

# Moving Forward with Community Hubs in Ontario



Submission to the Premier's  
Community Hub Framework  
Advisory Group – June 2015

Prepared by:



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& services

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youth programs  
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## Introduction

Langs is one of Ontario's largest and most well established community hubs. Over our 37 years, we have grown from a neighbourhood-based community development project into a multi-service hub serving the city of Cambridge and broader Waterloo Wellington Local Health Integration Network (LHIN). Today we have a main hub site in Cambridge, housing a Community Health Centre (CHC) co-located with over 20 community and social services, and two emerging hubs. The second hub was created because of the demand for space at our primary hub location. The third hub is located in North Dumfries Township, a rural community with a population of approximately 9,000. Langs leads various initiatives to integrate services for different populations such as the Waterloo Wellington Diabetes Central Intake and Waterloo Region Community Diabetes Program. Langs is also the lead organization for the Cambridge and North Dumfries Health Link.

Across the world, community hubs have proven to be an effective strategy for improving access to and equity of health and social services and making better use of public spaces to meet community needs. The Premier's Community Hub Framework Advisory Group provides a significant opportunity to enable community hubs to become an established approach for coordinating and delivering services in Ontario.

In light of Langs' track record and on-the-ground experience building and operating community hubs in Ontario, we have unique insights and knowledge to assist the Advisory Group. *Moving Forward with Community Hubs in Ontario* describes Langs' model, what we have learned, the benefits, impacts and barriers we have experienced, and recommended practical steps to enable community hubs to thrive in the province.

## Background

A core principle that guides community hubs, including Langs, is that to make individuals and communities stronger and healthier, we need to address all the factors contributing to health and wellbeing. Community hubs are grounded in the social determinants of health.

Under different names, community hubs - or elements of this model - have been part of Ontario and other jurisdictions for some time. While the basic idea and aims of community hubs have been generally supported in the past, communities and organizations in Ontario have had limited capacity to do the kind of work that is required to build a community hub. Today there is a growing imperative to pursue community hubs as a strategy to get better value out of public investments and to respond to diverse and ever-changing community needs.

However, given that the community hub concept is still emerging and is not yet well understood and that Ontario has not had a common community hub framework, some organizations that are thought of as community hubs are not, in fact, community hubs. Having a common framework and establishing the characteristics of community hubs in Ontario's context is an essential step forward.

The value proposition of community hubs is clear when you consider the experience of community hubs in Canada and around the world.

Community hubs:

- **Increase access** to a broader range of services that **meet local needs**.
- **Reduce barriers to access for essential services**.
- **Optimize public resources** resulting in a **multiplier effect - more services and better outcomes** for investments made.
- **Engage communities** by bringing people together, allowing them to participate and “give back”.

What distinguishes community hubs from other service delivery models is that they are sustainable because they are designed to continuously respond to changing community needs and perpetuate community involvement and commitment.

**Langs' community hub is a success story in many ways.** While Langs has experienced some significant challenges along the way, overcoming obstacles has taught the hub some crucial lessons. Langs is very interested and prepared to collaborate and to share what we have learned with the province, the LHINs, other service providers and partners in Ontario.

*“In 1977 we had a vision of bringing organizations to the Langs neighbourhood to provide services to help address the substantial needs in this densely populated, isolated community. Today, as we celebrate the opening of this new facility, I can honestly say this is one of the organizations that I’ve had the privilege of being part of that has actually achieved its vision.”*

– Gerry Steinman, Founding Member of Langs

## Langs' Evolution

Creating the Hub Vision

Impacting Local Health & Wellness

Enabling System Transformation

### 1978

Langs was started by a group of local citizens and service providers in 1978 as a response to a concern about vandalism and the lack of accessible services.

The Langs Community Health Centre (CHC) formed in 1995 to provide comprehensive multidisciplinary primary health care and health promotion to local residents.

Langs' collaboration with the City of Cambridge and other partners made the new site possible. In June 2010, the Federal Government invested \$4.9 million and the City of Cambridge invested \$3 million.

The North Dumfries CHC satellite also relocated in fall 2011 to a hub building, doubling the amount of space of the previous location in partnership with North Dumfries Township.

### 2011

When we opened our new main location at 1145 Concession Road in September 2011, this was a turning point for the hub's role and impact.

With this new 58,000 sq. ft facility Langs was able to markedly increase the number of people benefiting from the space, and to integrate and raise the quality of services.

For example, the William E. Pautler Seniors Centre co-located with Langs operates the hub's frail elderly and seniors wellness programs. Recreation facilities, including a walking track, make it easier for people to stay healthy and meet many of their health and wellness needs in one place.

Langs' hub experience with integrating and influencing service delivery locally has prepared us to play a role system transformation.

### Today

In the last few years, Langs has assumed a number of roles coordinating and integrating services in the Waterloo Wellington LHIN.

Langs is the coordinating lead for the **Cambridge and North Dumfries Health Link**, which brings area providers together to coordinate care for patients with the most complex health needs.

Langs is partnering with Waterloo Region on the **Connectivity Table** for Cambridge and North Dumfries - social services, education, health, mental health, policing, children's aid, and justice services work together to help people who are at immediate elevated risk.

Langs leads the **regional central intake**, a referral process to connect people with diabetes education and self-management in Waterloo-Wellington and coordinates the Waterloo Region **Community Diabetes Program**.

Langs speaks at conferences about its community hub experiences locally, provincially, nationally and in North America and is being approached for advice in Canada and other jurisdictions.

## Who Langs Serves

### **Local**

Langs is funded to serve priority populations including those who experience barriers to access, seniors, youth and individuals with mental health and addictions challenges.

Langs CHC provides services primarily to the residents of the Preston community of Cambridge. The Langs catchment area has a high concentration of socio-economic needs.

The North Dumfries CHC satellite offers services to the residents of North Dumfries. This rural community had little to no health and social services located in the township prior to the CHC satellite.

The partner services operating out of the Langs' sites serve Cambridge residents. In terms of sociodemographics, Cambridge's population was 133,800 in 2014 and is somewhat younger than the Ontario average. Household incomes are also less than the Ontario average. Twelve percent of the population is from a visible minority group and the most recent immigrants to Cambridge are from Asia, followed by Europe.

### **Waterloo Wellington LHIN**

Langs is located in the Waterloo Wellington LHIN area, which consists of 775,000 residents including:

- 9,000 residents who self-identify as Aboriginal
- 15,500 Francophones
- 93,000 residents who are visible minorities

## Langs' Hub Vision and Model

Through years of experience engaging the community and operating community hubs, Langs has identified the following hallmarks of a community hub.

### **Community Hubs:**

- Address the social determinants of health.
- Involve the community in governance, setting priorities, program delivery and evaluation.
- Build on community strengths and increase community capacity.
- Are flexible and responsive to changes in community.
- Are based on partnerships that integrate and improve access to services, enable a larger impact on health and wellbeing, and maximize public assets and infrastructure.
- Are self-sustaining.
- Focus on neighbourhoods and populations that would benefit from hub strategy; not all neighbourhoods need a hub.

### **....A Community Hub is Not:**

- Simple co-location. Hubs are intentional about collaboration and integration.
- Driven primarily by administrative efficiencies and savings.



## Association of Community Health Centre's Framework for Action on Community Hubs

Langs co-authored the Association of Community Health Centre's (AOHC) framework for action on community hubs. Langs' primary role was to articulate the characteristics, barriers and solutions.

### AOHC Community Hub Framework



**Characteristics of Community Hubs:** The following possible characteristics of community hubs should be specifically considered in developing the Community Hub Framework:

	Possible Characteristics
Space	<ul style="list-style-type: none"> <li>• Spaces designed for the community with the community</li> <li>• Welcoming and inclusive environments for all populations both interior and exterior</li> <li>• Includes virtual hub opportunities (e.g. telemedicine)</li> <li>• Spaces for informal community interaction</li> <li>• Space for physical activity space to help prevent chronic disease</li> <li>• Multiple sized meetings rooms to align with the size and use of the building</li> <li>• Affordable fees to access the space/meeting rooms if required</li> <li>• Commitment to maximizing opportunities to use space for programs and services evenings and weekends</li> </ul>

	Possible Characteristics
<b>Process</b>	<ul style="list-style-type: none"> <li>• Community engagement process for the community hub including client/resident/community involvement in decision making (e.g. partner/tenant selection process)</li> <li>• Building designs are reviewed by local Accessibility Committees and meet AODA requirements</li> <li>• Regular evaluation process (e.g. partner satisfaction surveys)</li> </ul>
<b>Partnerships</b>	<ul style="list-style-type: none"> <li>• Broad range of community partners and services from a variety of sectors under one roof</li> <li>• Has the ability to provide a full range of services including health, education, arts, recreation and social supports</li> <li>• Minimum of 3-5 partners co-located to be considered a hub</li> <li>• Collaboration is intentional among the hub partners (i.e. it's not just about co-location)</li> <li>• Shared commitment to transforming and delivering services in new ways</li> <li>• Collective vision and commitment to prevention and the social determinants of health or Canadian Index of Health and Well Being</li> <li>• Builds on opportunities to share back office supports (e.g. reception, phone and IT services)</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>• Community governed with direct resident involvement</li> <li>• Can be governed by a lead agency or a collection of agencies</li> <li>• Builds on and enhances existing capacity</li> <li>• Commitment from all partners to promote it as a community hub</li> <li>• Ongoing mechanism to engage the community, volunteers and partnerships</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>• Has a financial sustainability plan including opportunities to generate revenue for operations and building reserves</li> <li>• Includes opportunities to be entrepreneurial within the space</li> <li>• Facilitates opportunities for shared resources (e.g. OTN, equipment, students)</li> <li>• Has the ability to borrow and pay back financing for the project</li> <li>• Required to establish a contingency/reserve fund</li> <li>• Has the ability to expand over time</li> </ul>



## Langs' Model

The Langs' model is comprised of operating a main community hub and two satellite hubs that coordinate and integrate health, social and recreation services locally and across the Waterloo Wellington LHIN/region; leading system transformation initiatives; and providing expert advice and support for community hub development across Ontario.



**Langs' community hub services and initiatives: Local, LHIN/Regional, Provincial and System Transformation**

Local	
<p><b>Community Health Centres</b></p> <ul style="list-style-type: none"> <li>Langs' main site and North Dumfries CHC satellite include physicians, nurse practitioners, nurses, social workers, and health promoters.</li> </ul>	<p><b>Community Partners at 3 sites include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>William E Paulter Seniors Centre</li> <li>Alzheimer's Society</li> <li>Early Years program</li> <li>Lutherwood Children's Mental Health Services</li> <li>St. Mary's Counselling Services</li> <li>Healthy Smiles Program-Waterloo Region Public Health</li> <li>Waterloo Region Community Legal Services</li> <li>Canadian Mental Health Association</li> <li>The Arthritis Society</li> <li>Township of North Dumfries</li> <li>Born Midwifery</li> <li>Clinical/medical services: general surgeon, rheumatologists, Specialized Geriatrics Team</li> </ul>
<p><b>Recreation, outreach and community space</b></p> <ul style="list-style-type: none"> <li>Gymnasium</li> <li>Walking Tracks</li> <li>NHL size ice surface (North Dumfries)</li> <li>Soccer field, splash pad, community trails (North Dumfries)</li> <li>Volunteer Services</li> <li>Resource Centre</li> <li>Outreach worker</li> <li>6 group meeting rooms (Main) and seniors and youth spaces (North Dumfries)</li> <li>2 community kitchens</li> <li>Banquet Hall (North Dumfries)</li> <li>Courtyard</li> <li>Large "Green Lounge"</li> </ul>	<p><b>Other community sites</b></p> <p><b>Grow Community Centre</b></p> <ul style="list-style-type: none"> <li>Drop-in programs</li> <li>Early Years screening clinics</li> <li>Preschool programs</li> <li>Women's groups / childcare</li> </ul> <p><b>Youth and Teen Centre</b></p> <ul style="list-style-type: none"> <li>Afterschool programs</li> <li>Drop ins</li> <li>7th Inning Education Program</li> <li>Breakfast club/lunch program</li> <li>Summer, Christmas &amp; March Break and after school programs</li> <li>Leadership training</li> </ul>

Waterloo Wellington LHIN/Regional	
<b>Chronic Disease Prevention and Management</b> <ul style="list-style-type: none"> <li>• <b>Community Diabetes Program</b>, Waterloo Region – education and treatment for people with diabetes in partnership with Cambridge Memorial Hospital, Kitchener Downtown CHC, Woolwich CHC and Grand River Hospital.</li> <li>• <b>Central Intake, Waterloo-Wellington</b> – triage and direct referrals for diabetes education.</li> <li>• <b>Mentoring, Waterloo-Wellington</b> – to enhance providers’ diabetes knowledge, skill and care</li> </ul>	<b>Self-Management, Waterloo-Wellington</b> <ul style="list-style-type: none"> <li>• Coordinates provider training and education and offers chronic disease self-management programs.</li> </ul>
Provincial	
<b>Offering Advice and Expertise</b> <ul style="list-style-type: none"> <li>• Langs presents at conferences and events on community hubs in Ontario, Canada and North America. Langs is increasingly being sought for advice on building and sustaining community hubs.</li> </ul>	<b>Premier’s Community Hub Framework Advisory Group</b> <ul style="list-style-type: none"> <li>• Langs provided advice to the Premier’s Community Hub Framework Advisory Group including co-authoring the AOHC’s submission and is interested and prepared to support the provincial government, LHINs and others as they develop and operationalize a community hub strategy for Ontario.</li> </ul>
System Transformation	
<b>Cambridge and North Dumfries Health Link</b> <ul style="list-style-type: none"> <li>• Health Links is an innovative approach that brings together health care providers in a community to improve care coordination for patients with complex conditions who are the top 5% users of the health system. Langs is the lead agency for the Cambridge and North Dumfries Health Link. The Steering Committee is comprised of 20 health and social service/community organizations.</li> </ul>	<b>Connectively Table -- Cambridge</b> <ul style="list-style-type: none"> <li>• Staff from social services, education, health, mental health, policing, municipal government, and community members work together to address the needs of individuals and families at immediate and elevated risk. Providers respond within 24-48 hours and individuals are tracked to make sure they are connected with services and to assess outcomes.</li> </ul>

## How Langs Works

### **Community Driven**

One of the most important success factors is that the community hub is designed for the community and by community members. Our approach to community involvement is very much in line with the Ontario government’s vision and the expectations that are reflected in the Cabinet Ministers’ mandate letters and policy blueprints such as the *Patients First: Action Plan for Health Care*.

Community members, clients and families are meaningfully engaged in all aspects of the organization from governance to strategic planning to program design to program delivery, including a strong volunteer program with 202 volunteers in 2014/15. The following describes the way in which the community was involved in the creation of the Langs' hub and is integral to the governance and leadership to sustain the hub.

### **Governance and Hub Leadership**

Langs' board is made up of up to 17 members who are reflective of the community it serves. The **Community Services Committee (CSC)** of the board was created to recommend, plan and evaluate programs and services. Community residents, patients, volunteers and community partners comprise the membership of the 12-member committee. The CSC was instrumental in creating the hub and continues to guide the activity of the hub today!

### **Hub Creation**

Langs' undertook an expression of interest process to select the initial partners. There were three information sessions with community partners with over 40 attendees. The Community Services Committee formed a sub-committee to evaluate expressions of interest from partner services. The 35 stakeholders on the sub-committee included representation from Community Services Committee and the board; 12 clients (patients, participants); volunteers; three local schools; two churches; Waterloo Regional Police; a Regional Councillor; City of Cambridge staff and Langs staff.

### **Partnerships**

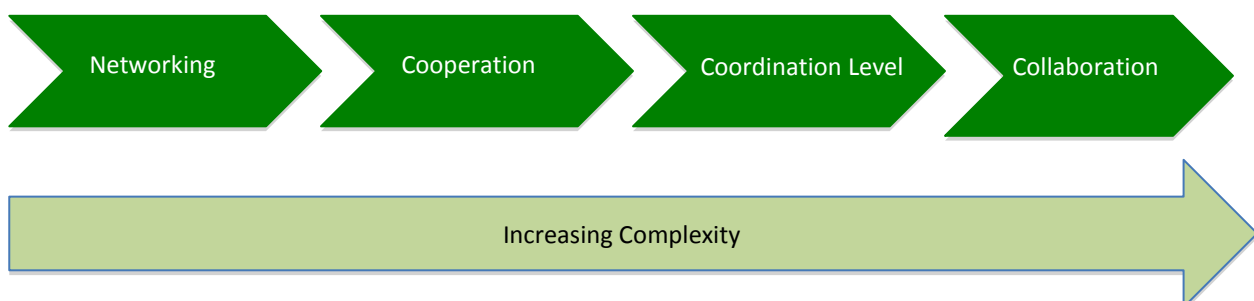
**Partnerships are the foundation of community hubs.** Langs has learned that it is critical to take an intentional and structured approach to developing and sustaining partnerships. This begins with having a collective vision of addressing the social determinants of health in the community.

Langs has also learned that creating and sustaining community hubs is complex work and gets more complex as the hub grows and the partnerships diversify. It is crucial that the capacity required to successfully manage this complexity is recognized and supported from the beginning.

Langs has created a framework for structuring, evaluating, and ensuring shared accountability for partnerships, based on best practices.

The framework enables various levels of integration between Langs and the partners. Langs uses a variety of partnership approaches that align with the purpose of each partnership, maximize outcomes and minimize the complexity of the accountability requirements.

The **Langs' partnership framework includes four levels of partnership** that involve increasing integration and complexity from Networking to Collaboration. (Adapted from the Chandler Centre for Community Leadership).



All Langs' partnerships have common elements including:

- Partnership Agreement
- Lease – with a menu of options that include business services such as reception
- Shared space and resources – parking, rooms, kitchen, storage etc.
- Means to resolve conflict

Other factors contributing to successful partnerships:

- Seconding one Leadership Team Member and one Support Staff to work with partners as a function of their jobs
- Lunch and Learns and other organized opportunities to exchange information and knowledge
- Partnership evaluation tool based on best practices
- Partner communications vehicles including a newsletter
- Opportunities for joint programs and events
- Have a space that is conducive to partnership development – e.g., shared staff room, on-site staff use walking track.

*“If you roll out community hubs the right way with the right elements, they are sustainable. They become the place where agencies want to be. And, more importantly, they become the place where the community comes together.”*

– Bill Davidson, Executive Director, Langs



## Benefits

Langs' community hub has is having many positive impacts on **people**, on **partnerships** in our communities and the Waterloo Wellington region, on the **health care system** and on the **economy**.

- ✓ It is increasing people's access to health, wellness and recreation services that meet their needs.
- ✓ It is contributing to safer and healthier communities and helping to reduce inequities and barriers to services.
- ✓ It is enabling providers to better serve clients and is getting much better value from publicly funded resources and infrastructure.

The following describes in greater detail just some of the benefits that have been realized.

## Benefiting People

*"When I was 16 I got kicked out of school. I was kind of the guinea pig for a program that's now called 7th inning. They really helped me get right back into school and do really well. I was dyslexic and I had never felt like I was smart enough for school. The people at Langs worked with me one-on-one – when I needed help, they were there. More or less if anyone needs something, I point them to Langs."*

– Fiona

**95,289 client contacts** at Langs' and partner services in 2014.

The equivalent of **86% of the Cambridge and North Dumfries population** accessed Langs' CHCs and partner services.

**Facility use quadrupled** since main hub opened.

### **Better access to services**

*"We've seen the difference that Langs can make in young people, their families and our community. It takes a hundred thousand dollars to house a young offender for a year. For that same money, the Langs staff will see over a thousand kids...up to 50 a day...through their Youth and Teen Centre. It's the investment we need to make."*

– Matt Torigian, former Chief, Waterloo Regional Police

### **Client experience**

Clients benefit in many ways from being able to access a range of health, social and recreational services in one convenient location.

- One benefit that cannot be underestimated is the **anonymity that clients** have at a community hub. Given the variety of services at the hub, no one knows what services an individual is seeking when they enter the building. This is particularly important for people with mental health and addictions challenges or others who may face stigma.

### **Healthier and safer community**

Evidence suggests that the Cambridge Connectivity Table may be reducing the use of emergency and crisis services by connecting individuals to more appropriate services before crisis arises.

- There was a **74% reduction in calls for police service** associated with people presenting at the Cambridge Table during the 90-day period after the situation was closed.

### **Benefiting Partners**

*"Since co-locating at Langs in 2011 we've seen a significant increase in requests for our services from residents of Cambridge and North Dumfries. The incredible network of service providers at Langs has worked in partnership with us – by making referrals, by consulting, and by including us at community tables. This co-location is much more than shared space; it's a community working in partnership."*

– Sara Casselman, Sexual Assault Support Centre of Waterloo Region



### Organizations are better able to meet the needs of the community and clients

- Having a shared reception and more meeting space has allowed partners to **increase the amount of services provided**, including expanded evening hours.
- Partner agencies have been able to **double the group programs** offered.
- Partners report that the hub enables them to **improve clients' access to a range of services**, which enhances the quality of care and gives clients more tools to stay healthier.

Similar to how Service Ontario integrates government services, the Langs' hub has created a **"one-stop shop"** for residents to easily access a range of health, social and recreational services, close to home. The service providers are not just located in the same space, they actively collaborate by referring clients for other services and programs within the building and coordinating their care together.

- A critical benefit is that the hub space **deliberately designed to enable partnerships**. Features such as shared staff rooms, kitchenettes and work areas, and the walking track facilitate informal relationship-building and foster a collaborative culture.

### More effective and efficient services

*In the partner survey after Langs' first year:*

- **50% of partners agree/strongly agreed the partnership enables you to do your job more efficiently and effectively.**
- **70% to 80% of partners reported feeling that Langs supported their organization to fulfill its mission and/or vision.**

### Increasing interest

In the first years, Langs actively sought out agencies to come in and see the hub model. Now the hub is where agencies want to be located. In fact, Langs has a wait list for providers wanting to join the hub – the demand has exceeded the current space. Langs continues to lease its former space at 877 Langs Drive and several partners operate out of that space as a small-scale hub.

In the first few years, Langs received one to two inquiries a month regarding partnership and use of the space. Now, **Langs receives three-six inquiries a month**. Twenty or more other partners from the community book meeting space each year

Over **90% of on-site partners signed five-year lease**, demonstrating the strong commitment to sustaining the hub model. Langs has an office space that is used by prospective partners so that they can experience the hub before making a commitment.

*“Through partnership with Langs, the Alzheimer Society of Cambridge has had an opportunity to expand our programs and services. Access to large meeting spaces has allowed us to start a new wellness group for people living with dementia and their partners in care.”*

– Claire Brown, Alzheimer Society of Cambridge

## Benefiting the Health System and Economy

*“Langs’ vision is all about changing lives and creating a healthier community. First of all, the model focuses not just on illness care but more upstream on prevention and health promotion. Langs is taking the next step with Health Links, and the Connectively Table that brings together a wide range of partners – the police, education, social services, the United Way. Langs is leading the way in the Waterloo region and frankly in Ontario in terms of creating better health and wellbeing for our citizens.”*

– Bruce Lauckner, CEO, Waterloo Wellington LHIN

## Improved access to health and social care reducing expensive medical and hospital services

*“Practicing for over a decade, I am aware that it is difficult for health care providers and patients to “navigate the system”. Central intake has allowed us to get the RIGHT care at the RIGHT time for the RIGHT patient at the RIGHT location. Central Intake has been effective, efficient and easy for ALL to use!!”*

– Endocrinologist, Waterloo

The Cambridge Connectivity Table is similar to hub model from Prince Albert Saskatchewan that has been shown to reduce crime rates for 3 years running. Emergency department visits and mental health and addictions interventions also went down in Prince Albert.

## Less duplication, better use of services and infrastructure

Through the Langs’ hub and the Ontario Telemedicine Network (OTN), **Cambridge residents have had over 200 appointments with specialists** such as psychiatry, neurology and cardiology.

North Dumfries residents have been able to receive wound care in their communities via OTN instead of having to travel to Guelph General Hospital for treatment.

## Barriers and Solutions

Langs has had considerable success in creating a community hub and has been able to overcome and, in some cases, work around formidable policy, funding, and cultural barriers that other organizations have not been able to. Langs progress is due, in large measure, to having a clear vision from the beginning, strong partnerships with the municipal government, the Waterloo-Wellington LHIN and other decision makers, and a highly involved and supportive community.

More specifically, by owning the land Langs was able leverage federal and municipal funds and to use as equity for financing.

**Having the right facility design has allowed Langs to enable a variety of partnerships and be more responsive to community needs.**

However, Langs' accomplishments have sometimes been in spite of the barriers and has not been able to fully realize the full potential of the community hub model. The barriers and challenges are well known by those of us who have been doing this work for some time and all can be resolved.

To complement the barriers identified in the AOHC's submission, we have described the **specific barriers faced by Langs and concrete solutions** that require action on the part of the Ontario government, specific Ministries, service providers and other stakeholders.

Barriers	Solutions
<b>SPACE</b>	
Policy limitations exclude spaces that engage the community.	Adopt new space 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).
	Encourage fundraising to offset the costs of unique spaces.
Lack of organizational capacity to fully utilize space on evenings and weekends.	Provide diverse services in community hubs based on community needs at varied hours (e.g., walk in clinics).
No ability to phase and stage the hub to allow new partners to relocate when their leases expire.	Encourage hubs to design spaces for expansion (e.g., modular construction).
Cost and time for rezoning, building permits and municipal approvals varies.	Encourage municipalities to streamline the rezoning process to enable community hubs.
Inconsistent standards regarding development charges.	Implement policy that enables development charges for community hubs to be waived or reduced similar to other sectors.
<b>PARTNERSHIPS</b>	
Balancing being a collaborator and a landlord.	Have a shared community hub plan with partners and a transparent, community-led decision-making process for partner services. Having a clear conflict resolution mechanism is also helpful.

Barriers	Solutions
Affordability of new space and costs of relocation may be a barrier for some organizations.	Encourage hubs to set affordable fees for organizations to lease space.  Seed grants to offset relocation costs for small organizations.
Some challenges with co-locating partners (e.g., Probation and Parole with Sexual Assault and Domestic Violence Programs).	Encourage hubs to address these considerations in their planning process.
<b>GOVERNANCE</b>	
Commitment to managing multiple processes at one time (e.g., construction, community engagement, co-location and revenue generation).	In selecting a lead organization assess the organization's experience, readiness and capacity to lead a hub.
Current <i>Ontario Corporations Act</i> restricts ability to be entrepreneurial and rent to for-profit sector.	Advocate for adoption of the new <i>Ontario Not for Profit Corporations Act</i> that encourages entrepreneurial activities.  Provide clear guidance on how much entrepreneurial activity an organization can undertake and how it might be undertaken.
Fear that co-location means the loss of organization identity and ultimately amalgamation.	Undertake a branding process for the community hub that engages 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.
More organizations competing for community, funder and volunteer engagement under one roof.	Explore opportunities for joint fundraising and volunteer engagement across organizations
Funding silos, restrictions to cost sharing and multiple reporting requirements.	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 meet the requirements of various funders.
Lack of seed funding to create community hub.	Establish seed funding for the creation of community hub proposals and community partner engagement.

Barriers	Solutions
<b>SUSTAINABILITY</b>	
Sustainability of the hub model.	<p>Require the hubs prepare and submit a business plan with financial projections that addresses sustainability.</p> <p>To enable this, revenue generation should be encouraged as well as a life-cycle planning approach to the building, fixtures, furniture and equipment.</p>
No alignment of capital funding opportunities across various levels of government.	Commit capital dollars from existing ministries and funding bodies for hub development to the centralized body.
Timing of funding and loan applications does not coincide with the need to be nimble to take advantage of local opportunities.	Streamline funding and loan applications with central body.
Lack of funding for capital expansion and maintenance of hubs.	<p>Require hubs to establish reserve funds.</p> <p>Establish a capital fund that contributes to expansion and renovations on a cost shared basis.</p>
Lack of operational funding for community hubs.	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).

## Key Actions to Move Forward with Community Hubs in Ontario

Following are the **three most important actions** to enable community hubs in Ontario.

**1. Leverage the practical, on-the-ground experience of those who have implemented community hubs.**

Experienced hubs like Langs can mentor, teach, coach, share knowledge, and help define common standards and indicators. Options include:

- Create a provincial implementation and operational advisory table drawing from the practical expertise of organizations that have successfully implemented community hubs.
- Provide time-limited funding for an implementation resource team or network supported by Langs and other established community hubs to provide hands-on consultations, coaching, and mentoring directly to emerging hubs.
- Allocate start-up funding for hub development.

**2. Create a centralized inter-ministerial funding body or secretariat to oversee community hub development.**

- Streamline the funding and loan process.
- Adopt new space guidelines that enable hubs to address the social determinants of health.
- Allocate funding at a regional level to encourage hub development across the province.

**3. Create an Ontario community of practice for community hubs** to support ongoing knowledge transfer and to accelerate the spread and adoption of best practices and evidence. This could be modeled after Shared Spaces, a US-based network for community hubs in North America.

**Well-positioned and prepared to do more**

Langs is uniquely positioned to contribute to the development of community hubs in Ontario. Specifically, Langs can assist the government and LHINs to address knowledge gaps regarding how to plan, develop and sustain community hubs. Ontario has particular gaps in specialized skills including facilities development, real estate and cost-sharing negotiations, governance models, community needs assessments and outreach.