

COMMUNITY HUBS

For Health and Wellbeing



Shift the
conversation



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EXECUTIVE SUMMARY

This paper presents a framework for action for community hubs in the province of Ontario. The pillars for this framework are: intentional process, comprehensive and collaborative partnerships, person and community centred spaces, collaborative community governance and a sustainable model.

The Association of Ontario Health Centres (AOHC) is Ontario's voice for community-governed primary health care organizations. Our members provide seamless navigation for clients through a variety of services that address the social determinants of health and their primary health care needs.

A number of community-governed primary health care organizations have already evolved to fit the working definition of community hubs, while more are planning future hubs. The hub model works for people and communities, meeting many of their needs in one place and increasing seamless and timely access to diverse programs and services. The hub model also works for community organizations, offering the opportunity to take a more innovative, sustainable approach to planning and sustaining their operations while enhancing their ability to deliver person-centred care.

The challenges and potential solutions faced by existing and emerging community hubs are important considerations for the Premier's Community Hub Framework Advisory Group. Overall, the opportunities to move community hubs forward in Ontario rest on the following pillars of a framework for action:



Who We Are

The Association of Ontario's Health Centres (AOHC) is Ontario's voice for community-governed primary health care. We represent 111 community-governed primary health care organizations who endorse the Model of Health and Wellbeing. Our membership includes Ontario's 75 Community Health Centres, 10 Aboriginal Health Access Centres, 13 Community Family Health Teams and 13 Nurse Practitioner-Led Clinics. For details about our members, visit: aohc.org/membership

We believe that better health begins in our homes, in our schools, in our workplaces, and in the communities where we live. Our goal is therefore to work towards a state of wellbeing for individuals, families and entire communities. We share a strong commitment to advance health equity and recognize that access to the highest attainable standard of health is a fundamental human right.

Our member centres work hand in hand with those they serve. Each is governed by a board of directors made up of clients, community members, health providers and community leaders. Community governance enables health services to be more easily oriented towards what community members identify as their most important needs.



Model of Health and Wellbeing



SPOTLIGHT ON LANGS COMMUNITY HUB

Langs is a neighbourhood-based organization that began as a community development project over 35 years ago. Today, the organization provides a wide range of social, recreational and health services for all ages including the Langs Community Health Centre. The new facility located at 1145 Concession Road was designed by Robertson Simmons Architects and built by Melloul-Blamey Construction in 2011. This 58,000 square foot green friendly facility has many unique features including but not limited to:

- Gymnasium
- Walking Track
- Living Wall
- 2 types of Green Roofs
- 6 group rooms of various sizes
- 2 community kitchens
- Green Lounge
- Courtyard



Langs has a proven track record of being a community hub model. The organization is co-located with the William E. Pautler Seniors Centre which operates a seniors' day program funded by the WWLHIN and a variety of health promotion programs for seniors. Langs is also co-located with 20 community partners to provide social, health, recreational, educational and vocational services on site at our new facility. On-site partners include but are not limited to:



- William E. Pautler Centre
- Alzheimer's Society
- Lutherwood Children's Mental Health Services
- St. Mary's Counselling Services
- Healthy Smiles Program – Waterloo Region Public Health
- Waterloo Region Community Legal Services
- Canadian Mental Health Association
- The Arthritis Society
- General Surgeon
- Two Rheumatologists
- Specialized Geriatrics Team



SPOTLIGHT ON NORTH DUMFRIES COMMUNITY HEALTH CENTRE HUB

Built on a mutual vision of elected officials, community members and Langs to create accessible space and services in the rural community, a highly unique and innovative hub emerged in a small community in southwest Ontario. The North Dumfries Community Complex located in Ayr, Ontario, includes a:

- Banquet hall
- NHL size ice surface
- Walking track
- Seniors and youth spaces
- North Dumfries Community Health Centre
- The exterior includes a splash pad, soccer fields and community trails

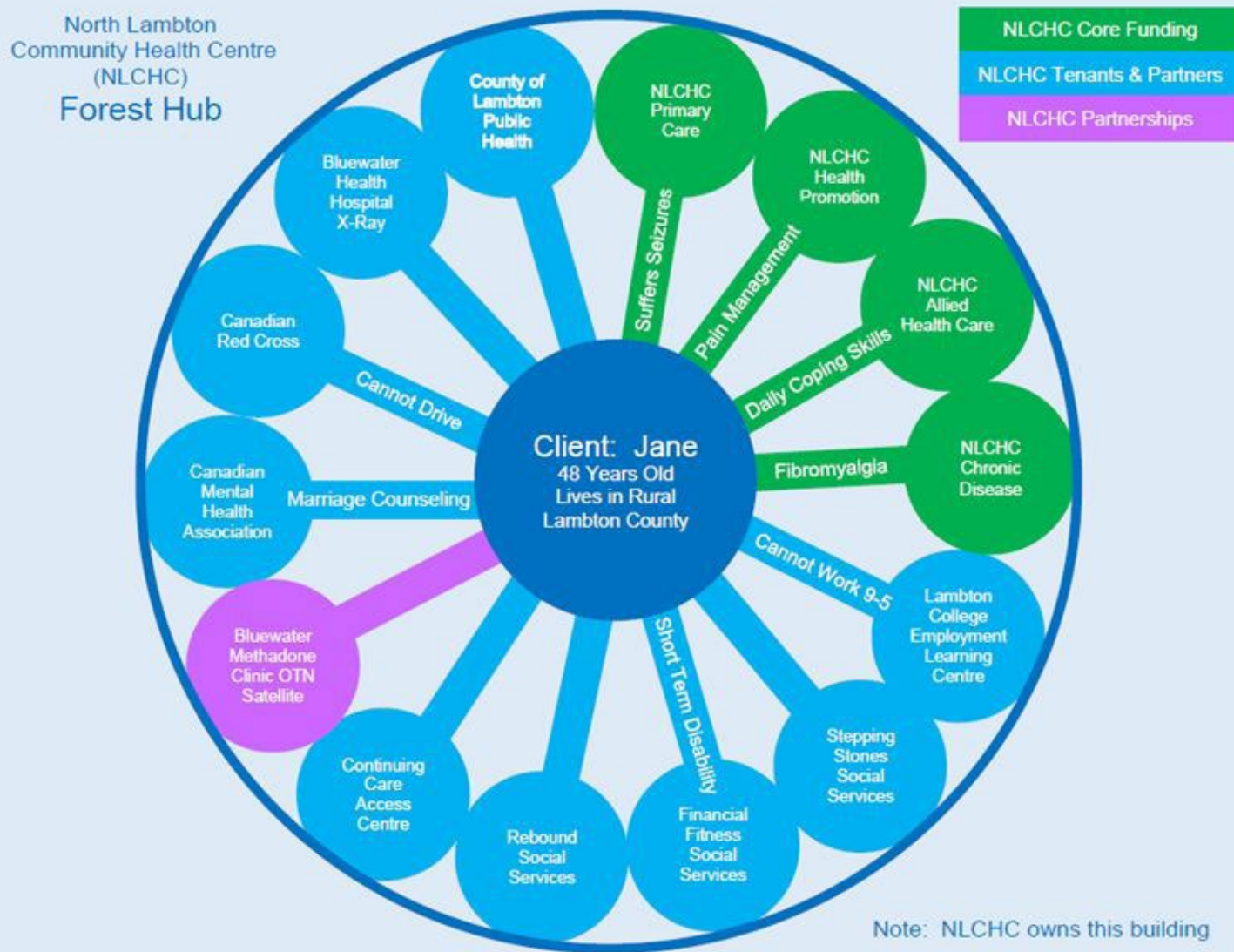
North Dumfries Township received federal and provincial infrastructure funding to build a multi-purpose community recreation complex in 2011. The North Dumfries Community Health Centre (a satellite of Langs) co-located with the township in the community complex to provide essential primary care services and health promotion programs. The CHC cannot keep up with the response to health promotion programs for youth since there were very few programs for young people outside organized sports. As well the availability of a “blood taking” clinic and OTN services enables residents to access essential specialist appointments in their own community.

This hub has become a focal point for the rural community and is a perfect home to integrate a variety of recreation and health services to address healthy lifestyles and prevent chronic disease. Other health and social service organizations are reaching out to the community at this facility such as midwifery and home support services. The Township will soon be relocating their offices to the complex to create a one stop service for all.



SPOTLIGHT ON NORTH LAMBTON COMMUNITY HEALTH CENTRE COMMUNITY HUB

The following spotlight illustrates the experience of a real, rural client of North Lambton Community Health Centre's Forest Hub. Jane has been able to seamlessly access care that addresses not only her primary health care needs but also social service needs. This diagram demonstrates the benefits of hubs in providing truly person-centred, wrap-around care.



CHARACTERISTICS OF COMMUNITY HUBS

Person And Community Centred Spaces

- Spaces designed for the community with the community
- Welcoming and inclusive environments for all populations both interior and exterior
- Includes virtual hub opportunities (e.g. telemedicine)
- Spaces for informal community interaction
- Space for physical activity to help prevent chronic disease
- Multiple sized meetings rooms to align with the size and use of the building
- Affordable fees to access the space/meeting rooms if required
- Commitment to maximizing opportunities to use space for programs and services evenings and weekends

Intentional Process

- Community engagement process for the community hub including client/resident/ community involvement in decision making (e.g. partner/tenant selection process)
- Building designs are reviewed by local Accessibility Committees and meet AODA requirements
- Regular evaluation process (e.g. partner satisfaction surveys)

Comprehensive Collaborative Partnerships

- Broad range of partners and services from a variety of sectors under one roof
- Ability to provide a full range of services including: health, education, arts, recreation and social supports
- Minimum of 3-5 partners co-located to be considered a hub
- Collaboration is intentional among partners (i.e. it's not just about co-location)
- Shared commitment to transforming and delivering services in new ways
- Collective vision and commitment to prevention and the social determinants of health or Canadian Index of Wellbeing
- Builds on opportunities to share back office supports (e.g. reception, phone and IT services)

CHARACTERISTICS OF COMMUNITY HUBS

Collaborative, Community Governance

- Community governed with direct resident involvement
- Can be governed by a lead agency or a collection of agencies
- Builds on and enhances existing capacity
- Commitment from all partners to promote it as a community hub
- Ongoing mechanism to engage the community, volunteers and partnerships

Sustainability of the Model

- Has a financial sustainability plan including opportunities to generate revenue for operations and building reserves
- Includes opportunities to be entrepreneurial within the space
- Facilitates opportunities for shared resources (e.g. OTN, equipment, students)
- Has the ability to borrow and pay back financing for the project
- Required to establish a contingency/reserve fund
- Has the ability to expand over time



RECOMMENDATIONS TO OVERCOME COMMUNITY HUB BARRIERS

Person and Community Centred Spaces

Barrier: Policy limitations exclude spaces that engage the community (e.g. meeting rooms, community kitchens, gyms, community resource areas)

Recommendations:

- Adopt new space planning guidelines that recognize that Community Hubs create natural opportunities to address the social determinants of health (e.g. community kitchens help address food security issues; spaces for physical activity help manage or prevent chronic disease)
- Encourage fundraising to offset the costs of unique spaces

Barrier: Lack of organizational capacity to fully utilize space on evenings and weekends

Recommendation: Provide diverse services in community hubs that provide essential services based on community needs at varied hours (e.g. urgent care clinics)

Barrier: Schools or other existing public assets may be more costly to renovate and sustain versus rented space or new builds subject to the age and condition of the school

Recommendation: Require that a feasibility study be undertaken to assess the condition of each physical location of a hub

Intentional Process

Barrier: Lack of time and an intentional process to engage community partners in the design and ongoing operation of the hub

Recommendation: Build on the Local Health Integration Network's framework for community engagement and apply it to the Hub model

Barrier: Insufficient or limited community engagement processes

Recommendations:

- Adopt standard practices and processes to engage the residents who will be accessing services at the Hub
- Develop mechanisms that require the engagement of local residents in the needs assessments, community consultations, proposal development and partner selection process

RECOMMENDATIONS TO OVERCOME COMMUNITY HUB BARRIERS

- Encourage use of tools such as the Health Equity Impact Assessment to ensure diverse perspectives, needs and impacts are considered

Barrier: No ability to phase and stage the hub to allow new partners to relocate when their leases expire

Recommendation: Encourage hubs to design spaces for expansion (e.g. modular construction approach, unfinished shell for future development)

Barrier: No opportunity to evaluate the experience

Recommendations:

- Ensure a follow up evaluation process is undertaken such as a community partner and user satisfaction survey
- Consider the Canadian Index of Wellbeing and Collective Impact frameworks as elements for a common community hub evaluation framework

Barrier: Cost and length of time required for re-zoning requests, issuing building permits and obtaining municipal approvals varies across municipalities

Recommendation: Encourage municipalities to streamline the process including re-zoning requirements that are unique to community hubs.

Barrier: Inconsistent standards regarding development charges

Recommendation: Implement policy that enables development charges for community hubs to be waived or reduced similar to other sectors (e.g. development charges are waived or reduced to stimulate the development of new industry; downtown core revitalization; and to encourage the establishment of more affordable housing)

Barrier: Lack of directory of resources for community hubs

Recommendation: Centralize resources such as, but not limited, to: best practices; an inventory of existing and emerging community hubs; consultants with expertise in hub development; legal and accounting expertise, and proficiency in capital planning; a database of existing public assets with capacity to become hubs.

RECOMMENDATIONS TO OVERCOME COMMUNITY HUB BARRIERS

Comprehensive Collaborative Partnerships

Barrier: Affordability of new space and costs of relocation may be a barrier for some organizations

Recommendations:

- Encourage hubs to set affordable fees for organizations to lease space
- Offer seed grants to offset relocation costs for small organizations

Barrier: Some challenges with co-locating partners (e.g. Probation and Parole with Sexual Assault and Domestic Violence Programs)

Recommendation: Encourage hubs to address these considerations in their planning process

Collaborative, Community Governance

Barrier: Lack of a process to identify a lead organization

Recommendations:

- Implement a request for proposals process to identify the lead agency. Engage the community in the selection process
- Build on the resources an organization has to offer (e.g. availability of land, an existing building, or reserve funds to contribute)
- Assess the organization's ability to obtain financing for the project

Barrier: Commitment to managing multiple processes at one time (e.g. construction, community engagement, co-location and revenue generation)

Recommendations:

- As part of the selection process for a lead organization, assess the organization's experience, readiness and capacity to lead a hub

RECOMMENDATIONS TO OVERCOME COMMUNITY HUB BARRIERS

Barrier: Current Ontario Corporations Act restricts ability to be entrepreneurial and rent to the for profit sector

Recommendations:

- Advocate for the adoption of the new Ontario Not for Profit Corporations Act that encourages entrepreneurial activities
- Provide clear guidance about how much entrepreneurial work can be undertaken and how it might be undertaken

Barrier: Lack of seed funding to create community hub

Recommendations: Establish seed funding for the creation of community hub proposals and community partner engagement

Barrier: Lack of coordinated planning approaches to facilitate hub development

Recommendations: Enable coordination between various planning bodies during hub's development (e.g. Ministry of Municipal Affairs and Housing's Places to Grow program run in conjunction with municipalities, Local Health Integration Networks, lead agencies)

Barrier: Fear that co-location means the loss of organization identity and ultimately amalgamation

Recommendations:

- Undertake a branding process for the community hub that engages the participation of all partners in the hub
- Include the commitment to promoting the hub model in partnership agreements
- Encourage shared back office functions that achieve efficiencies versus amalgamation

Barrier: More organizations competing for community, funder and volunteer engagement under one roof

Recommendations: Explore opportunities for joint fundraising and volunteer engagement across organizations

Barrier: Funding silos, restrictions to cost sharing and multiple reporting requirements

Recommendations:

- Create a centralized inter-ministerial funding body or secretariat to oversee community hub development
- Allocate funding at a regional level to encourage hub development across the province
- Require hubs to cost share capital costs with fundraising or financing
- Streamline reporting requirements into one template that meets the needs of various funders

RECOMMENDATIONS TO OVERCOME COMMUNITY HUB BARRIERS

Sustainability of the Model

Barrier: Sustainability of the hub model

Recommendation: Require hubs to prepare and submit a business plan that includes financial projections that address sustainability. To enable this, revenue generation should be encouraged as well as a life-cycle planning approach to the building, fixtures, furniture and equipment.

Barrier: No alignment of capital funding opportunities across various levels of government

Recommendation: Commit capital dollars from existing ministries and funding bodies for hub development to the centralized body

Barrier: Timing of funding and loan applications does not coincide with the need to be nimble to take advantage of local opportunities

Recommendation: Streamline funding and loan applications with central body

Barrier: Lack of funding for capital expansion and maintenance of hubs

Recommendations:

- Require hubs to establish reserve funds
- Establish a capital fund that contributes to expansion and renovations on a cost shared basis

Barrier: Lack of operating funds for community hubs

Recommendation: Identify and resource up to 3 staff to oversee the development and operations of a hub (e.g. Project Lead, Administrative Assistant and Main Receptionist)



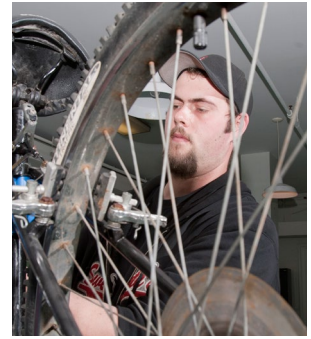


Why is a New Structure Needed to Create Community Hubs?

Challenges to Building Community Hubs through MOHLTC's Health Capital Investment Branch (HCIB)

The Capital Cost Share Guide for Community Health Service Providers and Space Planning Guide for Community Health Care Facilities are the foundational documents guiding the capital process for community-governed primary health care organizations. These must be revised to address their misalignment with the direction of the Government of Ontario and the Ministry of Health and Long Term Care to achieve integrated, person-centred care. In order for HCIB to contribute towards the community health spaces found within community hubs, their policy and process barriers must be addressed through policy change and through intensive change management to improve HCIB's working relationship with funded projects. Once these policies are revised and a more efficient and partnership-based approach to working with centres are achieved, HCIB will be able to efficiently provide some of the bricks and mortar for integrated, community spaces.

For more details on the challenges related to HCIB, see Appendix 1.



Why is a New Structure Needed to Create Community Hubs?

Challenges to Building Hubs through Infrastructure Ontario's AHAC and Community Health and Social Services Hubs Loan Program

Infrastructure Ontario's (I/O's) AHAC and Community Health and Social Services Hubs loan program offers much promise for qualifying organizations and has successfully built a handful of hubs in Ontario (e.g. Kingston CHC's main site, a satellite of Somerset West CHC). However, because only some organizations own their buildings or have other, sufficient bankable assets, not all projects qualify due to lack of collateral. In addition, this program has recently become entirely risk intolerant. Projects are now required to secure municipal guarantees. As a result, new projects are no longer being announced.

SPOTLIGHT ON: CHIGAMIK COMMUNITY HEALTH CENTRE - AN EMERGING HUB

The Ministry of Health and Long Term Care is supportive of the formation of an integrated community hub to be located in Penetanguishene, Ontario. The lead agency of this health hub has been identified as The Centre de Santé Communautaire Chigamik Community Health Centre which is mandated to serve the Aboriginal, Francophone and all other communities within the North Simcoe region. Chigamik CHC will act as the nucleus of this integrated health hub. The hub will act as a central access point, addressing many of the issues that impact the optimal delivery of health and social services in communities today such as: physical barriers to collaboration, lack of integration of services, difficulties with access, fragmentation and unsuitable and/or outdated services while ensuring access to seamlessly integrated services that are well-distributed and not duplicated. This hub will increase cohesion, support isolated or disadvantaged people, increase local employment and ultimately improve equitable access, including for Francophone and Aboriginal communities.

Lessons learned from this hub's development relate to stakeholder engagement and communications in the pre-development phases. Specifically, the decision was unilaterally made to close the former Penetanguishene site of Georgian Bay General Hospital, a designated facility providing Francophone health services. Chigamik CHC was approached to lead the development of this community hub. The result, when complete, will be over 15 community partners, including the North Simcoe Muskoka CCAC, renting space from the hospital, which will retain ownership over the building. A key lesson learned from this case study is the need to proactively engage with local stakeholders to identify opportunities and to solve challenges. Ideally, these multi-stakeholder and community consultations would happen in advance so the community and hub partners feel ownership and pride over the new hub.

POSSIBLE STRATEGIES FOR IMPLEMENTATION

Flexible and Adaptable Hubs

Once developed, the hub architecture should continue to evolve and have the flexibility to bring on other programs and services over time. This requires a flexible floorplan to “bolt-on” additional program/service modules.

Innovative Options for Hub Ownership

Investigate alternative models for hub ownership that provide the following benefits:

- debt service covenants that are more easily structured and maintained long-term;
- contained liability outside of the hub operating entities;
- controlled management of reserve funds for lifecycle asset planning to maintain the premises
- consolidated ownership (e.g. tenant lease agreements, financial accountability of hub co-location costs, cash flow surplus funds management and reporting).

Key Partners in Building Hubs

- Community (Helps identify program and service needs within hub)
+
- Government - Municipality, Province of Ontario, Government of Canada (Provides support and contributions (e.g. land and capital grants, forgivable loans, waived property taxes); Facilitates the creation of efficient, coordinated hub application process, and supports emerging hubs throughout the process)
+
- Other Partners (e.g. banks, United Way, Trillium)

FRAMEWORK FOR ACTION FOR COMMUNITY HUBS

As demonstrated, implementing the proposed Framework for Action for Community Hubs addresses numerous recommendations to overcome existing challenges.

The pillars of the framework are:



We look forward to working with the Premier's Community Hub Framework Advisory Group on unpacking the implementation implications of this framework and the proposed recommendations as the Advisory Group moves into its next phase of work.

APPENDIX 1 – DETAILS REGARDING CHALLENGES TO BUILDING COMMUNITY HUBS THROUGH HCIB

1. HCIB policies, specifically the Capital Cost Share Guide for Community Health Service Providers and Space Planning Guide for Community Health Care Facilities, are barriers to creating community hub spaces. The documents act as the foundation for the implementation of HCIB's community capital funded projects and prevent integration, standing in opposition to the achievement of the MOHLTC's and the LHINs' integration goals. This relates to what types of funded positions will be supported. For example, capital funding is not provided for:

- co-located partner spaces;
- community support services (even when they are funded by the LHINs);
- programs not funded by MOHLTC; and
- revenue generating spaces such as pharmacies or other relevant tenants.

In addition, community capital projects struggle to have some MOHLTC funded spaces built (e.g. HIV and Hepatitis C) and also struggle to build common, multi-purpose spaces and community kitchens, although these are technically allowed through the guides.

This reflects a lack of understanding of the community sector on the part of HCIB. These anti-integration policies regarding the types of positions/spaces funded and co-locations lead to:

- projects stalled for years,
- space for programs/services removed from projects,
- partnerships actively avoided, and
- centres unable to include income generating space in order to be self-sustaining.

2. The Space Planning Guide allows for only 5% future growth and does not address current growth rates or plans for future growth, including LHIN plans. This formula is applied at the ministry's discretion and is used as a one size fits all approach. The future growth of different communities is not addressed and as such, centres are building spaces that, on move in day, they have already outgrown. Also, as more programs and services are moved from hospitals and long term care homes into community agencies, at the request of the LHINs, a future growth component is vital in calculating necessary space. As the growth needs of different communities will vary, this flexibility must be allowed in order to address community needs.

3. In addition, the early planning stages are plagued with negotiations about programs, services, types of people and partners that will or will not have space. In addition, the way HCIB calculates exam room numbers and primary care room types is not based on community needs. For example, while the LHINs have accepted SAMI scores, a validated

APPENDIX 1 – CONTINUED

measure of complexity and anticipated resource use, as a key component to calculate panel size, HCIB does not take into account SAMI scores and panel size when calculating the number of exam rooms to be approved. Often, projects' exam room calculations result in the same number of exam rooms or less in the new build, which defeats the purpose of undertaking a capital project. Non-clinical multi-purpose rooms for use towards a wide range of activities by centre staff, partners and community members are often a major area of contention.

4. Untimely and unconstructive communication on the part of HCIB leaves centres isolated and unsupported through the capital process. Little constructive feedback is provided to the centres regarding their proposals. Many centres have reported that there is no communication for months after the project's approval is announced and after different stage submissions are submitted. Among other issues, poor communication leads to huge delays with HCIB funded projects. The development timelines HCIB has set out indicate that projects should be completed within 30-32 months. Almost all centres have gone far past the suggested timelines at each stage. These delays come at a huge cost to taxpayers and the centre itself. These delays also mean that many people in Ontario are unable to access services. Centres are often forced to pay rent for interim spaces while they are at risk of losing their new site because of these delays. For example, Four Villages CHC in Toronto had capital approval for a satellite. The HCIB process delayed the process by over 18 months, resulting in an estimated \$340,000 in additional rent being paid. Unfortunately, movement on these projects is often only had when centres advocate politically and through media, which results in inconsistent decision making across the province.

As outlined previously, some community governed primary health care organizations are already community hubs and offer integrated care to clients that is wholistic – addressing prevention, health promotion, the determinants of health, community development – and are population-needs based. Current HCIB policies and processes create large barriers to access and integration while wasting millions of public dollars. Ultimately, HCIB policies and processes are misaligned with the government's priorities for primary health care and community hubs, which focus on person-centred, integrated care.

The Capital Cost Share Guide for Community Health Service Providers and Space Planning Guide for Community Health Care Facilities must be revised to address their misalignment with the direction of the Government of Ontario and the Ministry of Health and Long Term Care. In order for HCIB to contribute towards the community health spaces found within community hubs, their policy and process barriers must be addressed through simple policy change and through intensive change management to improve HCIB's working relationship with funded projects. Once these policies are revised and a more efficient and partnership-based approach to working with centres are achieved, HCIB will be able to efficiently provide some of the bricks and mortar for integrated, community spaces.



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