

Board Orientation

Andy Kroeker, Executive Director

December 11, 2018





AGENDA

- **Centre Overview**
- **Board's Role**
- **SW LHIN and Accountability**
- **External Partners and Resources**



Centre Overview



History

- **December 2, 1992 Letters Patent**
- **July 1994, First services delivered**
- **June 19, 1995 Official Opening**
- **January 2004 Move to current location at 153 Main Street**
- **May 2004 Official Opening**
- **August 27, 2008 Heritage Homes Official Opening**
- **February 3, 2012, Hub Official Opening**

Historical Catchment Area

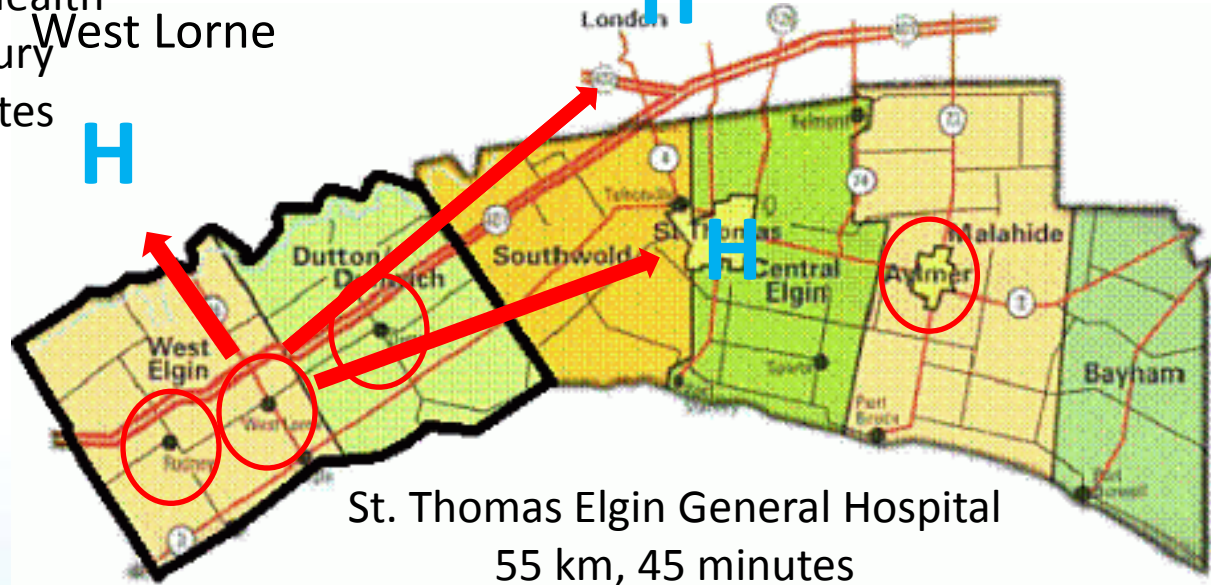
Four Counties Health
Services, Newbury
22 km, 25 minutes

West Lorne

H

London Health Sciences Centre (Victoria)
55 km, 45 minutes

H

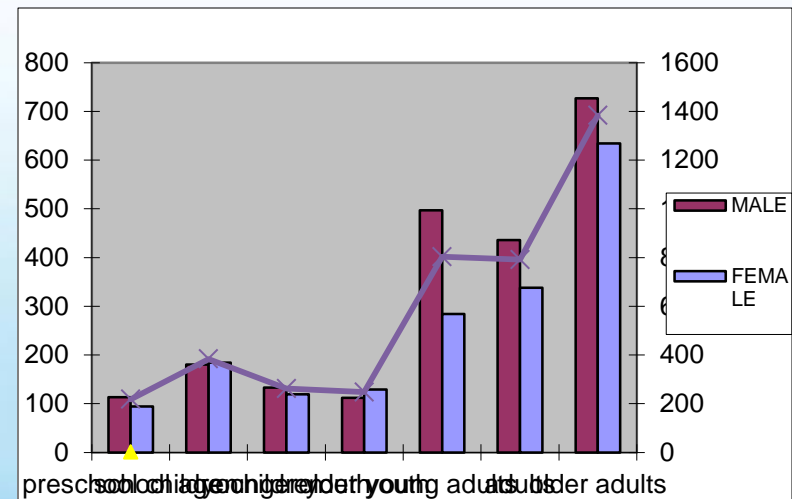


St. Thomas Elgin General Hospital
55 km, 45 minutes

West Elgin: Population 4,995 (-3.1%), 2,102 households, 322 km²
Dutton-Dunwich: Population 3,866 (-0.3%), 1,481 households, 295 km²
(Approx 9,000 people, 3,500 households, 600 km²)

West Elgin CHC

- >\$5.5 million (85% salaries and benefits)
- 50+ FTE
- 125+ Volunteers
- ~6,500 clients (2,500 primary care and 4,000 other programs and services)





Hours of Service

- **Centre Hours:**
Monday, Wednesday, Friday 8:30am – 5:00pm
Tuesday and Thursday
8:30am – 9:00pm
- **Assisted Living Program:**
7 days per week, 6:00am – 10:00pm plus overnight coverage
- **Clinical Team:**
24/7 on call phone coverage



Are We a Rural Health Hub?

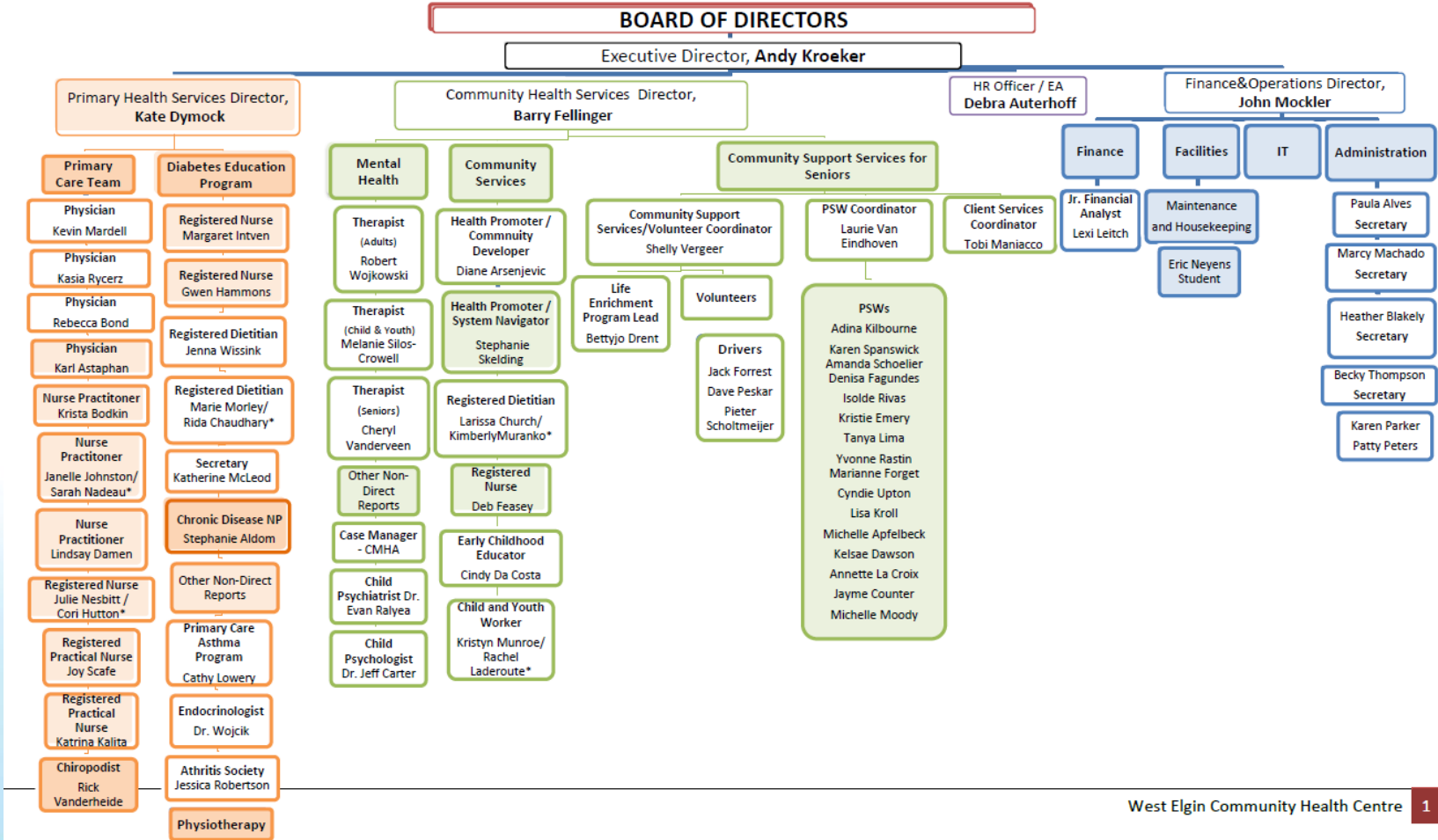
- Primary Health Care
- Chiropody
- Diabetes Education (2)
- Mental Health
- Dietitian
- Health Promotion
- Systems Navigation
- Children's Programs
- Physiotherapy
- Chronic Disease Management
- Transportation (Volunteer and Accessible)
- Meals on Wheels
- Congregate Dining
- Friendly Visiting
- Caregiving Support
- Assisted Living



Partners

- **Gamma Dynacare Lab Services**
- **CMHA Elgin**
- **Addiction Services Thames Valley**
- **EarlyON Child and Family Centre**
- **Talbot Trails Physiotherapy**
- **VON SMART Exercise**
- **Southwestern Public Health**
- **West Elgin and Dutton Dunwich Municipalities**
- **MS Support**
- **Parkinson Support**
- **Alzheimer Society**
- **Community Living Elgin**
- **East Elgin FHT**
- **SW LHIN Home and Community Care**
- **Four Counties Health Srv**
- **St. Thomas Elgin General**

Organizational Chart





Challenges – Recruitment and Retention

- **Staff turnover due to lower salaries compared with hospitals combined with challenges of commuting.**
- **Often attract recent graduates who work here for a few years before leaving for higher paying roles.**
- **Younger female work force means that maternity leave replacements are part of our reality.**
- **Causes client and staff concerns with continuity of care and challenges with increasing number of clients seen.**
- **Last three years received Recruitment and Retention funding increase for staff salaries. Funds promised for next two years but none for operating. May not happen with change in government**
- **This fall received 2% increase for Assisted Living/ Community Support Services budget.**



Challenges 2 – Base Funding

- **85% of budget is for salaries and benefits**
- **15% is for everything else**
- **Over the past nine years we have had base increases of 2%, 1.5%, 0%, 0%, 0%, 1%, 0%, 0% and 0%.**



Board's Role



By-Laws

WEST ELGIN COMMUNITY HEALTH CENTRE BY-LAW NUMBER 2

A BY-LAW TO PROVIDE FOR THE ORGANIZATIONAL STRUCTURE AND GENERAL ADMINISTRATIVE AND OPERATIONAL PROCEDURES OF WEST ELGIN COMMUNITY HEALTH CENTRE.

- Updated at Sep 20 17 AGM
- Formalities, Membership, The Board, Officers of the Corporation, Protection of Directors and Officers, AGM, Books and Records
- Pending changes to Ontario Not- for-Profit Corporations Act (ONCA) will require another update within the next few years



Board Policy Manual

- **Online as part of Board Portal**
<http://wechc.on.ca/about-us/board-portal-3/>
- **Four Sections**
 - **Organizational Ends**
 - **Board Governance**
 - **Staff Limitations**
 - **Board Staff Relationships**
- **Additional Operational and Departmental Policy Manuals**



GOV 208 Directors Responsibilities and Declaration

Each Director shall:

- **at all times comply with the Centre's Code of Ethics and Conduct;**
- **at all times comply with the Centre's Privacy Policies;**
- **represent the interests of all of the Centre's stakeholders in a fair and unbiased manner, and not favour any particular individual or special interest group inside or outside of the Centre;**
- **exercise care and diligence when making any decisions regarding the Centre;**
- **not use his or her position as a director or his or her service to the Board for his or her own personal advantage or for the advantage of his or her friends or supporters;**
- **approach all issues being considered by the Board with an open mind and to carefully consider all such issues and to base his or her decisions on what is in the best interests of the Centre in both the long and short term.**

Healthcare Insurance Reciprocal of Canada (HIROC)

- **A** Bodily Injury (incl. Personal Injury)
- **A1** Advertising Liability
- **B** Property Damage Liability
- **B1** Tenant's Legal Liability
- **C** Professional Liability
- **C1** Blood Transfusion Legal Liability
- **D** Contingent Employer's Liability
- **E** Employee Benefits Liability
- **F** **Errors and Omissions Liability**
- **G** Environment Impairment Liability
- **H** Non-owned Automobile Liability
- **I** Crime Insurance
- **J** Property Insurance



Errors and Omissions Liability

- **HIROC's version of Directors and Officers**
- **Covers Trustees, Officer's, Director's, Members of Boards or Committees, Officers/Board Members of volunteer and auxiliary associations, and employees.**
- **Insurance covers not only judgments or settlements arising from allegations but also the costs to defend against such allegations whether groundless or not.**



Directors and Officers Responsibilities

Directors and Officers have a fiduciary responsibility to act in the best interests of the organization

Responsibilities include:

- **Duty of Loyalty**
- **Duty to Act Honestly and in Good Faith**
- **Duty to Act Prudently**
- **Duty to Act in Timely Manner**



Board Executive

- **Chair**
- **Vice-Chair**
- **Secretary-Treasurer**
- **Membership Secretary**



Board Committees

- **Committee of the Whole**
- **Finance**
- **Governance**
- **Quality**
- **Youth**
- **Client and Family Advisory Council**

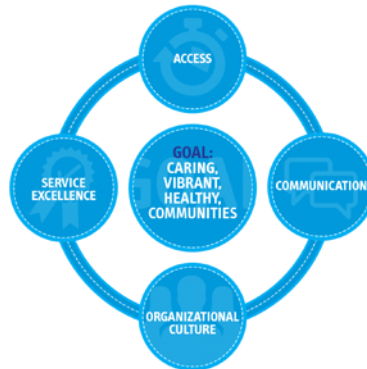
Strategic Plan

STRATEGIC PLAN JUNE 2015

Our Strategic Priorities for 2015-2018

Through our planning process, we have created a road map to help us build caring, vibrant, healthy communities. We will focus our efforts and investments on four strategic priorities.

Each of these priorities is based on feedback received from stakeholders. These priorities will guide our activities for the next three years.



Our Vision

We envision caring and vibrant communities where people achieve and maintain the highest possible level of well-being.

Our Mission

The West Elgin Community Health Centre team works with our communities and our partners to provide accessible, high quality health care, health promotion, and community support services.

Our Values

- Person-centred and Community-centred
- Service Excellence
- Teamwork
- Accountability
- Leadership
- Respect



BUILDING CARING, VIBRANT, HEALTHY COMMUNITIES

153 Main Street, West Lorne, ON N0L 2P0 • T: 519.768.1715 • F: 519.768.2548 • info@wechc.on.ca • www.wechc.on.ca

Community Health Centre

www.wechc.on.ca

STRATEGIC PRIORITIES

Every One Matters.



ACCESS

GOAL STATEMENT

We will deliver timely, coordinated access to care.

STRATEGIES

To support this goal, we will:

- 1 Improve access to programs and services.
- 2 Guide people to the care and services they need.
- 3 Improve the way we work to ensure clients receive timely care.
- 4 Improve access to Mental Health and Addiction services.



COMMUNICATION

GOAL STATEMENT

We will engage with, listen, and respond to our communities.

STRATEGIES

To support this goal, we will:

- 1 Actively seek opportunities to listen to our communities.
- 2 'Tell our story' so that our clients and communities are better informed about our programs and services.
- 3 Build our ability to support effective, efficient communication and education.
- 4 Continue to advocate for those people most in need of our help.



ORGANIZATIONAL CULTURE

GOAL STATEMENT

We will create an environment where staff, volunteers, and Board feel valued.

STRATEGIES

To support this goal, we will:

- 1 Recruit and retain dedicated staff, volunteers, and Board to meet our communities' needs.
- 2 Enhance professional development opportunities for staff, volunteers, and Board.
- 3 Support a culture of collaboration.



SERVICE EXCELLENCE

GOAL STATEMENT

We will provide quality services that add value for our communities, partners and funders.

STRATEGIES

To support this goal, we will:

- 1 Ensure our programs and services are aligned with our communities' needs.
- 2 Improve the quality of our operations through Accreditation, and by maximizing the potential of our information systems.
- 3 Make informed decisions that allow us to continually improve our programs and services.
- 4 Be an active leader in system change, including Health Links, and the Primary Health Care plan.

Prepared by: Platinum Leadership Inc. and Kovacs Group Inc.

Every One Matters.

Vision

- **We envision caring and vibrant communities where people achieve and maintain the highest possible level of well-being.**



Mission

- **The WECHC team works with our communities and our partners to provide accessible, high quality health care, health promotion and community support services.**





Values

- **Person-Centred and Community-Centred**
- **Service Excellence**
- **Teamwork**
- **Accountability**
- **Leadership**
- **Respect**



Strategic Priorities

ACCESS

Goal Statement – We will deliver timely, coordinated access to care.

COMMUNICATION

Goal Statement – We will engage with, listen and respond to our communities.



Strategic Priorities (2)

ORGANIZATIONAL CULTURE

Goal Statement – We will create a collaborative environment where staff, volunteers and Board feel valued and supported.

SERVICE EXCELLENCE

Goal Statement – We will provide quality services that add value for our communities, partners and funders.

Operational Plan



2018-19 Operational Plan for West Elgin Community Health Centre

Draft: Mar 8 2018

Year 4:

NOTES:

Priority	Strategy	Key Actions	Timeline	Lead	KPIs	KPI source	Status	Progress Update
Access	We will improve access to programs and services.	Primary Care team to continue client intake to move toward Panel Size targets.	Mar 2019	Kate	Minimum 3000 clients (63% target for Access to Primary Care indicator)	Nightingale (NOD)		
Access	We will guide people to the care and services they need	Expand use of wheelchair accessible van beyond Adult Day Program use	Mar 2019	Barry	Number of non-ADP trips	Nesda Trak		
Access	We will improve the way we work to ensure clients receive timely care.	Work with the Partnering for Quality team to implement improvements in the advanced access scheduling process	Mar 2019	Kate	Percentage of clients reporting they received services when needed	Client satisfaction survey		
Access	We will improve access to Mental Health and Addiction Services	Increase awareness of Mental Health services	Mar 2019	Barry	Number of attendees at Walk In Days and Mental Health groups	NOD		
Communication	We will actively seek opportunities to listen to our communities	Support the growth of the Client and Family Advisory Council	Mar 2019	Andy	Number of Client and Family Advisory Council meetings held	Minutes of Client and Family Advisory Council		
Communication	We will "Tell Our Story" so that our clients and communities are better informed about our programs and services.	Assess, improve and expand our social media presence	Mar 2019	Barry	Number of posts to Face Book page and Number of tweets posted	Face Book and Twitter analytics		

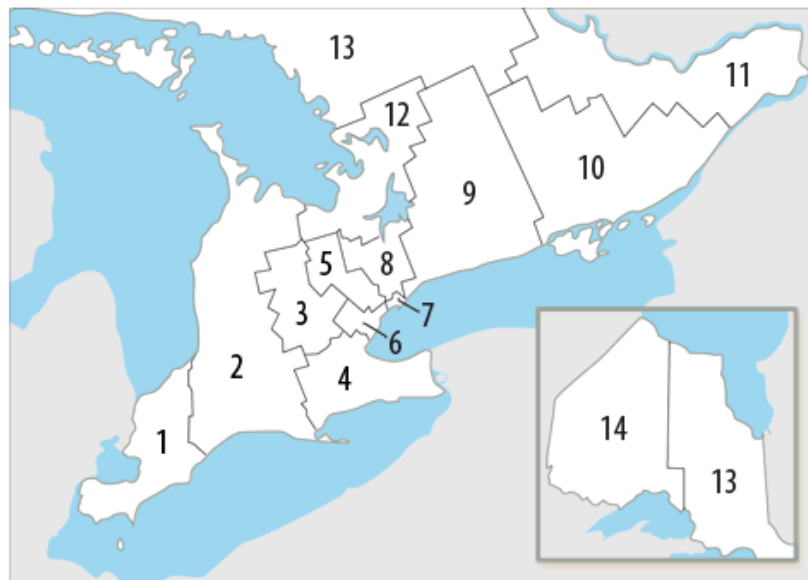
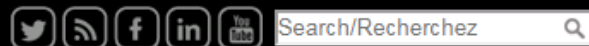
Every One Matters.



SW LHIN and Accountability

Local Health Integration Networks

Ontario's LHINs



Local Health Integration Networks (LHINs) plan, integrate and fund local health care, improving access and patient experience.

Multi-Sectoral Accountability Agreement (M-SAA)

WEHC M-SAA Indicator Tracking 2017/18

Indicator	Q1 YTD (%)	Q2 YTD (%)	Q3 YTD (%)	Q4 YTD (%)	COMMENTS
Schedule E1: Core Indicators					
Balanced Budget - Fund Type 2	4.7%	2.9%	3.3%	1.9%	
Proportion of Budget Spent on Admin	18.2%	18.3%	18.0%	18.4%	
Schedule E2a: Clinical Activity-Detail					
General Clinic Individuals Served	1,187	1,555	1,735	2,285	
General Clinic Service Provider Interactions	3,090	5,935	9,622	13,012	FT RN & NP Vacancy, plus NP mat leave. All 3 positions had a gap in replacements. Provider appointments longer to allow time to consult with unlicensed providers
Foot Care Individuals Served	287	374	433	487	Target needs to be adjusted down to be more realistic for one person
Foot Care Service Provider Interactions	468	1,024	1,561	2,053	
Nutrition Individuals Served	77	112	149	190	
Nutrition Group Sessions	23	29	43	48	
Nutrition Group Participant Attendance	487	830	724	766	
Nutrition Service Provider Interactions	136	234	326	433	
Physiotherapy Individuals Served	83	164	230	286	Numbers used last year to predict appropriate targets were calculated based on wrong definition by physio. This is a truer reflection of work done. Mitg set to work with them on how to increase this indicator
Physiotherapy Group Sessions	21	38	49	75	
Physiotherapy Group Participant Attendance	32	66	113	151	
Physiotherapy Service Provider Interactions	545	1,103	1,623	1,904	
Counselling Individuals Served	193	245	285	307	
Counselling Group Sessions	9	19	24	41	
Counselling Group Participant Attendance	353	411	451	635	
Counselling Service Provider Interactions	500	968	1,373	1,794	
Chronic Disease Individuals Served	52	52	81	114	Position vacant May 26 - Sep 4
Chronic Disease Group Sessions	0	0	19	35	Position vacant May 26 - Sep 4
Chronic Disease Group Participant Attendance	0	0	204	341	
Chronic Disease Service Provider Interactions	134	141	262	479	Position vacant May 26 - Sep 4
Diabetes Individuals Served	463	573	682	770	
Diabetes Group Sessions	10	16	18	25	Targets need to be adjusted to reflect community demand and new definitions moving forward (DEP under CHC definitions for 2018/19. Little interest in groups by clients. We accepted all referrals and continually market our services. Continue to hope for SWHHC centralized intake to shift referrals to community from London.
Diabetes Group Participant Attendance	129	744	192	219	
Diabetes Service Provider Interactions	779	1,507	2,230	3,013	

Community Engagement Individuals Served	68	77	92	99	Staff on extended vacation July-August. We do not have financial resources to backfill.
Community Engagement Group Sessions	24	30	54	87	
Community Engagement Group Participant Att	178	238	543	788	
Community Engagement Service Provider In	145	216	310	396	Staff on extended vacation July-August. We do not have financial resources to backfill.
Pers Health Wellness Individuals Served	77	100	131	154	
Pers Health Wellness Group Sessions	49	71	118	170	
Pers Health Wellness Group Participant Attend	794	1,732	1,897	2,525	
Pers Health Wellness Service Provider Interact	123	217	309	426	
Meals Delivery Individuals Served	35	43	56	59	
Meals Delivered Combined	1,057	2,156	3,139	4,091	
Congregate Dining Individuals Served	249	312	387	482	
Congregate Dining Attendance Days	1,187	2,396	3,392	5,194	
Transportation Visits	1,047	2,064	3,160	4,617	
Transportation Individuals Served	74	109	138	152	
Assisted Living Resident Days	1,838	3,758	5,549	7,622	Various clients in and out of hospital so those times do not count as AL days.
Assisted Living Individuals Served	25	28	31	34	
Caregiver Support Visits	287	911	1,524	2,382	
Caregiver Support Individuals Served	168	230	298	331	
Visiting Social and Safety Visits	413	612	1,017	1,733	
Visiting Social and Safety Individuals Served	53	59	89	105	
Schedule E2b: CHC Sector Specific Indicators					
Cervical Cancer Screening Rate (PAP Tests)	70%	70%	72%	76%	
Colorectal Screening Rate	70%	69%	81%	88%	
Inter-professional Diabetes Care Rate	96%	95%	95%	96%	
Influenza Vaccination Rate	67%	67%	60%	66%	
Breast Cancer Screening Rate	64%	64%	66%	72%	
Retention Rate (NPs and Physicians)	94%	72%	73%	67%	One NP left Jul 20 and another NP maternity leave started Aug 3. Replacements not acting as NPs until exams passed in Nov.
Access to Primary Care	57%	58%	61%	62%	

Green is meeting the target, yellow is meeting the corridor, while red is not meeting the corridor.

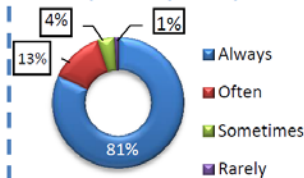
% Green	74%	62%	64%	64%
% Yellow	15%	15%	17%	15%
% Red	11%	23%	19%	21%
Total	100%	100%	100%	100%

2017-18 Client Satisfaction Survey Results

98% of WEHC's clients were satisfied with their services and programs in 2017/18!

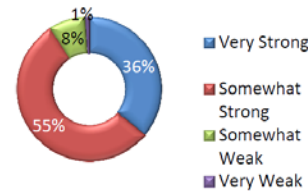
"All the programs and care here has greatly improved our life, and we are so thankful" - Client

Does the provider spend enough time with you? (277 Responses)

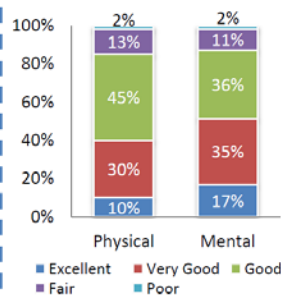


"The only thing I have a problem with is that we can no longer make appointments ahead" - Client

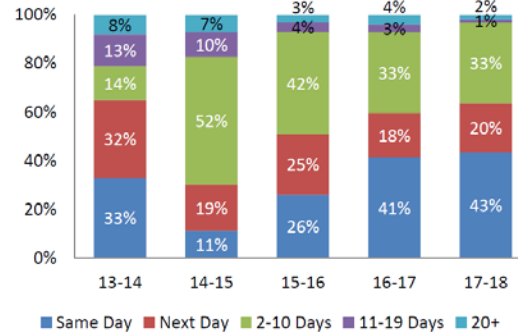
Sense of Belonging to Their Community (309 Responses)



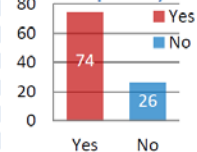
Overall Client Health (402 Responses)



How many days it took to get an appointment (248 Responses)



Appointment on Date Wanted (250 Responses)



97% were satisfied with the services they received (397 clients)

98% would come back to the health centre in the future (401 clients)

98% would recommend the Health Centre to friends and family (404 clients)

Best Parts of the Health Centre: (236 Responses)

1. Friendly and caring staff
2. Location and convenience
3. Diversity of programs and services
4. Same day appointments and availability of providers

How to Improve the Health Centre: (157 Responses)

1. Appointment scheduling process
2. Increase access (hours, staff and programs)
3. No improvements needed
4. Improve communication

Thank You To the 408 clients who took part in our survey!

Quality Improvement Plan (QIP)

2018/19 Quality Improvement Plan for Ontario Primary Care "Improvement Targets and Initiatives"

West Elgin CHC 153 Main Street, West Lorne, ON N0L 2P0

AIM		Measure						Change						
Quality	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)														
Effective	Coordinating care	Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach	A	% / Patients meeting Health Link criteria	In house data collection / most recent 3 month period	92245*								Health-Links Roll-Out is expected in the coming year. Initially anecdotal identification process is envisioned. Will move forward by exploring how clients who meet criteria can be identified using available data sources. Once this has happened we will be able to measure a baseline rate.
	Effective transitions	Percentage of patients who have had a 7-day post hospital discharge follow up. (CHCs, AHACs, NPLCs)	P	% / Discharged patients	See Tech Specs / Last consecutive 12 month period	92245*								WECHC QIP focus for 2018-19 will not include this measure. We currently have agreement with 2 local hospitals to ensure that follow-up appointments are offered as part of discharge planning. In addition, we have no way of collecting numbers of client who needed to be seen within 7 days and who did.
		Percentage of patients who were discharged in a given period for a condition within selected HBAM inpatient Grouper (HIGs) and had a non-acute hospital readmission within 30 days of discharge, by primary care practice model.	A	% / Discharged patients with selected HIG conditions	DAD, CAPE, CPD6 / April 2016 - March 2017	92245*	5	5.00	Performance data is from practice profile report (out of date & recommends to interpret with caution). We will continue to monitor progress on this indicator through review of new practice profile reports.				5.0	WECHC QIP focus for 2018-19 will not include this measure. We currently have agreement with 2 local hospitals to ensure that follow-up appointments are offered as part of discharge planning. We hope to see an improvement in performance as reporting data currently precedes agreements.
		Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	92245*								WECHC QIP focus for 2018-19 will not include this measure. We currently have agreement with 2 local hospitals to ensure that follow-up appointments are offered as part of discharge planning.
	Wound Care	Percentage of patients with diabetes, age 18 or over, who have had a diabetic foot ulcer risk assessment using a standard, validated tool within the past 12 months	A	% / patients with diabetes, aged 18 or older	EMR/Chart Review / Last consecutive 12 month period	92245*	CB	CB						Not working towards this indicator. Instead focus will be on continuing to improve Hb1AC screening rate. See 'custom' indicator.



Accreditation

- **Every four years staff and Board review policies and practices**
- **Canadian Centre for Accreditation**
- **3 on site reviewers for 3 days**
- **Accredited September 2016 so next visit June 2020**
- **Barry and Kate both certified as accreditors**

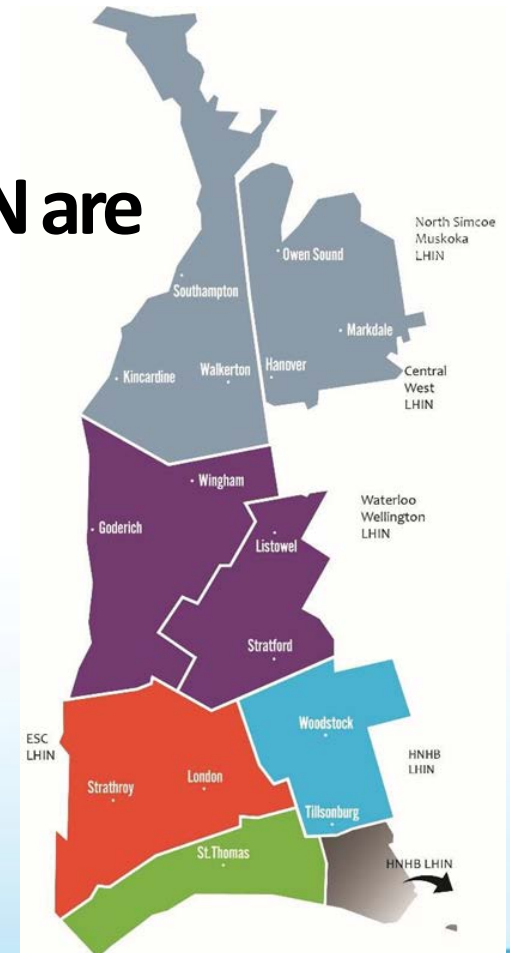


SW LHIN Priorities

- **Integrated Health Services Plan 2019-22**
- **Patients First**

Sub-Region Geographies

- The proposed areas for health care planning across the South West LHIN are
 - Elgin
 - Oxford
 - London Middlesex
 - Huron Perth
 - Grey Bruce





Elgin Sub-Region Integration Table

- **Dr. Kellie Scott** Sub-region Clinical lead
- **Amber Alpaugh-Bishop** Director, Planning & Integration Elgin Sub Region
- **Dr. Melissa Tenbergen** Elgin Primary Care Alliance
- **Jana Fear** Health System Planner
- **Shirley Biro** Patient/Caregiver
- **Mike Lang** Patient/Caregiver
- **Judith Desjardins** Patient/Caregiver
- **Abe Harms** Mennonite Community Partner
- **Adrienne Vanderweg** Community Support Service Partner
- **Rebecca Sutcliffe** Home and Community Care Partner
- **Cindy Payne** Home and Community Care Partner
- **Elizabeth Sebestyen** Social Services Partner
- **Mary Stewart** Hospital Partner
- **TBD** Indigenous Health Committee Partner
- **Michele Harris** Long-term Care Partner
- **Linda Sibley** Mental Health and Addictions Partner
- **Claudia Mior** Primary Care Partner
- **Dr. Joyce Lock** Public Health Partner

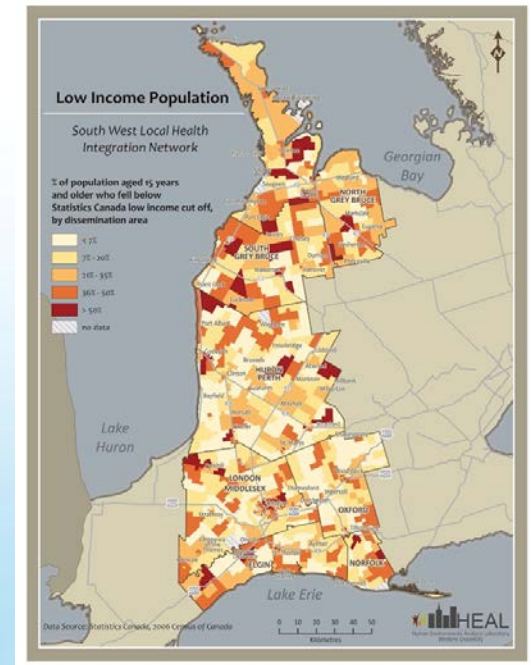


Elgin Health Links

- **Develop coordinated care plans for those people who have highest demands on health care system**
- **Funding announced summer 2017 – last one in province to go live with this project**
- **Staff hired and project to roll out over next two years**
- **One of our staff was seconded last November for a year as Engagement and Adoption Lead**

Understanding Health Inequities and Access to Primary Health Care in the South West LHIN

- Co-led project with SW LHIN
- Finalized in January 2017
- Five recommendations with 66 supporting actions
- Priority populations examined
 - Aboriginal
 - Low Income
 - Rural
 - Seniors and Disabled
 - Visible Minorities and Immigrants





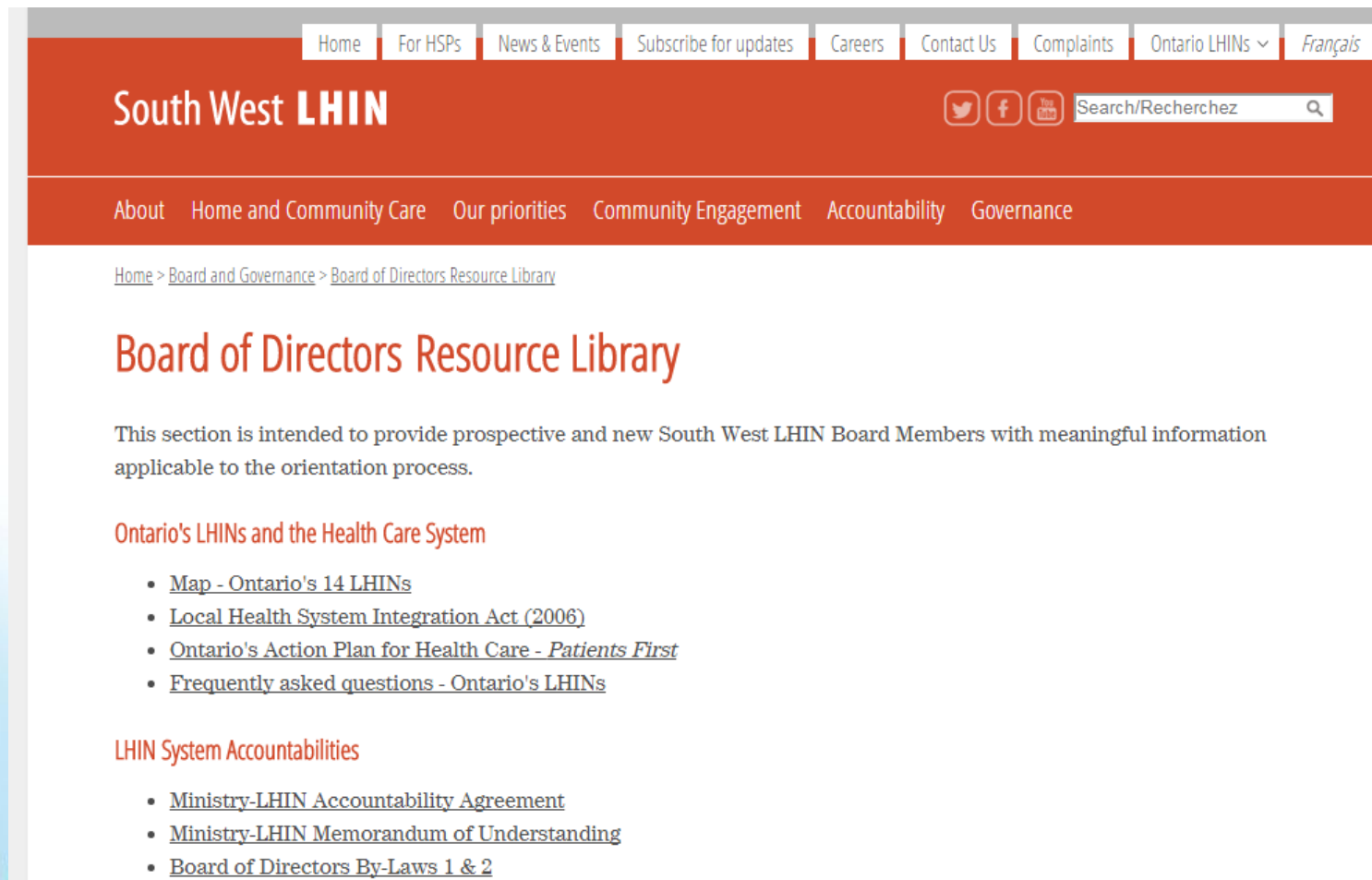
Back Office Collaboration and Integration Project

- **Started Spring 2015 temporarily on hold**
- **Six areas being examined**
 - **Human Resources**
 - **Facilities Management**
 - **Materials Management**
 - **Financial Management**
 - **Information Technology and Support**
 - **Legal Services, Risk Management and Privacy**



External Partners and Resources

SW LHIN Board of Directors Library



The screenshot shows the website's navigation menu with links for Home, For HSPs, News & Events, Subscribe for updates, Careers, Contact Us, Complaints, Ontario LHINs, and Français. The main header features the South West LHIN logo, social media icons for Twitter, Facebook, and YouTube, and a search bar labeled 'Search/Recherchez'. A secondary navigation bar includes links for About, Home and Community Care, Our priorities, Community Engagement, Accountability, and Governance. The breadcrumb trail reads 'Home > Board and Governance > Board of Directors Resource Library'. The main heading is 'Board of Directors Resource Library'. The introductory text states: 'This section is intended to provide prospective and new South West LHIN Board Members with meaningful information applicable to the orientation process.' There are two sections of links: 'Ontario's LHINs and the Health Care System' and 'LHIN System Accountabilities', each containing a bulleted list of relevant documents and reports.

Home | For HSPs | News & Events | Subscribe for updates | Careers | Contact Us | Complaints | Ontario LHINs ▾ | Français

South West LHIN

Search/Recherchez

About | Home and Community Care | Our priorities | Community Engagement | Accountability | Governance

Home > Board and Governance > Board of Directors Resource Library

Board of Directors Resource Library

This section is intended to provide prospective and new South West LHIN Board Members with meaningful information applicable to the orientation process.

Ontario's LHINs and the Health Care System

- [Map - Ontario's 14 LHINs](#)
- [Local Health System Integration Act \(2006\)](#)
- [Ontario's Action Plan for Health Care - Patients First](#)
- [Frequently asked questions - Ontario's LHINs](#)

LHIN System Accountabilities

- [Ministry-LHIN Accountability Agreement](#)
- [Ministry-LHIN Memorandum of Understanding](#)
- [Board of Directors By-Laws 1 & 2](#)



Alliance for Healthier Communities (formerly Association of Ontario Health Centres (AOHC))



Alliance for Healthier Communities
Alliance pour des communautés en santé

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Who we are

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The Association of
Ontario Health Centres
is now Alliance for
Healthier Communities

TORONTO, June 4, 2018 –
Ontario's voice for
community-governed
comprehensive primary health
care has a new name, and it's
official as of today. Alliance for
Healthier Communities.



Alliance for
Healthier Communities
Alliance pour des
communautés en santé

Act Now

Join us in our efforts to
promote health equity and
healthy public policy.

Read Our Blog

Stories from across Ontario of
Alliance members keeping
people healthy and well.

Sign Up

Stay informed. Sign up for our
weekly newsletter.

Find a Centre



The Find a Centre service will
help you find a CHC, AHAC,
CFHT or NPLC close to your
home.

[Find a Centre](#)

Find a Job



The Alliance job bank helps
you find jobs across Ontario in
the healthcare sector.

[Find a Job](#)

Find a Resource



Find resources available from
the Alliance library. Resources
include reports, toolkits and
multimedia.

[Find a Resource](#)

Upcoming Events

**Community Health and
Wellbeing Week**
Monday, October 22, 2018
- 09:00

**Data Management
Coordinator
Professional Learning
Event**
Wednesday, November 21,
2018 - 08:30
9005 Leslie Street
L4B 1B2 Richmond Hill,
Ontario
Ontario

[more](#)

Recent News

**Open Letter to Minister
Elliott Re: Supervised
Injection Site/Overdose
Prevention Site
Announcement**

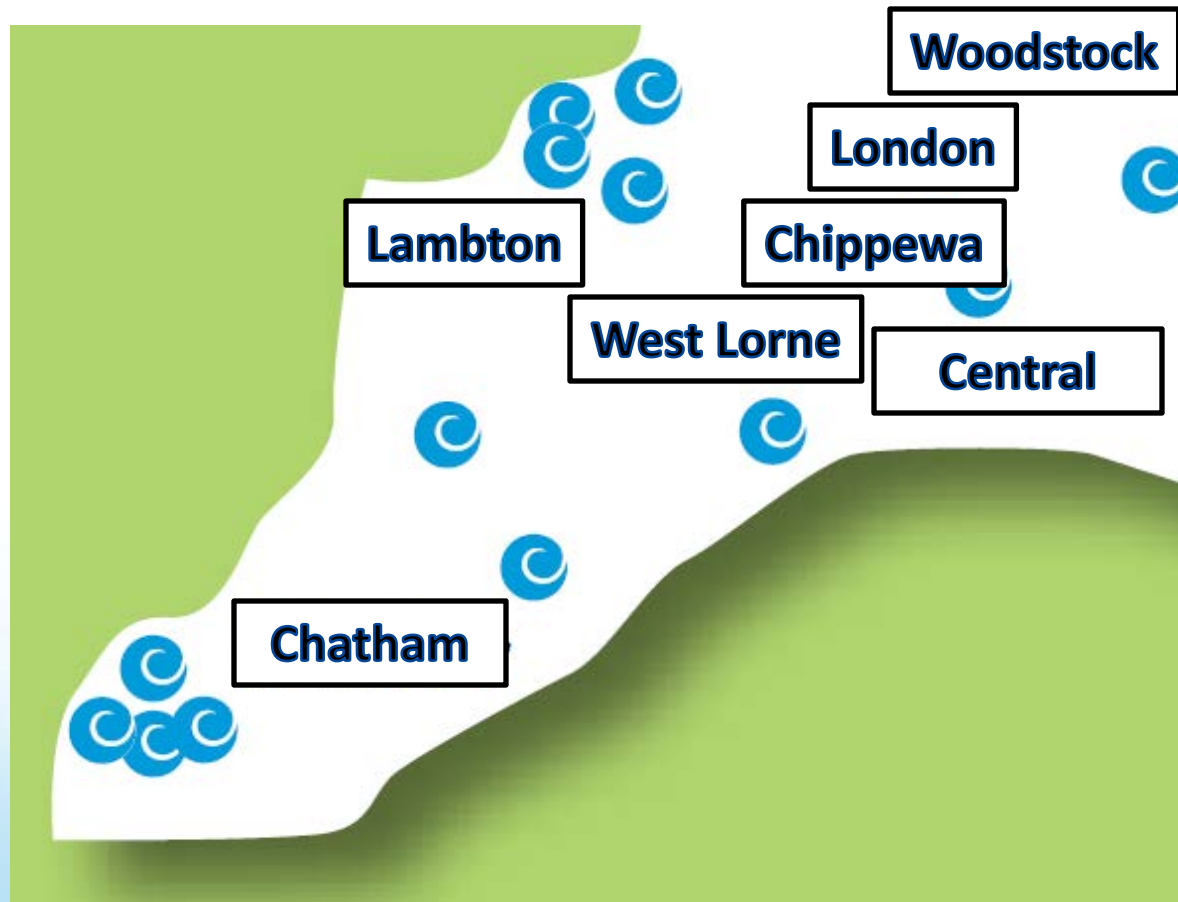
**Alliance for Healthier
Communities Statement
on Government "Pause" on
Overdose Prevention Sites**

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Every
One
Matters.

Neighbouring CHCs





Ontario Community Support Association (OCSA)

HOME

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TRAINING

NEWS

RESOURCES

QUALITY ADVANTAGE CONFERENCE

**Sign Our
Petition**

**COMMUNITY
SUPPORT
MONTH 2017**

**Protect and strengthen
not-for-profit
community support
services!**

The Ontario Community Support Association (OCSA) is the voice of the home and community support sector. Our members provide a wide variety of health and wellness services that help a wide range of clients - including seniors and people with disabilities - live independently in their own homes and communities for as long as possible.

PILLAR NonProfit Network



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WHAT ARE YOU LOOKING FOR?

Whether you're looking for volunteer opportunities, networking events or a job in the nonprofit sector, we can help.

SPOTLIGHT

Who Do You Choose To Be? A Call



www.wehc.on.ca


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Matters.

Website wechc.on.ca



West Elgin
Community
Health Centre

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Type then press enter

Welcome.

The West Elgin Community Health Centre offers primary health care, illness prevention and community programs to Dutton Dunwich and West Elgin municipalities. We care about your physical health, mental health and the health of the entire community. **We're glad you're here.**

Dietitian Services

Nutrition support and advice for individuals and families of all ages



[Learn More](#)

Primary Health Care

For people registered with a doctor or nurse practitioner, or those who would like to register.

[Learn More](#)

Programs & Services

For community members in all ages and stages of life. You do NOT need to be registered with a doctor or nurse practitioner.

[Learn More](#)

Events Calendar

« OCTOBER 2017 »

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

FRI 06 **VON Smart Exercise Program**
January 6 @ 2:00 pm - October 8 @ 3:00 pm

FRI 06 **VON Smart Exercise Program**
January 11 @ 2:00 pm - October 13 @ 3:00 pm

What's New?



Board Portal



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Let's Connect
 For children and families from prenatal to 12 years.
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www.wehc.on.ca

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Questions?

