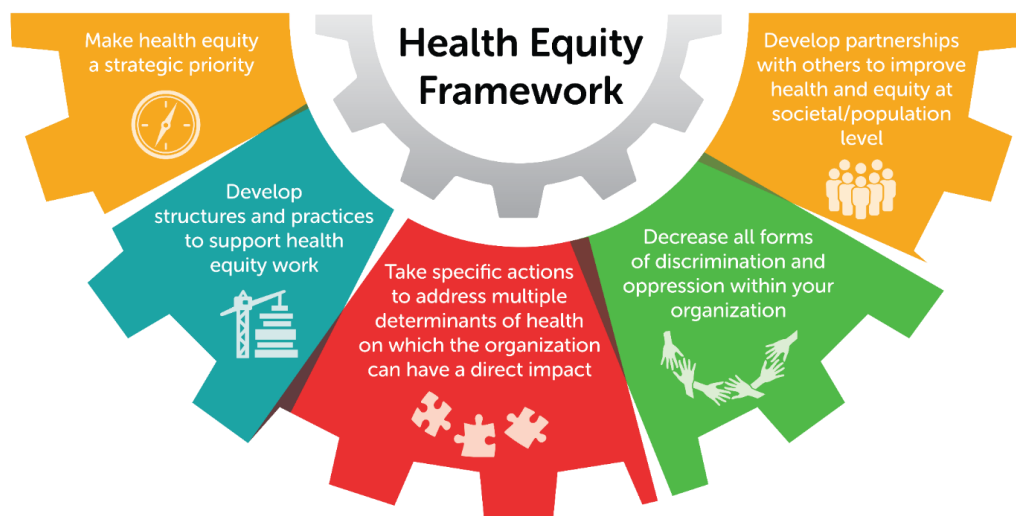


Figure 2: The Health Equity Framework

Objective One: Collection and Use of Sociodemographic Data for RCHS Clients

The collection of sociodemographic data allows for increased understanding of the clients accessing RCHS and can help us to improve service provision and tailor care to the clients being served. In addition, sociodemographic data helps us identify and address inequities in our services and better understand which population groups may be overserved, underserved, or excluded.

As a result of necessary changes in service delivery during the COVID-19 pandemic, RCHS suspended the on-going collection of sociodemographic information for new and existing clients. Prior to the pandemic RCHS was committed to updating sociodemographic data for clients every three years.

In 2022 the Alliance for Healthier Communities started a Learning Collaborative focused on improving sociodemographic data collection called Foundations of Equity: Improving Sociodemographic Data Collection and Use. This learning collaborative works with Community Health Centre teams to improve the completeness, timeliness, and useability of their sociodemographic data, in order to better understand the clients and populations they serve, as a foundational step to advancing health equity in their communities. RCHS assembled a Quality Improvement (QI) team and joined this collaborative in May of 2022. Working with a QI coach and trainer, the team meets monthly for didactic training and peer sharing sessions; in between these meetings, they worked to identify root causes, choose targeted improvement initiatives, and then iteratively implement, measure, and refine them.

Working with the Alliance for Healthier Communities, RCHS is set to launch a renewed effort to collect sociodemographic information from both new and existing clients. RCHS has set a goal of achieving a 75% data completion rate for sociodemographic data by 2024 with a focus on increasing the completion rate for questions identifying sexual orientation and race/ethnicity.

Based on recommendations from consultations with City For All Women Initiative (CAWI), in an effort to increase health equity, RCHS is committed to the collection and use of a disaggregated intersectional data analysis approach to identify factors that effect equity as well as where disparities exist (i.e. linking demographic data to outcomes). In order to meet this commitment RCHS will engage with CAWI and participate in an intersectional analysis workshop to develop the skills and know-how needed to implement a disaggregated intersectional data analysis approach.

This first objective of the Health Promotion Strategy will better position RCHS to take collective action using a determinants-based lens, a key action strategy of the RCHS Health Promotion Framework.

Objective Two: Evaluate Current RCHS Programs and Services

In order to better assess the impact of current programs and services and consider improvements, additions or deletions, RCHS will create an internal inventory of all health promotion programs and services. This work involves reflecting on and assessing programs and services at all stages from planning to development, implementation, and evaluation.

As a result of consultations with CAWI, a number of recommendations were put forward in relation to health equity and programs and services. In the work to inventory and evaluate current programming, and in planning for future programs and services, RCHS will:

- Assess how the standardized Health Equity planning tool can be most effectively utilized.
- Have formal mechanisms to involve clients and community members in the planning, development and evaluation of programs, services, and community initiatives.
- Consider how to apply anti-racism and anti-oppression practices in making a physical place more welcoming and inclusive to all populations.
- Determine what programs, existing or new, can facilitate change to address inequity in the social determinants of health (SDOH) on the personal, organizational, cultural and system level.

By evaluating current programs and services, RCHS continues to build on our ability to strengthen personal and community capacity for action, an action strategy of the RCHS Health Promotion Framework. Another action strategy of the Health Promotion Framework, to evaluate and report progress regularly, is also addressed under this objective.

Objective Three: Conduct a Community Health Needs Assessment

The CHC model involves a dynamic relationship with the community, responding to needs, building on strengths, and working with community partners to enhance community health and well-being. Therefore, understanding the health-related needs and resources within a community is a high priority. The results of a community health needs assessment (CHNA) are used to prioritize needs, and to develop programs and services that are responsive to the community.

RCCHS engaged with a consulting team in 2005 to conduct a CHNA as part of the plans to expand services into Smiths Falls with a satellite office. Since that time, two more satellite offices in Perth and Brockville have opened and the landscape of our communities has changed in numerous ways. We have navigated a global pandemic with Covid-19, experienced an influx of newcomers displaced by wars and climate change, worked under a change in political leadership at the Provincial level, and witnessed the growing effects of austerity and inequality in the lives of our community members.

RCCHS is currently leading a collaborative process to establish an Integrated Health and Social Services Hub and a CHNA would provide a foundation document that will lead to program and service delivery decisions for Lanark Leeds and Grenville that will contribute to individual and community health and wellbeing. The Board of Directors will be able to use the findings of a CHNA to complete strategic planning in 2026 to establish the organization's priorities for the next three to four years.

This third objective of the Health Promotion Strategy is in alignment with the Health Promotion Framework action strategy to orient the community to health promotion and could provide significant information that could later be used to influence public policy and promote wellbeing for everyone, another HP Framework action strategy.

Objective Four: Create Opportunities for Community Engagement and Collaboration

This final objective, to create opportunities for community engagement and collaboration by bringing key stakeholders together to engage in knowledge exchange, networking and discussion around programs and service opportunities, is the embodiment of the vision, mission and values of RCHS and aligns with the current RCHS Strategic Plan (2021- 2026) and Operational Plan (2023-2024).

RCHS will endeavour to host a series of community engagement sessions in key communities across Lanark, Leeds and Grenville inviting community agencies, key stakeholders and interested community members.

RCHS will use the opportunity of the community engagement sessions to share the organization's position and commitment on health equity, consisting of a clear definition, with community members and community partners and will engage with these same folks in our efforts in advancing health equity on individual, community, organizational and systemic levels.

This final objective allows RCHS to create opportunities for partnerships and collaborations on projects with other community agencies and gives space for local agencies to network and create projects with one another. This work will include those who work directly with target groups experiencing inequalities, and who share common priorities and vision around improving equity at societal/population levels.

Where RCHS engages in partnerships and/or collaborations, RCHS commits to the routine monitoring of and evaluations performed on partnership activities or programs planning, implementation, progress, outcomes, and impact of joint initiatives.

This final objective in the RCHS Health Promotion Strategy, once complete, has the potential to create outcomes that encompass all the action strategies of the current RCHS Health Promotion Framework:

- Strengthen personal and community capacity for action
- Develop strong collaborative intersectoral partnerships
- Create supportive environments throughout the life course
- Take collective action using a determinant based lens
- Influence public policy to promote wellbeing for everyone
- Orient the community to health promotion
- Evaluate and report progress regularly

Closing Statement

This Health Promotion Strategy provides RCHS with the direction required to take stock of the work we are doing, to better understand clients and community members and their needs, and to reconnect and build on collaborations with community partners. Completion of these objectives will increase our capacity to provide better care to community members and will provide a solid foundation for the next Health Promotion Strategy.

RCHS is committed to fulfilling the objectives laid out in this Health Promotion Strategy while remaining poised to shift direction or focus as needed based on the findings garnered from any one of the objectives found in this document, the changing needs of the communities we serve, or other external factors that require our focused attention.

Appendix

RCCHS Health Promotion Framework:

<https://www.rideauchs.ca/sites/rideauchs.ca/files/files/Health%20Promotion%20Framework%20022%20final.pdf>

Operational Plan 2023-2024:

[O:\RCCHS All Staff\Strategic-Operational-Quality Plans\Operational Plan\Operational Plan 2023-2024 - Full Plan \(approved\).pdf](O:\RCCHS All Staff\Strategic-Operational-Quality Plans\Operational Plan\Operational Plan 2023-2024 - Full Plan (approved).pdf)

Strategic Plan:

<https://www.rideauchs.ca/about/strategic-plan>

Health Equity Planning Template:

<O:\RCCHS Corporate\Strategic & Operational Plans and Planning Tools\Program Planning>

Programs & Services Mix

#	Program or Service	Success Indicator	Health Condition
1	Community Resource Support		
2	Counselling		
3	Dental Services		
4	Diabetes Education		
5	Exercise Programs		
6	Food Cupboard		
7	Foot Care		
8	Group Programs		
9	High Risk Chiropody		
10	Kinesiology		
11	Ontario Structured Psychotherapy		
12	Primary Care		
13	Registered Dietitian		
14	Seniors Mental Health		
15	Smoking Cessation (STOP)		
16	Telemedicine		