

Final Report On the Use of Community Engagement Funds

TAIBU Community Health Centre

Submitted by the Black Health Alliance, and the TAIBU
Implementation Committee with support of the
Emerging Group Team
of the Association of Ontario Health Centres

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Interim Report on the Use of Community Engagement Funds TAIBU Community Health Centre

1. UNDERSTANDING THE COMMUNITY

TAIBU is a Kiswahili word derived from Arabic; it is a wish, a greeting – *Be in good health!* – used by as many as 100 million people in east and central Africa. The name was chosen to reflect the cultural diversity of the Malvern neighbourhood, with a particular appeal to those neighbours of African or Black Caribbean origins. The name encapsulates the vision of TAIBU Community Health Centre (CHC): Healthy, vibrant and sustainable communities creating our own solutions. It also reflects the particular expertise and experience of the sponsoring group, the Black Health Alliance (BHA), who has sought to minimise the disparities in health outcomes of racialised and minoritised communities across the City of Toronto since the year 2000.

Malvern is a richly diverse neighbourhood of 50,000 people located in the northeast quadrant of the amalgamated City of Toronto, formerly part of the city of Scarborough. The Malvern community has evolved over the last several decades into a linguistic and cultural mosaic of peoples from 60 different countries in Africa, East and South Asia, the Caribbean, Latin America and the Middle East. They have brought a wealth of cuisine, dialect and experience, including a common experience of social exclusion. Racialised and minoritised, they have encountered a range of barriers to accessing culturally-sensitive and –competent services and providers in many areas of life – from education, employment and housing to health and social services. The province and the municipality have provided only half a welcome to newcomers and failed to take into account the history, experience and needs of those long-term Canadians whose racialised and minoritised status has continued to obstruct their pathway to well-being, inclusion and justice.

Malvern was identified by both the City of Toronto's 2004 *Community Safety Plan* and the 2005 *Strong Neighbourhoods Task Force Report* as an 'at-risk' neighbourhood having a higher-than-average degree of social need and poorer access to needed social services and facilities. When a uniquely high concentration of youth is combined with high rates of unemployment, under-housing, lone-parent families, low-income households and lower-than-average rates of high school completion, Malvern's struggles are punctuated with gun violence, domestic assault, gang activity, bullying and poverty.

TAIBU CHC will provide primary healthcare services to those living in the Malvern area that are experiencing particular barriers to accessing care. TAIBU CHC's community-based, inter-disciplinary team-based services will range from comprehensive primary health care, including diagnosis and treatment of acute, episodic illness to chronic disease management, illness prevention, palliative care and health promotion.

It will also act as a hub of information and coordination of care across diverse settings within the Malvern neighbourhood and beyond; from hospitals to long-term care facilities and other

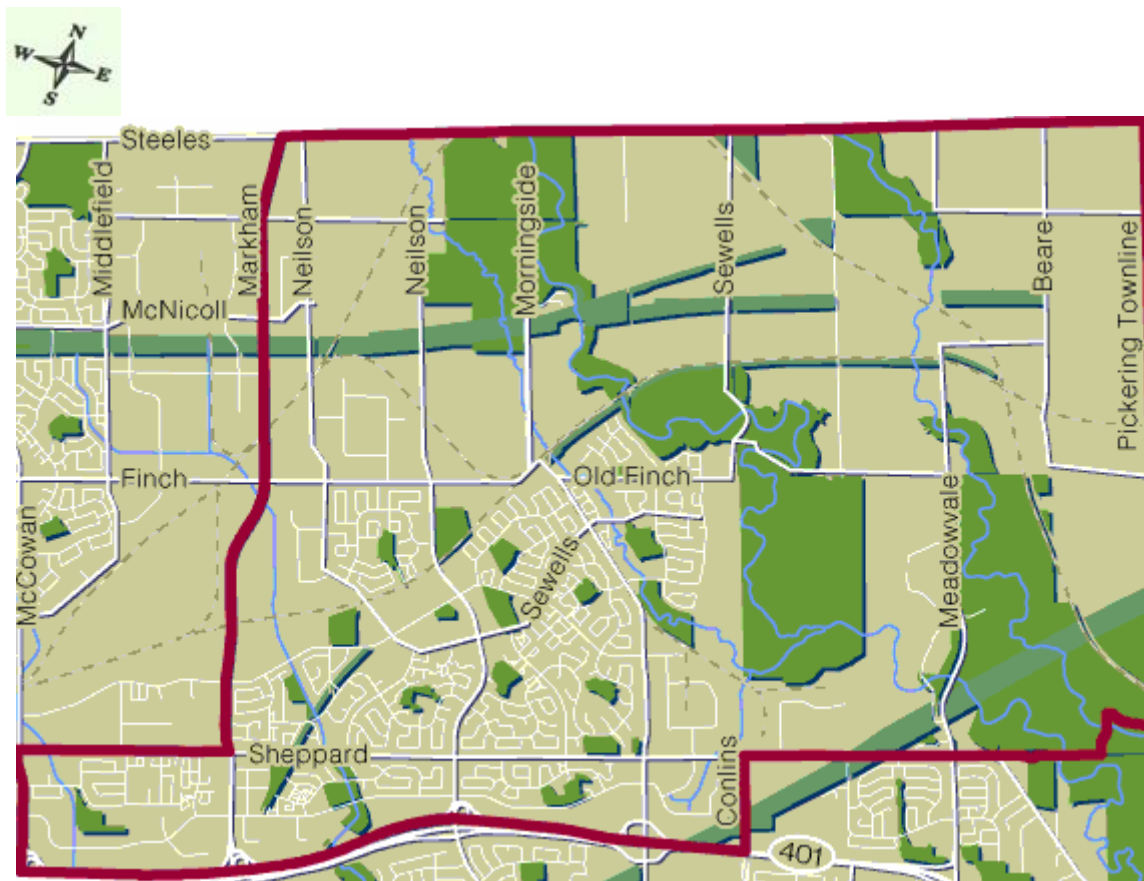
community-based support service sites. TAIBU CHC will provide community-wide programmes that address the social determinants of health (i.e., those influences, conditions and practices that shape the community's health and underlie wellbeing or illness - that have an impact on one's capacity to access resources and care). TAIBU CHC will build community and individual capacity through mentoring, learning, training, volunteer-coordination, personal development groups and the opportunity to participate in CHC programmes and decision-making through the community-governed board of directors.

1.1 What are your proposed priority populations and catchment area?

Catchment Area

TAIBU CHC will serve the neighbourhood that is Malvern, bounded by Highway 401 to the south, Steeles Avenue to the north, McCowan road on the west and Pickering Townline on the east – the western majority of Forward Sortation Area (FSA) M1B. The proposed site for the TAIBU CHC places it within the Central East Local Health Integration Network (CE LHIN) which has a population of 1.5 million. The CE LHIN is subdivided into nine zones, Malvern is contained within zone eight, Scarborough Agincourt–Rouge with a population of 272,165 (2001 Census), the second largest of the nine zones within the CE LHIN.

Map 1 – Neighbourhood of Malvern



Proposed Priority Populations

TAIBU CHC will provide primary healthcare services to people living in the Malvern area who are experiencing particular barriers to accessing care with an emphasis on:

- *Children*
- *Youth and young adults*
- *Seniors*

and a complementary aim of developing specialised health and social services for the Black community, which will result in best practices to be used in other settings serving racialised and minoritised populations.

1.2 Describe the demographic profile of the priority populations and catchment area your CHC intends to serve. Indicate the quantitative and qualitative sources you have used to develop this profile.

Notes

- While initial results of the 2006 Census have been made available by Statistics Canada, specific census data for Malvern and the surrounding area are not yet available.
- Where possible, data have been provided for both the general Malvern and area populations, and specific priority populations. However, because race-based quantitative research is rarely conducted in Canada, there is a deficit of data relating to specific racial and ethno-cultural groups. As such, we are unable to provide statistics specifically for the Black community in Malvern for many of the following sections. Qualitative research is referenced where applicable.

A. Socio-Demographic Characteristics

(i) Population Growth Rate

'The population growth rate is an indicator of demographic change in a population. It allows crude estimates to be made of future changes in a population, based on past trends. It is also useful for the planning of programmes and services related to the growth in the total population or certain sub-groups.'

(Source: Regional Niagara Community Health Profile)

The population of Malvern grew from 41,908 in 1996 to 44,025 in 2001, an increase of 5.1%. This is a greater increase than was seen in the City of Toronto (4.0%), but less than that seen throughout Ontario (6.1%).

Seniors over the age of 65 made up the fastest growing group of Malvern residents, with a 27.3% increase from 1996 to 2001. Residents ages 25 – 64 made up the second fastest growing age group with an increase of 5.8% from 1996 to 2001.

(ii) Projected Population Growth

While specific data for Malvern are unavailable, according to the Central East Local Health Integration Network (CE LHIN) *2006 Environmental Scan*, the population of the CE LHIN is projected to increase 19.6% by 2016, with significant increases in the *seniors'* population. Table 1 shows the projected population estimates for the CE LHIN.

Table 1: Estimated population growth by age group for the CE LHIN, from 2001 – 2016.

Age Group (yrs)	% increase
Total Population	19.6
0 – 64	15.5
65 +	47.5
65 - 74	50.4
75 - 84	29.7
85 +	91.3

(Source: *CE LHIN Environmental Scan*)

(iii) Population by Age

'Population structure by age reflects events which affect composition of a population (i.e., 'baby boom') that can be combined with other variables to highlight population characteristics of interest (i.e. linguistic, socio-economic).'

(Source: *Regional Niagara Community Health Profile*)

Table 2 – Percentage of Population by Age Group: Malvern, Toronto and Ontario in 2001

Age Group (yrs)	Malvern	Toronto	Ontario
0-14	23.7	17.5	19.6
15-24	15.6	12.4	13
25-64	54.3	56.5	54.5
65+	6.4	13.6	12.9

(Sources: *Malvern Social Profile #1: Age and Gender Neighbourhoods; 2001 Census. Summary Tables*)

Highlights

- Relative to both Toronto (29.9%) and the province (32.6%), Malvern has a higher proportion of *children and youth* in the 0 - 24 years age groups (39.3%).
- Relative to both Toronto (13.6%) and the province (12.9%), Malvern has a lower proportion of *seniors* in the 65 year and older age group (6.4%).

(iv) Population by Gender

'Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the sexes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.'

(Source: Toward A Healthy Future: Second Report on the Health of Canadians)

Table 3 – Percentage of Population by Gender: Malvern, Toronto and Ontario in 2001

Gender	Malvern	Toronto	Ontario
Female	51.7	51.8	50.6
Male	48.3	48.2	49.4

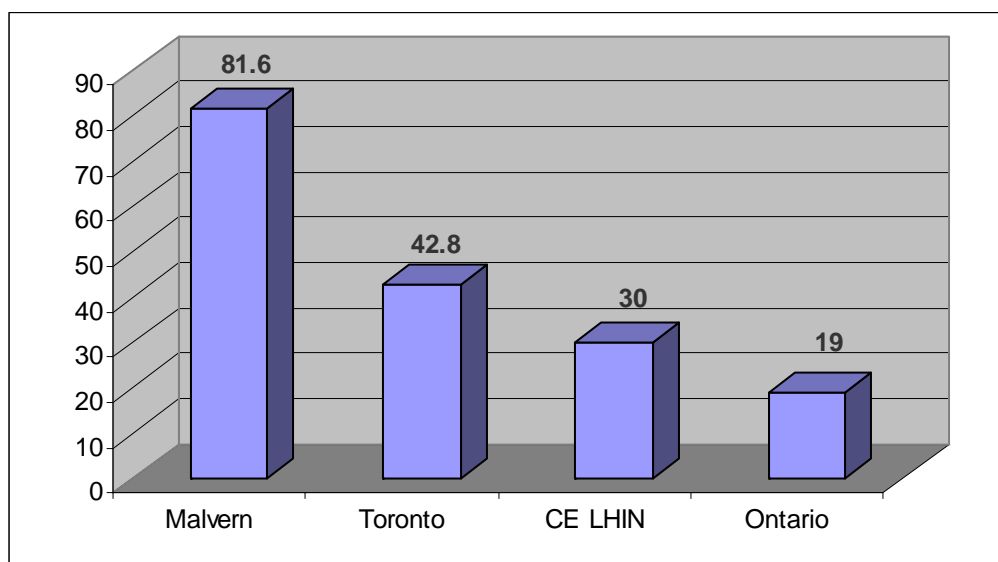
(Sources: Malvern Social Profile #1: Age and Gender Neighbourhoods; 2001 Census Summary Tables)

(v) Racialised and ethno-cultural groups

'There is growing evidence that the experience of racial discrimination can have a pervasive and devastating impact on the health and well-being of racial minorities. One factor that has been implicated in the exacerbation of this impact is the current inadequacy in the delivery of healthcare services to provide culturally appropriate care to all individuals.'

(Source: Racial Discrimination as a Health Risk for Female Youth)

Graph 1: Racialised Communities as a Percentage of the Total Population, 2001



(Sources: Toronto's Health Profiles; Malvern Social Profile #3: Households and Income;

Highlights

- In 2001, four out of five residents in Malvern were from racialised groups (identified in the statistics as 'visible minorities'). This is a significantly higher ratio than that of Toronto, the CE LHIN and the province.
- Eighty point six per cent (80.6%) of Malvern youth aged 15 – 24 were from racialised groups.
- The City of Toronto's 2004 *Community Safety Plan* outlined a specific focus on *African Canadian and other racialised youth* recognizing: "inequitable access to opportunities for some youth; systemic barriers that are present in institutions that prevent equitable participation; the City of Toronto has a leadership role to play in facilitating systemic change." As a result, one of the main focal points of the City's Neighbourhood Action process is to, "Expand and enhance meaningful opportunities for African Canadian and other racialised youth in the areas of employment, education, training, mentorship and engagement." (*City of Toronto, Neighbourhood Action, 2006*)
- The 3 largest racialised groups in Malvern were South Asian (32.1%), Black (20.1%) and Chinese (9.5%). In Toronto, 15% of children ages 14 years and less were South Asian, 13.6% were Black, and 10.3% were Chinese.²²
- There was a small population (0.23%) of people with Aboriginal identities in the Malvern region, which is comparatively less than the 0.9% in the CE LHIN and 1.7% of the provincial population.²

(vi) Immigration

'Time since immigration is related to socio-economic status, with more recent arrivals having substantially lower income than non-immigrants, and higher rates of unemployment.'

(Source: CW LHIN Socio-Economic Indicators Atlas)

According to the Centre for Chronic Disease Prevention and Control, the key factors that affect immigrant health include the immigration experience itself, the length of time the new Canadian has lived in Canada, factors from their country and culture of origin and socio-economic factors in Canada such as income, education, marital status, social support and official language skills (www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/immigrants).

Table 4 – Percentage of Immigrants in Malvern, 2001

	Malvern	Toronto
Immigrants (total)	61.7	49.5
Recent immigrants – within 5 yrs	10.8	11.4
Recent immigrants – within 10 yrs	28.0	21.0

(Source: Toronto's Health Profiles)

Highlights

- Sixty-one point seven per cent (61.7%) of the Malvern community are immigrants, compared to 49.5% of Torontonians, 32% of the CE LHIN population and 27% of Ontarians³. An additional 1.1% are non-permanent residents.
- In 2001, the top 5 countries of origin for immigrants arriving in Malvern within the last 5 years were India, Sri Lanka, Pakistan, Philippines and China.

- Twenty-two point eight per cent (22.8%) of Malvern *seniors* aged 65 and over are immigrants who arrived within the last 10 years.
- Forty-eight per cent (48%) of Malvern *youth* aged 15 – 24 were immigrants. Their top 5 countries of birth (in decreasing order of incidence): Philippines, Jamaica, India, Guyana and Hong Kong.

(vii) Language

'Access to health services from initial consultation to emergency care is likely quite different among populations without knowledge of official languages. Those who speak non-official languages at home may have demographic, social, economic and health characteristics that differ from those of Anglophones and Francophones.'

(Source: CE LHIN Socio-Economic Indicators Atlas)

- In 2001, 56.4% of Malvern residents spoke English and 0.1% spoke French at home⁹. The top three non-official languages spoken at home were Tamil, Cantonese and Punjabi²¹.
- 4.0 % of Malvern residents did not speak either English or French, compared to 5.1% in Toronto, 3% in the CE LHIN and 2% in the province.
- 23.9% of women and 14.9% of men *aged 65 & over* living in Malvern did not speak either English or French in 2001. The top 3 non-official home languages were Chinese*, Tamil and Pilipino.²¹
- The mother tongue of 34.3% of Malvern *youth* was a non-official language. Pilipino, Cantonese and Chinese (*n.o.s. ***) made up the top 3 non-official mother tongues.⁹

* includes Cantonese, Mandarin, Hakka.

** *n.o.s.* - "not otherwise specified": the particular Chinese dialect was not specified

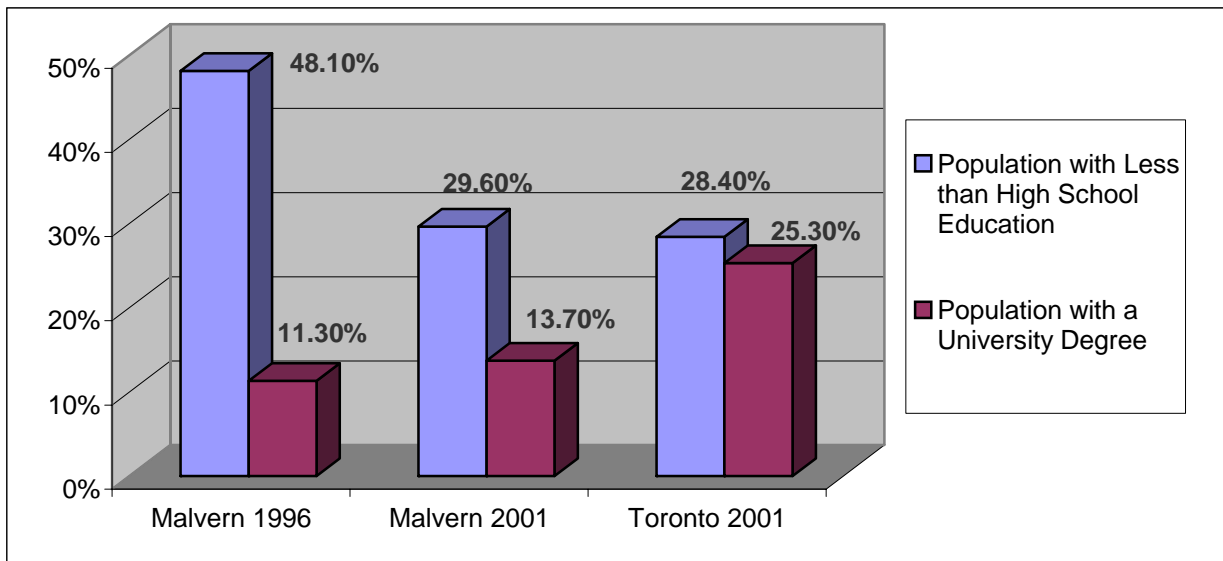
B. Socio-economic Indicators

(i) Education

'Health status improves with level of education. Education is closely tied to socioeconomic status, and effective education for children and life-long learning for adults are key contributors to health and prosperity for individuals, and for the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy.'

(Source: Toward A Healthy Future: Second Report on the Health of Canadians)

Graph 2 – Educational attainment for population aged 15 years and over in Malvern and Toronto (1996, 2001)



(Source: *Toronto's Health Profiles*)

Highlights

- The percentage of Malvern residents with less than a high school education dropped by 18.5% from 1996 to 2001.
- The percentage of Malvern residents with a university degree increased by 2.4% from 1996 to 2001. This percentage remains approximately half of the Toronto equivalent.
- In 2001, 15.8% of *youth* ages 15 – 19 were not attending school.⁹
- In 2001, 72.3% of women and 62.3% of men *aged 65 and over* had less than a secondary school certificate, compared to the Toronto rates of 65.1 and 61.3%.²¹
- A relatively recent report submitted to the Ontario Human Rights Commission, noted that studies conducted in Toronto over the last two decades show that "*Black* students are disproportionately streamed into basic level and special needs classes, leave school earlier, and drop out of school in disproportionate numbers. It is believed that the same systemic factors that lead to disproportionality in these areas also lead to disproportionality in the area of suspensions and expulsions. The failure of the *Ontario Safe Schools Act* to incorporate an *Aboriginal* perspective, such as collective decision-making and community response, is also cited as evidence of systemic factors leading to the disproportionate impact on Aboriginal students." (*Ontario Human Rights Commission, The Ontario Safe Schools Act: School Discipline and Discrimination Report*: http://www.ohrc.on.ca/en/resources/discussion_consultation/SafeSchoolsConsultRepENG/pdf)

(ii) Employment

'Unemployment, under-employment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related

demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.'

(Source: Toward A Healthy Future: Second Report on the Health of Canadians).

Definitions:

Participation rate – Refers to the labour force, expressed as a percentage of the population 15 years of age and over.

Unemployment rate – Refers to the unemployed expressed as a percentage of the labour force in the week.

Table 5 – Percentage of Population Aged 15 years + by Labour Force Activity, 2001

Labour Force Activity	Malvern	Toronto	CE LHIN	Ontario
Participation rate	70.1	65.3	66.3	67.3
Unemployment rate	7.6	7.0	6.7	6.1

(Sources: Toronto's Health Profiles; City of Toronto Labour Force Overview; CE LHIN Environmental Scan)

Table 6 – Percentage of Youth (ages 15 – 24) Labour Force Activity, 2001

Labour Force Activity	Malvern	Toronto
Participation rate	15 – 19 yrs	40.6
	20 – 24 yrs	74.5
Unemployment rate	15 – 19 yrs	14.9
	20 – 24 yrs	12.5

(Sources: Malvern Social Profile #4: Youth; City of Toronto Labour Force Overview)

Highlights

- A higher percentage of people in Malvern are in the labour force, compared to Toronto, the CE LHIN and the province.
- While the unemployment rate in Malvern remains higher than that of Toronto, the CE LHIN and the province, it has decreased from 13.1% in 1996.
- Malvern *youth* have a lower participation rate and higher level of unemployment than Toronto youth.

(iii) Economic status

'Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.'

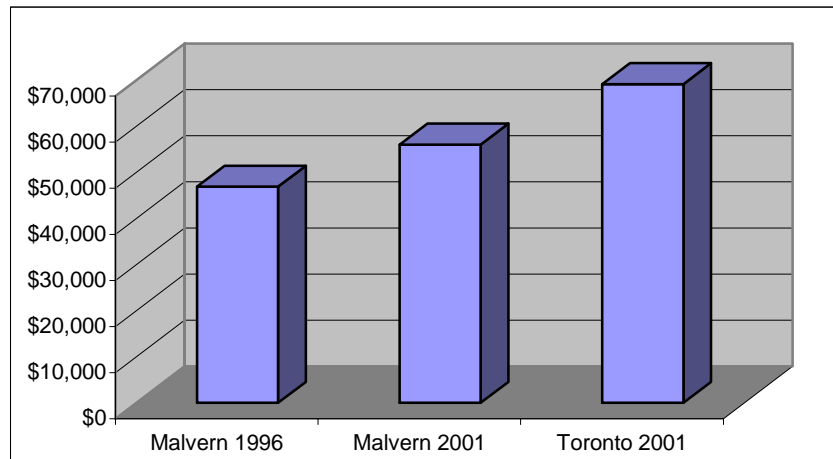
(Source: Toward A Healthy Future: Second Report on the Health of Canadians)

Definition:

Low Income Cut-Off (LICO) – An income that requires a household to spend 20% more than the proportion that a median-income household spends on basics – food, clothing and shelter.

(Source: Strategic Review of Poverty in Peel)

Graph 3 – Average Family Income in Malvern and Toronto (1996, 2001)



(Sources: Toronto's Health Profiles; Malvern Social Profile #3: Households and Income)

Highlights

- The average family income in Malvern increased from \$46,912 in 1996 to \$56,046 in 2001. This is considerably less than the 2001 Toronto average family income of \$69,194.
- In 2001, 19.3% of Malvern families had low-income status, which is on par with the Toronto rate of 19.4%. Twenty point one per cent (20.1%) of individuals in Malvern experienced low income, which is less than the Toronto rate of 22.5%, and higher than that of the CE LHIN (14.8%) and province (14.4%). For both Malvern groups, the percentage with low-income status decreased since 1996.
- Of the Malvern *seniors* age 65 and higher, 23.8 % of women and 19.4% of men had income below the LICO.
- Of those families led by *seniors* aged 65 and over who were renting shelter, 41% spent more than 30% of their household income on shelter costs, compared to 39% of Torontonians. Sixty point six per cent (60.6%) of unattached persons aged 65 and over who were renting shelter spent more than 30% of their household income on shelter costs.
- In the Scarborough-Rouge River Ward, 1,930 households (11.8% of the ward population) had incomes under \$20,000.²⁶
- The average income of *youth* ages 20-24 in Malvern was \$12,488. Twenty point five per cent (20.5%) had income below the LICO. Of these, 21.9% were from racialised (visible minority) groups, 27% had activity difficulties/reductions, and 37.5% were recent immigrants.
- In 2000, 30% of *children* younger than 18 years old in Toronto's Scarborough-Rouge River riding, which includes Malvern, were living in poverty.²⁰
- Racialised children constituted 75% of all children in low income households.¹

- Racialised and immigrant communities in Toronto experience high rates of low income. Fifty-nine point one percent (59.7%) of lone-parent and 30% of two-parent racialised families with children under the age of 18 years experienced low-income, compared to 41.2% and 10.5% of all other families combined. Seventy-seven point one percent (77.1%) of lone-parent recent immigrant African/Caribbean/Black families in Toronto experienced low income in 2000.¹

(iv) Housing

'Home ownership rates are direct markers of socio-economic status and also have substantial geographic implications. Ownership is linked to mobility and population stability, with home owners far less likely to undertake intra- or inter-community moves compared to renters. In urban areas, the differentiation between rental and owned housing results in population sorting and consequent income segregation. Above and beyond its status as a marker of material success, home ownership may also reflect other elements of well-being that may potentially impact health.'

(Source: *CE LHIN Socio-Economic Indicators Atlas*)

Table 7 – Home Ownership of Occupied Private Dwellings, 2001

	Malvern	Toronto	CE LHIN	Ontario
Owned Dwellings (%)	67	51	73	68
Rented Dwellings (%)	33	49	27	32

(Sources: *Toronto's Health Profiles; Malvern Social Profile #3: Households and Income*)

Highlights

- In 2001, 32.5 % of private dwellings in Malvern were rented, compared to 49.2% in Toronto, 27% in the CE LHIN and 32% in Ontario.
- The majority (78%) of households were single families. Ten per cent (10%) had multiple families, and 12% were non-family types.
- Compared to the Toronto rate of 18%, 58.5% of homeowner families led by *seniors* aged 65+ and unattached individuals aged 65+ had mortgages.
- There are 4 subsidized housing complexes in Malvern (Empringham Mews, Malvern, Scarborough Heights and Wigwamen Incorporated), for a total of 371 separate units. Of those, 11 units are wheelchair accessible and 46 are reserved for Aboriginal people. *Subsidized housing, also known as rent-geared-to-income housing, means that tenants receive a subsidy from the City of Toronto so that their rent is equal to about 30 per cent of their income before taxes.*
- On April 19, 2006, the City of Toronto conducted the 2006 Street Needs Assessment. On that night, an estimated 64 people were identified as homeless outdoors Scarborough area (out of a total estimated 818 homeless outdoors in Toronto).¹⁰
- There are no shelter beds in Malvern or the surrounding Scarborough-Rouge River Ward.
- In north Scarborough, which includes the Scarborough-Rouge River Ward, the overall rental vacancy rate dropped by almost 20% from 2004 to 2006.²⁶

(v) Family composition

'Family composition, in terms of lone parenthood, may also impact health status. On its own, single-mother family status is a significant predictor of aggregated psychiatric problems, controlling for income, gender, family size, education and personal psychosocial characteristics of the parent.'

(Source: CE LHIN Socio-Economic Indicators Atlas)

- In 2001, lone parent families made up 23.7% of Malvern families, higher than the Toronto rate of 19.7%.
- In Toronto's Scarborough-Rouge River riding, 57.4% of families were couples with children, and 19.8 were couples without children. Of the remaining lone parent families, 52.2% had one child, 29% had 2 children, and 18.8% had 3 children or more.
- In 2000, 21% of all lone-parent families and 44% of all racialised group lone-parent families in Toronto were Black.¹

(vi) Living Arrangements

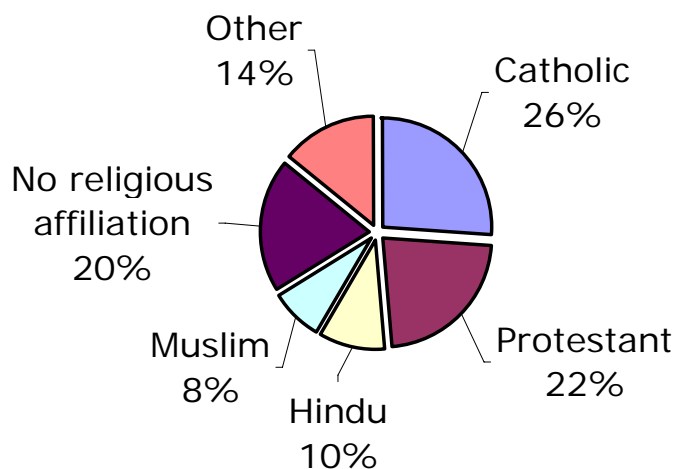
'Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.'

(Source: Toward A Healthy Future: Second Report on the Health of Canadians)

- In 2001, multiple families living together accounted for 10% of all households.
- Ninety-four point six per cent (94.6%) of Malvern youth ages 15-24 were living in families.
- Sixteen point four per cent (16.4%) of female seniors and 4.4% of male seniors (age 65 and over) in Malvern were living alone, compared to 34.6% and 16.3% in Toronto.

(vii) Faith and Spirituality

Graph 4 – Scarborough population distribution by religion (2001)



(viii) Safety

Malvern is located in the Toronto Police Services 42nd Division.

- In 2005, 42nd division has the largest population and area covered, and possibly consequently, the highest number "uniform strength" (number of non-civilian police), dispatched calls and number of vehicles stolen. Yet while the number of violent crimes was the highest in Toronto, out of 16 divisions, it had the 3rd lowest rate of criminal crimes offences, the 3rd lowest rate of property crimes, and the 6th lowest rate of violent crimes.²²
- To date, in 2007, 42nd Division had the 3rd highest homicide rate in the city (*TPS Crime Statistics at http://www.torontopolice.on.ca/statistics/ytd_stats.php, May 2007*). Malvern was identified as one of a few Toronto neighbourhoods in which to pilot-test the use of closed-circuit television cameras (C.C.T.V.) by the Toronto Police Services. As of April 2007, two cameras were installed at the Malvern Library and Malvern Town Centre (at the intersection of Neilson and Sewells Roads). The pilot test will run for six months.²³
- Malvern has also been identified as one of 13 priority neighbourhoods for "focused investment to strengthen neighbourhood supports" (*City of Toronto, Community Safety Plan, Strong Neighbourhoods Strategy website: http://www.toronto.ca/community_safety/plan.htm*).
- A survey of 1,254 Scarborough youth, in which 26.9% were from Malvern, revealed that fewer than 20% of Malvern youth reported feeling "somewhat or very unsafe", which was more than youth in Parkdale but less than those in Jane-Finch and Regent Park. Weapons, drug activity, and how police treat youth were the top 3 issues that Malvern youth identified as having a medium-high impact on their safety, followed closely by harassment, gang activity and hate.²⁵

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1.3 Describe the health needs of the priority populations and catchment area your CHC intends to serve. Describe any populations facing a higher than average burden of illness or health risks profile. Identify the quantitative and qualitative sources you have used to identify these needs.

The following is a summary of key points describing the health and healthcare needs of the priority populations.

Where possible, data has been provided for both the general Malvern and area populations, and specific priority populations. However, because race-based quantitative research is rarely conducted in Canada, there is a deficit of data relating to specific racial and ethno-cultural groups. As such, we are unable to provide statistics specifically for the Black community in Malvern for many of the following sections. Qualitative research is reference where applicable.

A. Health Status

(i) Births

Definition

Low birth weight (LBW): *'Babies born with a weight of less than 2,500 grams are considered low birth weight babies (LBW). Those born with a weight of less than 1,500 grams are considered very low birth weight. LBW babies are more likely to die in infancy, or to experience health or developmental problems.'*

Source: Public Health in Toronto, 2004: Programme Profiles and Indicators

Table 8 – Birth indicators in Malvern and Toronto, 2001

	Malvern (%)	Toronto (%)
Fertility rate (hospital births per 1000 women ages 15 – 49; 3-year average)	55.7	45.5
Teen birth rate (hospital births per 1000 women ages 15 – 19; 5-year average)	20.6	16.0
% low birth weight (LBW) singleton* births	6.5	5.2
% of births to mothers not born in Canada	81.0	65.7

* *Singleton: a baby that is not a twin or other multiple births*
 (Source: *Toronto's Health Profiles*)

Highlights

- In 2001, Malvern had higher fertility and teen birth rates than Toronto. Babies born to *teen mothers* are at increased risk of pre-term birth and low birth weight, mental health problems, early childhood injury and acute illness.
- In 2000, 18.2% of all LBW births in Toronto were to *mothers from Caribbean or African countries*. In 2001, 14.7% of all Toronto births were born to *mothers from Caribbean or African countries*. The proportion of infants of Caribbean/African born mothers (14.7%) is much greater than the proportion of Black population in Toronto (8.3%). (*Toronto Public Health, 2005, unpublished*).
- The percentage of LBW babies in Malvern (6.5%) was higher than in Toronto (5.2%), the CE LHIN (6%) and the province (6%).⁴
- The infant mortality rate for the Scarborough Agincourt Rouge area is the lowest in the CE LHIN at 3.4%, compared to the LHIN and province rates of 4.5% and 5.4%.

(ii) Deaths

- According to the *CE LHIN Environmental Scan*, 21.1% of all deaths in the CE LHIN occurred before age 65 and 42.2% occurred before age 75. This compares to the provincial rates of 21.3% and 41.2%.
- The age-standardized mortality rate (ASMR) in the CE LHIN was 530.9 per 100,000. This is lower than the provincial rate of 602.6 per 100,000. The main causes of mortality are listed below in Table 9.

Table 9 – ASMR (per 100,000) for the CE LHIN, 2000-01

Causes of mortality	CE LHIN	Ontario
Circulatory system diseases	179.9	209.1
Respiratory system diseases	39.8	45.4
Endocrine, nutritional & metabolic diseases	22.5	26.1
External causes of mortality	27.3	32.6

(Source: *CE LHIN Environmental Scan*)

(iii) Chronic Diseases

Table 10 – Chronic disease rates in Malvern, based on physician visits from 2001 - 2003

Chronic Disease	Toronto			Malvern		
	Total (%)	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)
Diabetes (age 45-64)	12.5	13.8	11.2	19.2	21.3	17.3
(age 65 +)	20.7	22.7	19.2	32.7	33.2	32.4
Arthritis (age 45-64)	16.0	12.7	19.0	15.1	12.8	17.2
(age 65 +)	21.8	18.1	24.6	18.5	15.9	20.7
Asthma (age 20-44)	2.4	2.1	2.8	2.5	2.2	2.7
(age 45-64)	3.0	2.3	3.6	3.6	2.9	4.3
High Blood Pressure						
(age 45-64)	19.0	18.5	21.0	26.9	24.9	28.7
(age 65 +)	36.0	33.0	38.2	46.6	43.0	49.5
Heart Disease						
(age 45-64)	4.5	6.1	3.2	4.2	5.6	2.9
(age 65 +)	14.7	18.7	11.8	11.7	14.9	9.1
Stroke (age 45-64)	0.6	0.7	0.5	0.5	0.6	0.4
(age 65 +)	3.5	3.9	3.2	3.0	3.4	2.7

(Source: *Toronto's Health Profile*)

Highlights

- Malvern residents have considerably higher rates of both diabetes and high blood pressure than Toronto residents.
- Seniors and people of Aboriginal, Asian, South Asian or African descent (who make up the largest portions of the Malvern community, *see Graph 3*) are at highest risk of developing type-2 diabetes.¹⁰
- The Scarborough Agincourt-Rouge region of the CE LHIN has the highest rates of diabetes, cancer, arthritis and cardio-vascular and respiratory diseases in the LHIN. It has the second highest obesity rate in the LHIN.⁴

(iv) End-stage Renal Disease

"When risk factors begin to converge, it creates a condition of higher risk or incidence of a health condition. The same is true of end stage renal disease. When population growth, age distribution (especially 75 +), high risk ethnoracial populations and current ESRD prevalence are taken into consideration, some areas appear to have consistently higher concentrations of these factors."

(Source: *The Rising Tide of End Stage Renal Disease in Toronto*)

- End-stage renal disease (ESRD) most commonly affects seniors, 65 years and older. The CE LHIN is predicted to have *"the largest number of people using dialysis services of all LHINs in the GTA by 2010."*⁶
- ESRD is a common secondary disease in patients with diabetes or hypertension - *"the majority of patients treated in Toronto hospitals [for ESRD] have diabetes (27%) or hypertension (24%) as a primary diagnosis."*
- Aboriginal, Black and Asian populations are the *"three ethnoracial groups that are the highest risk of developing ESRD."*¹⁶

Given that seniors are the fastest growing segment of the population in Malvern (see Table 2), that considerable portions of the Malvern community are Black and Chinese (see Graph 3), and that rates of diabetes and high blood pressure are significantly high in Malvern, end-stage renal disease is of concern.

(v) Sickle-Cell Disease

- Sickle-cell disease is commonly known to affect Black people disproportionately. According to Mount Sinai Hospital Family Medicine Genetics Programme website, *"sickle-cell disease affects approximately 1 in 10 Black people in the United States... The carrier rate may be higher in Canada because the black population is composed largely of Caribbean (carrier rate 10-14%) and African (carrier rate 20-25% in West Africa)* (<http://www.mtsinai.on.ca/FamMedGen/Disorders/sicklecell.htm>)
- Rouge Valley Health System has identified that there are a large number of people with sickle cell in its healthcare. As such, in November 2004, Rough Valley Centenary opened a Paediatric Sickle Cell Clinic, with an expected 100-150 visits a year.

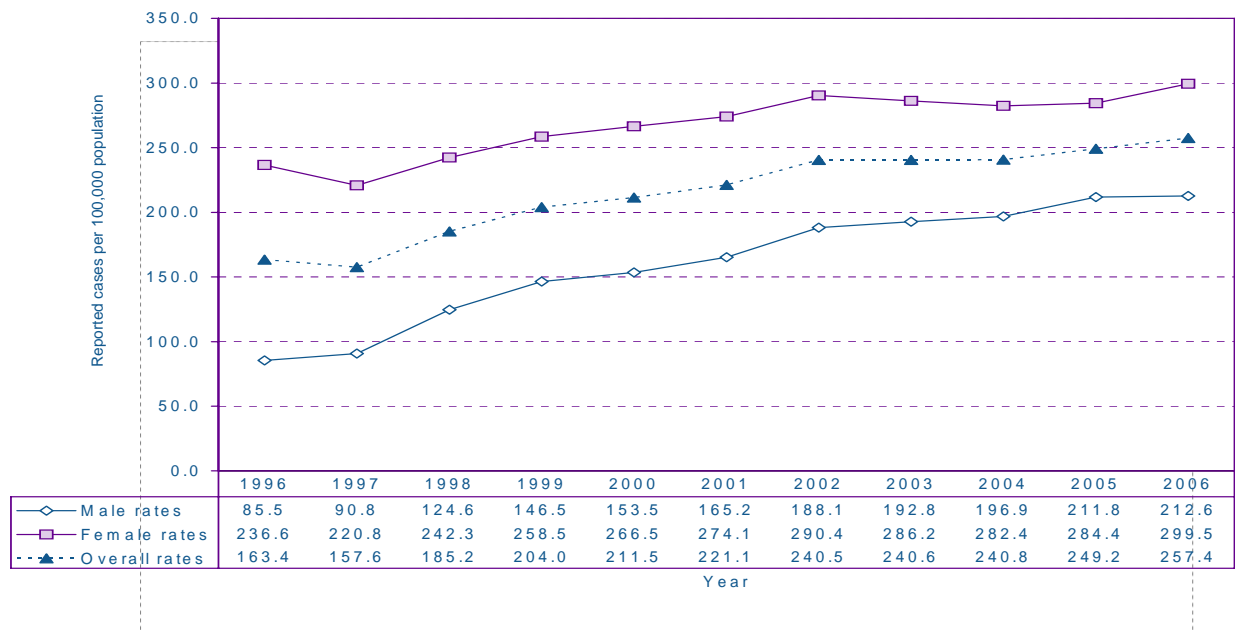
(vi) HIV/AIDS

- In 2005, there were 555 reported cases of HIV in Toronto, of which 81% were reported by men. The most commonly reported risk factor for men was having sex with other men, and for women, the most common risk factors were living or travelling in an HIV-endemic country and heterosexual contact with a partner that has no identified risk. Nineteen and a half percent of HIV infections were associated with endemic countries, mostly Zimbabwe, Ethiopia and Jamaica.¹⁹
- In 2004, there were 93 reported cases of AIDS in Toronto, representing a reporting rate 7 times higher than the province. Men accounted for 78% of all reported AIDS cases.¹⁸
- The number of Ontarians from Africa and the Caribbean infected with HIV increased by over 80% between 1999 and 2005. (*African and Caribbean Council on HIV/AIDS in Ontario, www.accho.ca*).
- From 2001 to 2004, of those HIV cases in Toronto where race or ethnicity was recorded, the top 4 groups were: White – 48.5%, Black - 31.9%, Latin American – 7.1%, and Asian – 5.3%.¹¹
- Stigma, cultural norms, systemic barriers and other issues have been identified as strong determinants to HIV/AIDS prevention for African and Caribbean people in Toronto. For example, a recent study of people 16 years and older from African and Caribbean communities in Toronto found that *"there are a range of cultural and structural issues that may increase risk for infection, create obstacles to testing and treatment, and lead to isolation and stigma experienced by HIV positive people"* within African and Caribbean communities. The stigma associated with HIV infection was identified as *"especially heavy on gay men, women, and poor people."*²

(vii) Sexually Transmitted Infections – Chlamydia

- Chlamydia is the most commonly reported Sexually Transmitted Infection (STI) in Toronto.²³
- Chlamydia accounts for 50% of all reported STIs.²³
- Youth aged 15 -24 accounted for more than half of all Chlamydia cases in 2006. Reported rates are highest among females aged 15-24 and males aged 20-24.²³
- The incidence rates of Chlamydia has increased steadily between 1996-2006 (see graph below) and the rates are expected to increase again for 2007.

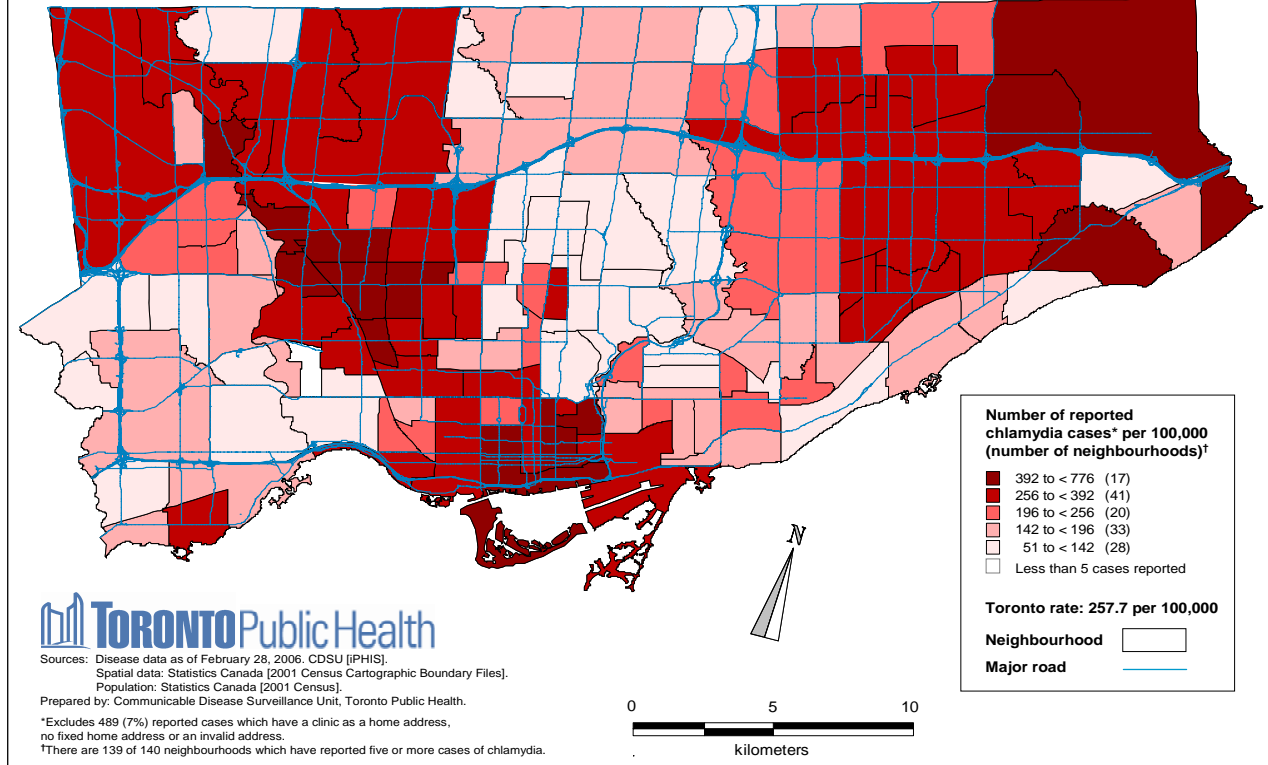
Incidence rates of Chlamydia by sex and year. Toronto, 1996 - 2006



Source: Toronto data: Toronto Public Health, CDSU [iPHIS]. Data as of February 28, 2006.
Population estimates: Statistics Canada [June 2006 updated postcensal estimates].

- Mapping of epidemiological data identifies disproportionate high prevalence of chlamydia in specific neighbourhoods; some of these neighbourhoods also have the characteristics of high pregnancy rates, low income and less access to services (see figure 1 below).²³
- Malvern has one of the highest prevalence rates of chlamydia in Toronto (see figure 1 below).
- Although the ethnicity of those diagnosed with chlamydia is not yet routinely identified and documented, sexual health workers in Malvern indicate that the majority of those 15-24 years of age affected are Black youth.

Figure 1. Reported cases* of chlamydia per 100,000 population by neighbourhood. Toronto, 2006.



Confidential: Please note all data herein should not be shared without the written permission of Toronto Public Health.

(viii) Mental Health

'Mental health and a positive sense of emotional and social wellbeing are fundamental to the health of individuals, families, communities and society as a whole.'

(Source: CE LHIN Technical Report)

- The percentage (11.5%) of Malvern residents who visited physicians for mental health issues from 2001-2003 was considerably less than that of Toronto residents (16.4%)¹⁴. Early qualitative research on the health of Black Canadians^{7,8} has highlighted that because of stigma within the community associated with mental health problems, Black people tend to under-utilize mental health services, which may lead to fewer documented cases of mental health problems than actually exist.
- The Scarborough Agincourt-Rouge region of the CE LHIN has the highest rate of mental illness in the LHIN.⁴
- In 2005, 68.9% of CE LHIN residents aged 18 years and over indicated they had some life stress, and 20.6% said they had quite a lot of life stress.¹³

(ix) Disability

- In 2001, 18.3% of Malvern residents had activity difficulties/reductions, compared to 16.5% of Toronto residents.
- The proportion of Malvern residents with activity difficulties/reductions in the 15-44 age range was higher than that in Toronto (9.2% and 8.3% respectively).¹⁴

(x) Hospitalisations

In 2005, 12% of residents in the Scarborough Agincourt-Rouge region of the CE LHIN visited hospital emergency rooms. This was the lowest proportion in the LHIN. Table 11 below indicates the top five causes of hospital emergency room visits.

Table 11 – Top Five Causes of Hospital Emergency Room Visits in the CE LHIN, 2005

	%
External caused, i.e. injuries and poisonings	25
Treatment for abnormal findings	20
Other	16
Respiratory	11
Digestive System	7

(Source: CE LHIN Environmental Scan)

B. Health Practices

(i) Preventative Care

'The use of preventative health care services can lead to early detection of disease, which ultimately results in reduced morbidity and mortality.'

(Source: CE LHIN 2005/06 Annual Report)

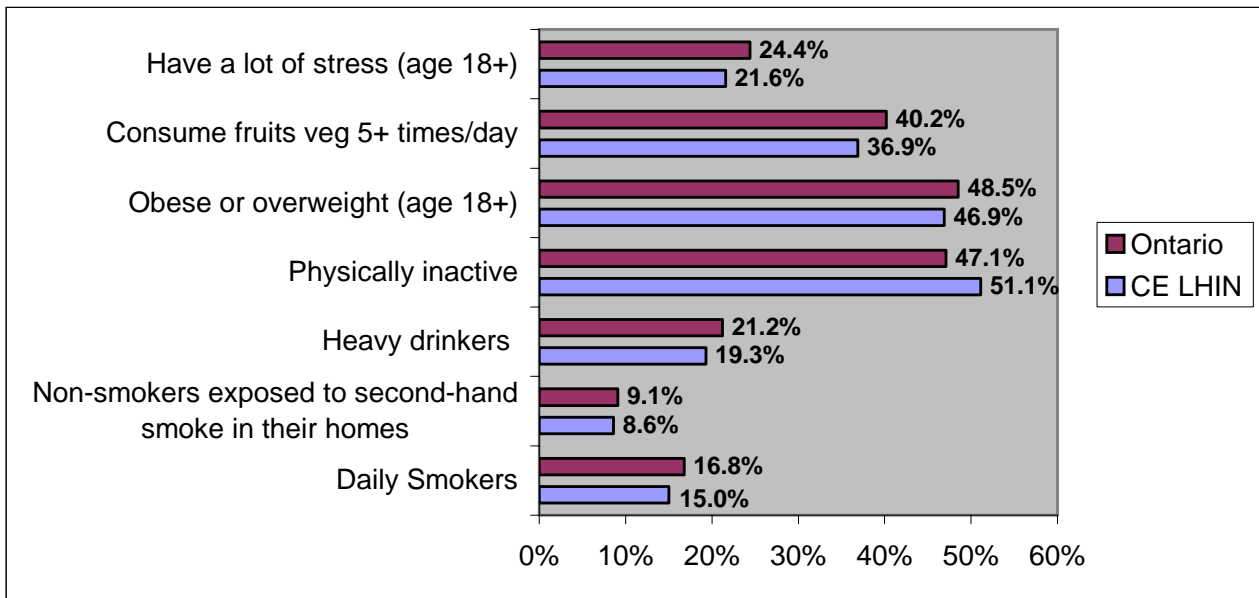
According to the Toronto Community Health Profile and the CE LHIN 2005/2006 Annual Report, from 2000 – 2002:

- Fifty-two point five per cent (52.5%) of women in Malvern aged 20-69 had a pap smear within the previous 3 years prior, compared to 50.1% in Toronto, 66.8% in the CE LHIN, and 69.2% in the province.
- Thirty-eight point six per cent (38.6%) of women in Malvern had a routine mammogram screening in the last 2 years, compared to 36.6% in Toronto, 68.3% in the CE LHIN and 70.6% in the province.
- In 2001, 65.7% of Malvern infants received at least 5 immunizations by age 2 compared to 67.9% for Toronto.
- In 2003, 52.5% of seniors ages 65-74 and 49.7% of those over 75 years received flu shots, compared to 54.2% and 47.9% in Toronto.

'Poor health practices are known to be related to increased risk of chronic disease, mortality and disability.'

(Source: CE LHIN 2005/06 Annual Report)

Graph 5: Health practices of CE LHIN residents, age 12+



(Source: *CE LHIN 2005/06 Annual Report*)

Highlights:

- Relative to the province, residents in the CE LHIN are significantly more likely to be physically inactive and less likely to consume an adequate amount of fruits and vegetables.
- CE LHIN residents age 18 and over report having less stress than Ontario residents.
- Based on Body Mass Index, 33% of adults in the CE LHIN are overweight and 13% are obese.
- In 2003, Toronto mothers not born in Canada were more likely to initiate breastfeeding than those who were born in Canada. Recent immigrants were also more likely to breastfeed than those who were not recent immigrants. Children born outside of Canada were slightly more likely than those who were born in Canada to have visited a dentist within the last year and also less likely to have never been seen by a dentist.²⁰

C. Access to Health Care

The *CE LHIN Environmental Scan* lists the following profile of healthcare providers for the Scarborough Agincourt Rouge planning zone:

- 407 physicians
- 89 practitioners
- 27 dentists
- 22 psychiatric providers
- 13 other
- 0 nurse practitioners

Table 12 shows the health care facilities that were located in the Rouge Minor Health Planning Area (HPA), in which the Malvern community is located, and the surrounding Toronto East Major HPA of the Toronto District Health Council, in which the Malvern community is located:

Table 12 – Health care facilities in the Toronto East Major and Rouge Minor Health Planning Areas, 2003

Health facility type	Rouge Minor HPA (includes Malvern)	Toronto East Major HPA
Hospitals	0	3
Long-Term Care Facilities	5	22
Community Health Centres	0	1
Community Care Access Centres	0	1
Community Support Services	0	12
Substance Abuse Programmes	0	1
Mental Health Agencies	0	5

(Source: *Toronto District Health Council*)

- In 2004, there were no hospitals, community health centres, community support services, mental health agencies, 3 family doctors in the Malvern area were accepting new patients. No psychiatrists were accepting new patients.¹⁴
- In 2004, 3 family doctors in the Malvern area were accepting new patients. No psychiatrists were accepting new patients.¹⁴
- A qualitative study entitled "*How Do Scarborough's Black Youth Access the Health Care System*" (2005) found that Black youth face considerable access barriers including the frequent lack of a family doctor, poor knowledge of health risks, and infrequent and irregular health services use. Many Black youth are unaware of their risk of developing diabetes, heart disease, as well as their relatively high chance of acquiring sexually transmitted infections, such as HIV/AIDS. Young black males consider violence, sexual health, mental and emotional issues, lack of trust in doctor-patient relationship and nutrition as major health concerns. The lack of local health services was identified as problematic by Malvern youth in the study.

Sources:

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2. The African and Caribbean Council on HIV/AIDS in Ontario and The HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto. 'HIV/AIDS STIGMA, DENIAL, FEAR AND DISCRIMINATION: Experiences and responses of people from African and Caribbean communities in Toronto.' 2006.
3. Central East Local Health Integration Network (LHIN). '2005/06 Annual Report.'
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6. Central East LHIN. 'Technical Report'. November 2006.
7. Enang, Josephine. 'Black Women's Health: A Synthesis of Health Research Relevant to Black Nova Scotians'. Maritime Centre of Excellence for Women's Health. September 2001
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10. Public Health Agency of Canada. (2005). 'Type 2 Diabetes Info Sheet.' Available at http://www.phac-aspc.gc.ca/seniors-aines/pubs/info_sheets/type2_diabetes/pdf/type2_diabetes_e.pdf
11. Robert S. Remis. 'Race/ethnicity among persons infected with HIV persons infected with HIV in Ontario.' Ontario HIV Epidemiologic Monitoring Unit, Department of Public Health Sciences, University of Toronto. June 2006.
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13. Statistics Canada. 'Canadian Community Health Survey': Table 105-04381 - Life stress, by age group and sex, household population aged 18 and over, Canada, provinces, territories, health regions (June 2005 boundaries) and peer groups, every 2 years. 2005
14. Toronto Community Health Profiles Partnerships. 'Toronto Health Profiles.' 2001
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21. Toronto Public Health. 'Impact of Poverty on the Health of Children from Racialised Groups.' 2007.
22. Women's Health in Women's Hands. 'Silent Voices of the HIV/AIDS Epidemic: African and Caribbean Women Research Study (2002-2004)'. April 2006.
23. Toronto Public Health. 'Generating Local Knowledge for Local Solutions, Taking Action on Chlamydia in High Priority Neighbourhoods in Toronto.' January 2006

D. Local Health Integration Network-Related Goals

The Central East LHIN's Integrated Health Services Plan (IHSP) identifies four Priorities for Change:

- o *Mental Health and Addictions*
- o *Seamless Care for Seniors*
- o *Chronic Disease Prevention and Management*
- o *Wait times and critical care*

As the IHSP notes: *The LHINs were given a mandate to locally plan, co-ordinate, integrate and fund healthcare services provided by hospitals, long-term care homes, community care access centres, community support services, community mental health and addiction services and community health centres.*

The LHIN is moving ahead on each of these identified priorities by establishing a local volunteer health Planning and Engagement Collaborative in each of the LHIN's nine planning

and engagement zones (Malvern is located in the Scarborough Agincourt-Rouge Zone). The Collaboratives function as local advisory teams made up of a diverse cross section of people in the community. They include representatives from the Community Health Centres as well as doctors, pharmacists, nurses and other health professionals as well as representatives from hospitals, community support agencies, mental health and addiction services and consumers of healthcare services.

The Central East LHIN's Community Health Centres (CHCs), both existing and emerging, have a role to play in each of those priorities. To begin with –

- *The Community Health Centre (CHC) is a highly effective model of primary health care, and is of particular value to people who face access barriers. CHC teams include physicians, nurse practitioners, nurses, counsellors, community workers and dietitians. CHCs can also offer a wide range of programmes in addition to health services.* The Central East LHIN currently has three Community Health Centres – Oshawa CHC, West Hill Community Health Services (and a new satellite), the Barbara Black Centre for Youth Resources (and a new satellite) – each a multi-service centre providing primary health care, community support and community development activities for women, families, youth, adults and seniors of diverse cultures. In addition to the developing CHC in Malvern, two other emerging CHCs – in Brock Township and Port Hope – will be joining the CHC 'family' in Central East LHIN. With these new CHCs, the LHIN will experience a doubling of capacity for this model of care. Existing and emerging CHCs will continue to collaborate to ensure consistent, effective and strong development in Malvern.
- **Mental Health and Addictions** - TAIBU CHC in Malvern, alongside existing and emerging CHCs will be well-placed to play a key role in the development and implementation of 'formal partnerships . . . to ensure the inclusion of mental health professionals and addiction specialists in their interdisciplinary teams.' CHCs recognise the impact of mental health and addictions on the well-being of families, workplaces and communities and have, for decades, included the mental health worker or social worker or psychologist as an integral part of the CHC team.
- **Seamless Care for Seniors** – Though the numbers of seniors in Malvern, as a percentage of population, is low, they represent the fastest growing segment of the Malvern community. Seniors in the neighbourhood are doubly or triply isolated by age-related disability, language, culture and gender. TAIBU CHC welcomes the LHIN's focus on seamless care for seniors who, disproportionate to their numbers, find themselves falling through the cracks, lost in a system that fails to connect them with the right service by the right provider at the right time.
- **Chronic Disease Management** – *Chronic Disease Prevention and Management (CDPM) is an approach that recognises that many chronic diseases are preventable with education and behavioural/lifestyle changes. CDPM focuses heavily on health promotion and disease prevention, for at-risk individuals and for the general population. This strategy aims to reduce the future need for acute interventions and to keep people independent and healthy as long as possible.'*
- As the CE LHIN IHSP notes: *The total cost of illness, disability and death resulting from chronic diseases is about \$32 billion a year in Ontario. More than 80 per cent of Ontario residents over 45 years of age are living with at least one chronic disease and having one can lead to another. Among these people, 34% have arthritis, 30% have high blood pressure, 12% have osteoporosis, 9% have diabetes, 8% have asthma, 6% suffer from depression, 4% have been diagnosed with cancer and 2% are living with the effects of*

stroke. Preventing and effectively managing these diseases would save hospital, drug and physician costs, not to mention the costs that individuals and society bear as a result of chronic disease.

- *An ageing and growing population is increasing demand for chronic disease services. In addition, as the population ages the prevalence of individuals with more than one chronic condition (co-morbidity) increases. In communities such as Scarborough . . . there is increased pressure on chronic disease services; in addition to rapidly growing populations there is significant ethnic and cultural diversity. For example, the prevalence of Chronic Kidney Disease in Asian populations and the necessity to deliver culturally appropriate services/ supports in a variety of languages adds further strain to already stretched chronic disease programmes. Everyone benefits when effective and co-ordinated chronic disease prevention and treatment programmes are in place.*
- The very essence of CHCs is their focus on illness prevention and health promotion. This includes the early detection, prevention and treatment of chronic diseases, avoiding hospitalisation, invasive surgery, the loss of limbs, eyesight, mobility, the early entry into long-term care facilities or preventable disability or death. CHC teams typically include nurses, dieticians, mental health workers, respiratory therapists, geriatric care specialists, chiropodists and others trained to detect, manage and educate around chronic disease. TAIBU CHC will undertake a key role in support of the LHIN's initiatives around chronic disease prevention and management.
- TAIBU CHC welcomes the LHIN's determination to eliminate duplication and improve communication across the continuum of care. CHCs function as hubs of information and coordination, reducing costs and increasing efficiency across the health care system. Primary care needs to be returned to the community, relieving the tertiary care sector of much of its burden in the areas of chronic disease prevention and management. Such a move would require, as the LHIN's IHSP states, an 'orientation shift from illness to wellness so that prevention becomes a priority at all levels of the health care continuum'.
- TAIBU CHC looks forward to participation in the LHIN's Chronic Disease Prevention and Management Network and its development of a comprehensive knowledge base for cardiovascular disease, stroke, chronic kidney disease and diabetes, respiratory disease and arthritis. TAIBU CHC, alongside the seven other CHCs and satellites, will work with the LHIN to enhance the ability of primary care practitioners to deliver effective chronic disease prevention and management at the community level.
- TAIBU CHC will be a key component in an integrated system of primary health care that ensures that no one falls through the cracks. With the establishment of a new health centre in Malvern, the LHIN will see a greater capacity for linkages and partnerships across the continuum of care.
- ***Wait times and critical care*** – TAIBU CHC's contribution to this Priority for Change will be in its commitment to illness prevention and health promotion – which will help the people of Malvern avoid unnecessary hospitalisations and procedures, as well as through advanced access and local urgent care.
- ***Cultural Competency*** – Additionally, the LHIN identifies equity and culturally competent strategies and services as critical to improving and maintaining the health of community members. Cultural competence is defined as *"a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations."*

TAIBU CHC is well-positioned to support the LHIN's goal of "*expanding cultural competency throughout all health care services*" through its commitment to develop specialized health and social services for the Black community, and its approach of delivering culturally competent health care services which can be adapted to effectively serve people from many different cultures.

1.4 Provide a list of key community and health service providers whose services may complement or overlap with those of your CHC/Satellite CHC. Identify which organisations you included in your consultations.

The following table is a compilation of data requested in sections 1.4, 1.6 and 3.1 of the Ministry of Health & Long-Term Care’s (MOHLTC) Report on the Use of Community Engagement (CE) Funds Report template. The purpose of this table is to:

- a. Provide an overview of the key regional, municipal and local stakeholders in Malvern and surrounding area, including their current mandate and/or programming focus
- b. Highlight how these stakeholders have been consulted throughout the CE process
- c. Identify potential partnerships and areas for collaboration with TAIBU CHC

In both the short and long-term, this database will assist TAIBU CHC in maintaining an up-to-date account of service providers in the Malvern area, while simultaneously monitoring, enhancing and developing new partnerships.

Table 13 - Current Service Providers and Potential Partners

Legend for Method of Consultation:

CFD – Community Forum Day
FG Focus group
KRI Key representative interview
O Outreach
S Survey
TIC TAIBU CHC Implementation Committee
BHA Black Health Alliance

Note: Organisations not consulted during this phase of the CE process will be considered for future consultation with TAIBU CHC.

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
ADDICTIONS SERVICES				
Centre for Addiction and Mental Health (CAMH)	Donna Alexander 416-535-8501 Ext. 7026 Donna_alexander@camh.net	CFD BHA	SAPACCY provides services to African Canadian and Caribbean Youth and their families. We help youth and their families make positive choices about substance use and mental health issues. They offer	<ul style="list-style-type: none"> • Referrals • Provision of on-site, culturally-competent addiction and mental health services

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Substance Abuse Programme for African Canadian and Caribbean Youth (SAPACCY)			counselling and support services to Black youth, aged 13 to 24, and their families, to improve their spiritual, emotional, mental and physical experiences. Their services include: <ul style="list-style-type: none"> • Counselling • Assessment • Consultation • Family support • Referrals • Community-based groups for youth parent support • Community presentations on alcohol, other drugs and mental health • Advocacy for youth. 	<ul style="list-style-type: none"> • Partner on research initiatives • Knowledge transfer
BUSINESS				
Canada Extra	Eddie Grant 416-245-1544	CFD	Community newspaper which is a subsidiary of the Jamaican Gleaner. Reporting on events and activities of interest to the Jamaican and Caribbean populations	
Makeeda International Inc.	Sharon Lovell 416-284-9631 sharonisfirr@haotmial.com	CFD		
CHILDREN & YOUTH				
Aisling Discoveries Child and Family Centre	Paula Carrie 416-321-5464 pcarrie@aislingdiscoveries.on.ca	CFD	Multi-service child and family centre * day treatment for children 4-12 years who are unable to attend regular school programs because of emotional or behavioural problems * community treatment – individual, group and family counselling * residential treatment for children 6-12 years – co-ed community-based program includes assessments, individual and group work, and parent training workshops * preschool speech and language services * preschool autism services – intensive behaviour intervention and transition support * preventive and consultative services – training, consultation and support to child care programs, schools, homeless shelters, early years centres and other agencies in East York and Scarborough	Interest in discussing how Aisling Discoveries could support the work of TAIBU CHC

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
			<p>End Violence Alliance (EVA), group of agencies, organisations and individuals focussed on stopping the cycle of domestic violence and its effects on children * community awareness and education</p> <p>Programs and services may be provided in various off-site locations * participates in Ministry of Children and Youth Services Toronto Region's coordinated services system</p>	
All My Children Child Care	416-291-9200	O	Licensed child care centre for children ages 18 months to 12 years	
Baylawn Co-operative Preschool Inc.	416-293-7131		Baylawn is a non-profit preschool designed for children ages 2 ½ and 4 years old, operated and administered by the parents of children attending the school.	
Boys and Girls Club of East Scarborough Mornelle Family Resource Centre	Debbie Murphy, Site Supervisor 416-287-3578 mornelle@esbgc.org	S	Family resource centre * caregiver and child drop-ins * Nobody's Perfect parenting groups * toy lending libraries * school readiness programs * information and referral * community information for new residents * social and recreation programs * Good Food Box distribution * also support group for adults at this location * participates in CAP (Community Access Program) – free Internet access	
East Metro Youth Services	416-438-3697	O	East Metro Youth Services (EMYS) is a community based children's mental health centre, accredited by Children's Mental Health Ontario, which has been serving young people and their families in the East Toronto community for over thirty years. Their staff works in partnership with families, schools, and other health professionals to help young people achieve their personal best. We provide a range of prevention, assessment and diagnostic services, as well as counselling, day treatment, transitional support and residential services.	Collaborate with other services providers in Malvern to establish alternatives to gang involvement
Hearing Every Youth Through Youth (HEY)	416-423-4399		Peer-to-peer telephone helpline provided by youth for youth * confidential, anonymous * sponsored by Neighbourhood Centre and Parkdale Community Health Centre	
Hoodlinc Youth	Stephen Linton	CFD		User of programme space

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Organization	hoodlinc@gmail.com			
Kennedy House Youth Resource Centre	416-299-3157	O	Kennedy House Youth Services Inc. operates residential programmes for adolescents, located in Toronto and the Durham Region. Our structured programmes feature strong clinical components and our intake process is flexible in meeting the changing needs of the placing agencies that we serve. Kennedy House currently operates five group homes in the child welfare sector and a secure custody programme in the youth justice sector. All of our programmes include treatment classrooms, operated in association with local boards of education. Kennedy House is one of the larger employers in the field, offering competitive salaries and benefit packages	
Ministry of Children and Youth Services (MCYS) / Ministry of Community and Social Services	<p>Marilyn Renwick, Regional Director 416-212-7432</p> <p>Karen Meehan, Community Programmes Manager - Children Services</p> <p>David Mason, Community Programmes Manager - Developmental Services</p> <p>Pamela Carlaw, Programme Manager - Municipal/VAW Services</p> <p>Debby Benton, Programme Supervisor - Children Services</p> <p>Francine Umulisa, Programme Supervisor -</p>	O	Planning and development of services under the Child and Family Services Act, including child welfare, child treatment, child and family interventions, child development and Ontario Early Years Centers, provincial authority for supervising agencies providing these services, including children's aid societies	<ul style="list-style-type: none"> • Assist TAIBU CHC with forging relationships with east quadrant network of organisations servicing children and youth, agencies currently funded by MSYS, youth justice department • Possible co-location with youth outreach pilot project currently housed at Service Canada Centre Malvern

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
	Municipal Services Andrea Read, Programme Supervisor - Developmental Services			
Ontario Early Years Centre	Melyssa Kaarls, Supervisor 416-392-3766 mkaarls@toronto.ca	O S	Ontario Early Years Centres are places where parents and caregivers can: • take part with their children in a range of programmes and activities • get answers to questions • get information about programmes and services that are available for young children • talk to Early Years professionals, as well as other parents and caregivers in the community.	Partner with Toronto Public Health's Healthy Families Programme and TAIBU CHC regarding early infant development
Second Base Youth Shelter	416-261-2733	O	Second Base provides food, clothing and shelter for homeless youth aged 16-21, and offers opportunities for youth in need to become self-reliant within the community.	
Tropicana Community Services Organisation Scarborough Youth Resource Centre	Bernadette Hood Manager, Youth & Education 416-439-9009 X224 bhood@tropicanacommunity.org Sharon Shelton, Executive Director 416-296-7154	S	Tropicana Community Services is a not-for-profit organisation providing culturally appropriate social services in east Toronto, focussing on the needs of youth, and the Caribbean and Black communities.	<ul style="list-style-type: none"> • Referrals • Collaborate on youth and family programming • Collaborate with other services providers in Malvern to establish alternatives to gang involvement • Partner with local community organisations and the provincial government (Ministry of Community and Family Services, Ministry of Children and Youth Services) to develop programmes that support to young families: parenting skills, child-parent conflict resolution, family and marital counselling services.
Youth Assisting	Stephen Linton, Outreach Coordinator	CFD FG	YAY is a community-based programme that matches youth volunteers, aged 16 - 29, in a one-to-one	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Youth (YAY)	416-932-1919	O S	relationship with 'at risk' or vulnerable children, aged 6 - 15. These children are experiencing social, emotional, behavioural or cultural adjustment problems. The goal of the organisation is to provide a positive role model through a 'special friend' relationship. The programme provides on-going support for the volunteers and the parents of children involved in the programme. Through regular contact, the Case Coordinators and the Parent Support Workers help resolve issues that affect the youth/child match. Workshops on issues such as Mentoring, Substance Abuse Awareness, Child Abuse Awareness, Multicultural and Diversity Awareness, and Child Management Skills provide important information for volunteers. We vary our programmes based on our volunteers and community needs.	
Youthlink	416-967-1773		Individual, family and group counselling for youth 12-21 years and their families * residential treatment home for young women 14-18 years, capacity 12 * 3 co-op residences for young women 16-21 years * co-op residence in Scarborough for young men 16-24 years * Family Support Programme – case management, individual, family and group counselling for youth with developmental disabilities and their families * community education * school-based prevention programmes * community development projects * trustee for North West Scarborough Youth Centre - Participates in Ministry of Children and Youth Services Toronto Region's coordinated services system	
CHRONIC DISEASE MANAGEMENT				
African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)	Esther Amoako, Coordinator coordinator@accho.ca	TIC	ACCHO is made up of organisations and individuals committed to HIV prevention, education, advocacy, research, treatment, care and support for African and Caribbean communities in Ontario.	<ul style="list-style-type: none"> • Coordination of HIV/AIDS services and supports for TAIBU CHC's priority populations and broader community • Knowledge transfer of HIV/AIDS issues affecting African and Caribbean

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
African Canadian Diabetes Prevention and Heart Health Programme	Dr. Miriam Rossi 416-233-5709	TIC BHA	<p>Health promotion and disease prevention information in the form of community based programs.</p> <p>Community involvement is encouraged through the "Train the Trainer" method. Areas of focus include: healthy eating, physical activity, healthy lifestyles and stress management.</p>	communities <ul style="list-style-type: none"> • Referrals • Provision of on-site, culturally competent lifestyle management for persons with Type 2 diabetes, stroke and heart disease • Partner with neighbouring CHCs, local, provincial and national chapters of organisations focused on diabetes awareness, treatment and prevention, to develop programmes that address the needs of racialised and minoritised populations in Malvern
African Community Health Services	Rosemary Erskine, Executive Director 416 591-7600 ed@africancommunityhealth.com		African Community Health Services is a non-profit community-based organization. We provide holistic services for Africans and diverse communities living with and affected by HIV/AIDS. Our focus on health promotion and prevention is a critical means of raising awareness and promoting education.	
Africans in Partnership Against AIDS	Fanta Ongoiba, Executive Director 416-924-5256 fanta@apaa.ca		Culturally sensitive HIV/AIDS workshops in various languages for community groups and service providers * practical and emotional support, advocacy, for persons living with HIV/AIDS * vitamins, supplementary drugs * drop-in * clothing exchange * emergency child care * literature in 8 languages	
Canadian Diabetes Association Caribbean Chapter	Kathleen Nelson 416-987-0339	TIC BHA	The Canadian Diabetes Association promotes the health of Canadians through diabetes research, education, service and advocacy. This group meets at the Church of the Nativity.	<ul style="list-style-type: none"> • Referrals • Provision of on-site diabetes awareness, screening and management programs • Partner with neighbouring CHCs, local, provincial and national chapters of organisations focused on diabetes awareness, treatment and prevention, to develop

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
				programmes that address the needs of racialised and minoritised populations in Malvern
Black Coalition for AIDS Prevention (Black CAP) Man2Gether (M2G) Programme	Keith Cunningham, Youth Peer Educator 416-977-9955 ext. 232 outreach@black-cap.com	CFD KRI S	HIV/AIDS education -- community workshops and forums, training for professionals and organisations, culturally specific materials * support and counselling for Black people living with or affected by HIV/AIDS, including referrals, practical assistance, home and hospital visits * community-based * volunteer opportunities	<ul style="list-style-type: none"> • In-kind support through collaborative activities • Advisory role as stakeholder group • Provision of health promotion and volunteer services
The Olive Branch of Hope The African Caribbean Cancer Forum	Leila Springer 416-256-3155	BHA	We are a breast cancer support service with a positive programme to help individuals cope with disease. We promote awareness of breast cancers and provide an open opportunity to discuss and share experiences. We welcome all who need help learning about breast cancer, its treatments, and how to cope with the many emotional and physical side effects related to this disease.	<ul style="list-style-type: none"> • Referrals • Provision of on-site health promotion programs related to awareness of cancer risks, early detection methods, treatment options, life as a survivor
Sickle Cell Association of Ontario	Lillie Johnson 416-497-2341	BHA	Founded in 1981, the SCAO is a non-profit, charitable organisation of volunteers who are working to help individuals with sickle cell anaemia live more productive and healthier lives. The SCAO provides confidential, one-to-one support and counselling to persons with sickle cell anaemia, and their families. Group support, school and workplace advocacy and resource information are all part of our program. One of our main objectives is to increase public awareness of sickle cell disorders through public education programmes, such as workshops, presentations and an annual Educational Conference. We also encourage and fund research that will lead to improved treatment methods and, one day a cure.	<ul style="list-style-type: none"> • Referrals • Provision of on-site health promotion programs regarding new born screening, treatment, management and coping skills.
COMMUNITY DEVELOPMENT				
Alliance of Guyanese Canada Organisation	Joy Simon 416286-8615 Magnet54@rogers.com	CFD		
Black Health	Dr. Christopher Morgan,	TIC	Non-profit community-based network of	• In-kind support through

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Alliance	Chair chair@blackhealthalliance.com Alex Lovell 416-526-8325 alexanderlovel@hotmail.com	CFD BHA	organizations, agencies and individuals working in collaboration to address the health and well-being of the diverse Black communities in Canada from a perspective inclusive of the social determinants of health.	collaborative activities • Advisory role as stakeholder group • Provision of health promotion and awareness services • Referrals • Provision of on-site health promotion programs related to
Celebrate Malvern	Elma Gabriel 416-282-4557 Edna Hunt 416-282-4557	CFD O	Celebrate Malvern provides support to local residents through advocacy. This group also coordinates the annual Malvern picnic.	
Cultural Educators	Kevin McLetchie	O		
Malvern Community Coalition	Jennifer Robinson, Co-Chair (416) 754-0229 jennifer@sympatico.ca Ann Clarke, Coalition Member (416) 283-7370 aclarke@toronto.ca	CFD O TIC	A coalition of local service providers and community members.	Collaborate on community capacity building projects such as needs assessments, outreach and consultation
Malvern Men's Group	Ken Daniels 416-953-3230 Kenneth_Daniel@hotmail.com	FG O	Community based organization functioning as a potential mentorship base for young males.	Ken is interested in being a part of the board
Malvern Neighbourhood Action Team	Vickery Bowles - Director Toronto Public Library - 416 395-5506 - vbowles@torontopubliclibrary.ca .	O	City planning group for Malvern.	Advisory role
Somali Community Development Organisation	Fabosa Hashi fardosa_hashi@hotmail.com Asha Abyan Scdo_gta@hotmail.com	CFD FG O S		• In-kind support through collaborative activities such as health promotion, research and women's programmes • Advisory role as stakeholder group

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
				• Assistance with accessing Malvern's Somali community
South Asian Outreach Project	Meena Lakhani meena_lakhani@hotmail.com 905-470-2988	S		
EDUCATION				
Parkdale Project Read	Andy Noel, Community Literacy Worker 416-531-6308	TIC BHA	Literacy and numeracy training * individual and small group tutoring * training for volunteer tutors * vocational and academic upgrading counselling and referral * computer and math groups * parents and women's groups	
Toronto Catholic District School Board Blessed Mother Teresa Catholic Secondary School	Kirk Mark 416-393-5538	FG	At the Toronto Catholic District School Board, we teach more than the basics. Through a Christ-centered vision and in partnership with parents, parishes and the community, we serve students from diverse cultural, linguistic and ethnic backgrounds in Canada's largest and most dynamic city. TCDSB educates close to 90,000 students in 201 elementary and secondary schools.	
Toronto District School Board Lester B. Pearson Collegiate Institute	Suzanne Marshall, Community Support Worker (416) 396-9062 susanne.marshall@tdsb.on.ca Kurt Lewin	KRI O	The Toronto District School Board serves almost 1.4 million electors of the City of Toronto. We are the largest school Board in Canada and among the largest in North America. Our mission is to enable all students to reach high levels of achievement and to acquire the knowledge, skills and values they need to become responsible members of a democratic society.	Interest in sitting on one of TAIBU CHC's committees
University of Toronto Faculty of Medicine	Dr. Miriam Rossi 416-233-5709	O	Founded in 1964, the U of T Scarborough provides undergraduate and graduate studies and the University of Toronto's only co-op educational programmes. Our campus has become the choice destination for thousands of students from across Canada and around the world and continues to experience unprecedented growth.	
EMPLOYMENT				
ACCES	Michelle Allen	CFD	Walk-in job search centre * access to computers, fax,	Collaboration regarding

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Scarborough Branch	416-431-5326 Ext. 2426 Mallen.scarb@accestrain.com	KRI	photocopier and telephone * participates in CAP (Community Access Programme) -- free Internet access * resource materials, job boards and labour market information * software tutorials * assistance with resumes * employment and vocational counselling and assessment * job placement * life skills training * computer skills workshops * multicultural environment	newcomer issues
Malvern Service Canada Centre Malvern Youth Employment Programme	Sandra Dixon, Counsellor 416-298-4566 mycepsd@yahoo.ca Lance Williams 416-298-4566	KRI S		Interest in sitting on the TAIBU CHC Implementation Committee
VPI Inc. Career Exploration Employment and Preparation, Scarborough	Shawn Abraham, Administrative Assistant 416-609-2337 shawnabraham@vpi-inc.com		Two week vocational assessment and planning programme, including evaluation of work skills, abilities and traits, and an understanding of labour market needs * programme delivered in group format * assistance with establishing goals and confirming individual suitability and need for skill-specific training * participants have access to computers, telephones, fax, Internet, photocopier and resource materials	
YMCA of Greater Toronto, Employment & Community Services Tapscott Employment Resource Centre	Kwame Brown (416) 609-9622 ext. 238 kwame.brown@ymcagta.org	CFD KRI O	Walk-in job search centre * access to computers, Internet, self-directed software tutorials, fax, photocopier and telephone * staff assistance available * resource materials, job listings and labour market information * workshops on job search topics * assistance with resumes * works in partnership with Scarborough North Social Services Office	<ul style="list-style-type: none"> • Referrals • Collaboration on youth employment and skills development programmes • Interest in sitting on the TAIBU CHC Implementation Committee
FAITH-BASED ORGANISATIONS				
Canadian Muslim Federation		O		
Church of Nativity	Reverend Donald A. Butler 416-284-2728 priest@thechurchofthema	CFD FG KRI TIC	Nativity's Mission Statement: To reach out to the community and to provide spiritual support by spreading the word of God; and to ensure that everyone feels welcome in our church family. Church	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
	tivity.org Ruby & Noel Maynard 416-282-6071 Maynard6071aa@rogers.com		of Nativity offers a variety of community programmes including an after-school drop-in for youth.	
Emmanuel United Church	Sydney Elias, Minister of Community Outreach and Development 416-751-9691 elijassyd@yahoo.com	CFD FG S		<ul style="list-style-type: none"> • Sydney is interested in a part of the board • Co-located service provider/partner
Hope Community Baptist Church		O		
Jaidurga Hindu Society		FG O		
Malvern Christian Assembly	Pastor Rick Grundy rgrundy@mcassembly.com	O S		<ul style="list-style-type: none"> • In-kind support through collaborative activities • Advisory role as stakeholder group • Assist with accessing the broader community
Malvern Community Baptist Church	416-321-1366			
Malvern Methodist Church	Pastor Jim Kesselring 416-283-8008			
Malvern Presbyterian Church	416-284-2632			
Morningstar Christian Fellowship (Formerly Churchill Heights Baptist Church)	416-281-4138	FG O S	Seniors' group	
Morningview Hindi Temple - Luxmi Narayan	416-284-6282	FG O S	Hindi and Punjabi Seniors' groups	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Mandir The Malvern Seniors' Club				
Nazareth Gospel Temple	416-293-0488			
Rosewood Church of the Nazarene	416-298-9932			
St. Barnabas Catholic Church	416-298-0989			
Seventh Day Adventist Church Community Neighbourhood Services – SDA	Wayne Robinson, CDO (416) 392-8744 wrobins@toronto.ca Wendy Veitch Baker, Youth Outreach Worker (416) 397-1146 wveitch@toronto.ca	O		
FAMILY SERVICES				
Catholic Family Services of Toronto	416-222-0048		Individual, couple and family counselling for persons of all ethnic, cultural, racial and religious backgrounds * Education for Family Living -- including marriage preparation, marriage enrichment, parenting programmes * self esteem and stress management courses * advocacy * lifestyle management	Referrals
Malvern Family Resource Centre	Girmalla Persaud, Executive Director (416) 281-1376 ex.25 gpersaud@mfr.org Jason Howe, Special Projects Coordinator jasondhowe@gmail.com jason.howe@mfr.org Farrah Khan, MSW Youth Support	CFD FG O S	Multi-service family resource centre * caregiver and child programmes * local lead agency for Ontario Early Years Centres * also off site satellite drop-ins * parenting discussion and support groups * parenting resource library * parent relief * child care providers workshop * school age children's programmes including after school programme * March break and summer camp for children 6-11 years * youth anti-violence project * school readiness programme * multicultural youth programmes * programmes for Tamil youth * seniors programme, including crafts and recreation for Tamil and Punjabi seniors,	<ul style="list-style-type: none"> • In-kind support through collaborative activities • Advisory role as stakeholder group • Assist with accessing the broader community • Collaborate on the development of programming for youth, adults, seniors and newcomers • Support with research • Referrals

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
	Counsellor 416-284-4654 ext 28 Morgan Smith 416-410-6639 morgan@mfcc.org		volunteer opportunities	<ul style="list-style-type: none"> • Collaborate with other services providers in Malvern to establish alternatives to gang involvement • Provision of culturally competent sexual health information and programming in collaboration with local and municipal service providers • Partner with local community organisations and the provincial government (Ministry of Community and Family Services, Ministry of Children and Youth Services) to develop programmes that support to young families: parenting skills, child-parent conflict resolution, family and marital counselling services.
Rosalie Hall	416-438-6880		Young parents resource centre * Community Counselling - - individual and group counselling for youth and young parents through high schools and in the community * Day/Student programme - - fully accredited secondary education and treatment programme * Residential Care and Treatment - - prenatal and postnatal care for mothers with high risk needs during and after pregnancy * Peer Mentors - - specialized training and ongoing supervision to augment support services and prevention activities	
Tamil Parent Organisation	Ramachandran Samy 416-760-2183 Samy_consulting@hotmail.com	CFD		
YMCA of Greater Toronto Family Development Centre	Jill Oakes 905-943-9622 ext. 328	O S	Family Resource Centre -- infant, toddler and preschool play (children birth-6 years) * nursery school * parent and child programmes * parenting workshops * nutrition classes * health education * recreation, art, drama, music * toy lending * youth leadership * intergenerational programmes * professional development	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
			Child Development Centre -- infant, toddler, preschool and kindergarten * licensed child care	
FOOD SECURITY				
Muslim Welfare Centre of Toronto	416-754-8116	O	Halal Food and Essential Items Bank -- includes groceries, furniture and household items * Muslim Welfare Home for Needy Women and Children -- emergency shelter located in Whitby	
Salvation Army Community and Family Services Scarborough Family Services	416-441-9069		Emergency material assistance including food, clothing, household effects as available * English Conversation Circle * counselling * Grief Share -- bereavement support	
HOUSING				
Toronto Community Housing Corporation	Sheila McGregor, Health Promoter/ Recreation Programmes Coordinator (416) 676-7151 Sheila.McGregor@torontohousing.ca Chris Leung 416-981-4815 Chris.Leung@torontohousing.ca Kemi Jacobs 416-984-6840	S	Provides 58,500 units of rental housing in apartments, single family dwellings, townhouses, rooming houses * some accessible buildings and units * several buildings have supportive housing programmes, which may include attendant care	
IMMIGRATION & SETTLEMENT SERVICES				
Centre for Information and Community Services of Ontario Toronto	Jeevana Ravindrarajan, 416-292-7505 ext 119		Services include settlement, employment, language training, community service programmes and volunteer development Settlement and Education Partnership in Toronto (SEPT) – outreach programme based in elementary and secondary schools from mid-August to end of June, and in libraries and social service	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Integrated Service Centre			agencies from July to mid-August * settlement information and referral *	
JUSTICE SYSTEM				
Justice for Children and Youth	Emily Chan 416-920-1633 chan@lao.on.ca	O	Community legal clinic * legal representation in the areas of residential care, education, criminal matters, child welfare, human rights and constitutional law, financial assistance or support * legal information and assistance to youth, professionals and community groups * also to parents for education issues only * community development and outreach * advocacy * public resource centre * seminars * funded by Legal Aid Ontario Street Youth Legal Services (SYLS) legal advice and outreach to street-involved youth at shelters and youth services	
African Canadian Legal Clinic	Scarborough Branch 416-750-3932		Youth Justice Workers assigned to Youth Courts to work with African Canadian youth charged under the Youth Criminal Justice Act. Work with Court personnel to encourage and facilitate appropriate diversion, and extra-judicial sanctions and referrals. The Re-integration Social Workers work closely with at risk African Canadian youth and their families to develop an individual case plan to ensure successful outcomes for Black youth.	Appropriate referrals.
Legal Aid Ontario Scarborough Legal Aid Clinic	416-750-7172		LAO's mandate in the <i>Legal Aid Services Act, 1998</i> is to 'promote access to justice throughout Ontario for low-income individuals by means of providing consistently high quality legal aid services in a cost- effective and efficient manner.'	
Operation Springboard	Steven Linton, Employment Counsellor (416) 850-0169 slinton@operationspringboard.on.ca Rachael Morris-Ohm 416-757-4181 ext. 222	KRI O	Springboard is making Ontario a safer and better place by providing leading-edge programmes that enable at risk youth and adults to reach their full potential. As a charitable organisation, we engage the community in our work and serve those in the justice system, individuals needing employment and training, those with developmental disabilities and the homeless.	Interest in sitting on the TAIBU CHC Implementation Committee

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Scarborough Community Legal Services	416-438-7182	O	Community legal clinic * deals primarily with tenant issues, social assistance, pensions, Employment Insurance (EI), subsidized housing * may provide representation * summary advice in domestic violence cases * community education * referrals * assistance in community group development * funded by Legal Aid Ontario	
LONG-TERM CARE				
Extencicare Canada Extencicare Rouge Valley	416-282-6768	O S	Long term care facility * capacity 192 * private, standard accommodation * secure unit for wandering residents * social, medical and therapeutic programmes * short term respite care * commercial	
Shepherd Village	416-609-5700	O S	Long term care facility, retirement residence, seniors apartments, life lease apartments	
MENTAL HEALTH				
Canadian Mental Health Association Toronto Branch Markham Road Site	Karen O'Connor 416-289-6285 kloconnor@cmha_toronto.net Mark Dunn 416-789-7957 madunn@cmha-toronto.net	CFD	The CMHA Toronto Branch was formed in 1953. It provides: • Community support services to men and women with serious mental illnesses • Education and mental health promotion services for all members of the community • Advocacy for a better mental health system.	
Rouge Valley Health System Rouge Valley Centenary, Community Progress	416-439-2152		Community mental health service * day programmes -- therapeutic groups, social and recreation programmes, work activity programmes	
Rouge Valley Health System Shoniker Centre	(416) 281-7301		The Shoniker Child and Adolescent Clinic serves the needs of families with mental health, child development and speech/language problems. The Centre also has a 20 bed Advanced Level II Neonatal Intensive Care Unit so that newborns requiring extra special care can be cared for closer to home.	
MUNICIPAL GOVERNMENT				

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
City of Toronto	Kim Hong 416-912-1987 Hleim2@toronot.ca	CFD		
City of Toronto Community Safety Secretariat Community and Neighbourhood Services	Manjit Jheeta, Manager 416-392-8684			
City of Toronto, Culture Division Economic Development, Culture & Tourism	Susan Kohler, Senior Arts Consultant, East District (416) 396-5142 skohler@toronto.ca Tina Contento, Outreach Officer (416) 396-7043 tcontent@toronto.ca	O		
City of Toronto, Municipal Child Care Services Toronto Home Child Care	Jane Walker, Consultant Children's Services (416) 397-7961 walker@toronto.ca	O	Licensed private home child care * includes placements for children with special needs	
City of Toronto, Parks, Forestry and Recreation	Donalessa Birliett 416-936-7821 dbirliett@toronto.ca	CFD	Physical, social, cultural and recreation activities for all ages including seniors and persons with disabilities * caregivers and child programs * swimming pools adapted for persons with disabilities * variety of facilities	
City of Toronto, Parks Forestry and Recreation Malvern Community Recreation Centre	Eileen Alexander, Youth Outreach Worker (416) 396-4054 ealexan2@toronto.ca	O S	Physical, social, cultural and recreation activities for all ages including seniors and persons with disabilities * caregivers and child programmes * swimming pools adapted for persons with disabilities * Pool Hotline * variety of facilities. The Malvern Community Recreation Centre is a multi-use facility that features an indoor ice arena and sports fields.	<ul style="list-style-type: none"> • Promotion of TAIBU CHC events • Use of municipal space for TAIBU CHC events • Collaboration on youth programming and research • Referrals
City of	416-396-4670			

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Toronto, Parks and Recreation Burrows Hall Community Centre				
City of Toronto, Scarborough North Social Services	Janet Wong, Manager (416) 397-1246 jwong5@toronto.ca A. Sawyer 416-397-1000	O	Toronto Social Services is proud to be a vital part of the social safety net that makes Toronto a caring community. On behalf of the City of Toronto, we manage and deliver employment, financial and social supports. As a leader, we work directly with and through our community and government partners to ensure the services we deliver to those in need are appropriate, effective and accessible.	
City of Toronto, Social Development, Finance & Administration	Wayne Robinson 416-392-8744	O	The Division provides leadership and support to the Deputy City Manager, the Citizen Centred Services 'A' Cluster, and City Council to advance social inclusion and to build safe, strong neighbourhoods and communities. The Division identifies and responds to community social needs; undertakes social planning and trend analysis; develops strategic policy responses; provides financial, administrative, IT and communications support and oversight.	
Toronto City Councillor Scarborough- Rouge River (Ward 42)	Councillor Raymond Cho 416-392-4076 councillor_cho@toronto.ca Grace Fernandez, Administrative Assistant 416-392-4103 gfernan3@toronto.ca	O		
Toronto Police Service 42 Division	Jack Wield, Community Relations (416) 808-4296 jack.wield@torontopolice.on.ca	O	Prevents and investigates offences against persons and property * works with members of the public to solve community problems * apprehends offenders * preserves the peace * handles certain noise complaints such as loud parties, others handled by various Community Council offices of City of Toronto. No. 42 Division is, geographically, the largest of Toronto's 17 divisions and serves a population of more than 350,000. Our citizens represent the most	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
			culturally diverse community in Canada.	
Toronto Public Health	Brian Parris 416-338-7979 bparris@toronto.ca	CFD TIC	Health promotion, health protection and disease prevention programs and services	
Toronto Public Health Aboriginal Peer Nutrition Programme	Wanina Phipps-Walker 416-338-3531 Wanina_scarlett@hotmail.com	CFD	The Peer Nutrition Program delivers culturally and linguistically appropriate nutrition programs to parents, grandparents and caregivers of children aged six months to six years in diverse underserved communities. The program is currently offered in 32 different languages and at more than 70 locations across the City of Toronto. Program participants receive direct education from 16 peer facilitators, called community nutrition assistants, with the support of six dietitians, two nutritionists and two managers who both have a nutrition background.	
Toronto Public Health AIDS & Sexual Health Information	Renée Boi-Doku, Public Health Nurse/Sexual Health Educator 416-338-6169 rboidok@toronto.ca Anu Sharma, Sexual Health Promoter 416-338-0805 asharma@toronto.ca Brian Parris, Community Health Officer (416) 338-7979 bparris@toronto.ca	O S	<ul style="list-style-type: none"> • Anonymous and non-judgemental counselling • Current, accurate and detailed information and support on: <ul style="list-style-type: none"> HIV/AIDS Pre-test and post-test options Safer sex activities Risk assessment STDs Birth control options Emergency contraception Sexuality Relationship concerns Pregnancy and options Sexual orientation Issues related to harm reduction, including injection drug use and needle exchange programmes • Referral to appropriate clinics and community agencies • Crisis intervention • Assistance in problem solving and decision making • Individualized time to address each client's needs • Complementary service to existing public health and community programmes 	Renée is interested in being a part of the board
Toronto Public	Vida Stevens MS, RD	CFD	• Teen prenatal and postnatal counselling (including	On-site delivery of Peer

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Health, School Health Services Healthy Families	Healthy Families Manager 416-338-8359 vstevens@toronto.ca Denise DePape Manager, Healthy Living (416) 338-7515 ddepape@toronto.ca	O TIC	nutrition and breastfeeding support), home visiting, linkage to prenatal/postpartum groups, parenting programmes and referrals to community resources. • Promote early childhood growth and development and parenting capacity for families with children 0-6 through Healthy Babies Healthy Children home visiting programme, referrals to community resources and parenting education programmes.	Nutrition, Health Babies and Dental Services
Toronto Public Health The Works Needle Exchange Program	McKenzie, Marc 416-693-7206 zeroimm@yahoo.ca	CFD	The Works is the needle exchange program for Toronto Public Health. Its mandate is to prevent the spread of communicable disease in drug users and sex trade workers. The Works uses a harm reduction approach which recognizes that a certain percent of the population will use drugs and the goal is to reduce the harm that might result from drug use	
Toronto Public Library Malvern Branch Burrows Hall Library	Deborah Cox, Coordinator 416-396-3668 dcox@torontopubliclibrary.ca Alesandra Danielsska adanielska@torontopubliclibrary.ca Margaret Mikulinski, Library Service Manager (416) 396-8857 mmikulinski@torontopubliclibrary.ca Vickery Bowles, Director (416) 395-5506 vbowles@torontopubliclibrary.ca Joanne Bainbridge, Burrows Hall Branch jbainbridge@torontopubliclibrary.ca	FG O S	One-on-one tutoring in basic reading, writing and math * volunteer tutors work with learners to help them reach their literacy goals * service available at several locations	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
Youth Employment Toronto	clibrary.ca Wendy Baker, Employment/Outreach Worker 416 397-1146 WVeitch@toronto.ca	S		
PRIMARY HEALTHCARE				
Access Alliance Multicultural Community Health Centre	Axelle Janczur, Executive Director 416-324-8677		Community health centre * no Ontario Health Insurance required for primary care and most specialists Clinical Services -- primary health care services including assessment, medical treatment, prenatal and postnatal care, breastfeeding support, individual, marital and family counselling, mental health counselling, nutrition, sexual health care Community health -- focus on newcomers, women and families with children birth to 6 years * peer outreach and support * parenting and parent-child groups * food skills groups * health education * prenatal nutrition and support * expressive arts * seniors fitness * research and advocacy on newcomer, immigrant and refugee issues Food bank -- emergency food for clients only	
Anne Johnston Health Station Community Health Centre	416-486-8666		Community health centre with focus on youth, seniors and persons with physical disabilities * in-home primary medical care for seniors, including occupational therapy, medication reviews, home safety assessment * foot care * nutrition counselling * clinic for youth 13-24 years including birth control, sexuality, testing for sexually transmitted diseases and HIV * Barrier Free Health Zone -- primary medical care for persons 18 years and over with physical disabilities * geriatric and paediatric dental clinic for residents of former City of Toronto only * health education promotion, seminars and workshops * referrals to health and social services * resource centre * naturopathic clinic * no Ontario Health Insurance required for general services Adult day programme for frail elderly and those	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
			with Alzheimer Disease * call to apply * transportation available * partnership with SPRINT SexAbility -- sexual health information in person and by phone for youth and young adults 13-29 years with mobility disabilities * peer counselling * workshops, presentations, social events * call for appointment	
Association of Ontario Health Centres	Scott Wolfe, Senior Policy Analyst (416) 236-2539 x234 scott@aohc.org		The Association of Ontario Health Centres (AOHC) is the policy and advocacy organisation for non-profit, community-governed, interdisciplinary primary health care. We are the public voice of Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs) and other non-profit, community-governed, interdisciplinary primary health care organisations.	Advisory role
Central East Local Health Integration Network	Jeanne Thomas 905-427-5497		The Central East LHIN is one of 14 Local Health Integration Networks that have been established by the government of Ontario to help transform the healthcare system. LHINs are community-based organisations that have the mandate to plan, co-ordinate, integrate and fund health services at the local level including hospitals, long-term care homes, community care access centres, community support services, community mental health and addictions services and community health centres.	
Centre francophone de Toronto (Centre de santé communautaire)	Jean-Gilles Pelletier, Executive Director 416-922-2672		Francophone community health centre * medical services -- family practitioner, nurse practitioner, dietician, health education * home visits by nurses * immunization * immigrant women's group * anonymous HIV testing, pre-test and post-test counselling, prevention education * mental health counselling * diabetes education programme * social and community services -- crisis intervention, clothing bank for children birth-12 years, assistance with health care applications, information and referral, individual, family, group and couples counselling * legal aid services * social worker * outreach services to people who are homeless * parenting education * mental health community support worker * access centre for Housing Connections	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
			<p>Pas à Pas (Prenatal Nutrition Programme) -- for pregnant or new mothers * prenatal and postnatal classes * breastfeeding * healthy cooking * parenting education</p> <p>Infant Development Programme -- for parents with concerns about the development of their children's motor skills, autonomy, social interaction, and ability to communicate * counselling * family support * service coordination * day care consultation</p> <p>French-language Day Treatment Centre -- for children 6-12 years who are experiencing emotional, social and behavioural difficulties * mental health and educational supports to reintegrate into classroom</p> <p>Children's Mental Health Programme -- for parents with children birth--6 years who are experiencing anxiety, temper tantrums, persisting sadness, constant agitation, low self esteem, or difficulties getting along with peers and establishing friendship * service coordination * individual or family therapy * counselling * family support * parenting programme * community consultation</p> <p>Ici pour aider (Here to Help) -- individual sessions for children 4-16 years who have been exposed to woman abuse</p> <p>French Social/Medical Interpreter Service -- interpretation in hospitals, clinics or doctors' offices * hospital visiting * orientation * assistance in finding temporary accommodation * free</p> <p>Le Coin de la petite enfance (Early Years Corner) -- parents and tots programme * recreational activities including gymnastics for kids and outings * African moms group * Tot Stop</p>	
Community Health Centres of Greater Toronto	Thomas Appleyard, MSW Coordinator 416-61-8474 Chc.gt@sympatico.ca	CFD		
Corrective Healthcare Wellness and Rehabilitation	Lynne McNally 416-281-0640 lynnemcnallynd@gmail.com	CFD	Corrective Healthcare has been delivering quality chiropractic, physical rehabilitation and wellness care to the Scarborough community for over 25 years.	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
	Dr. Olivier Abtan dr.o.abtan@rogers.com			
Hospital for Sick Children	Dr. Miriam Rossi	TIC	Paediatric acute care hospital * psychiatric unit * Regional Trauma Unit * Bone Marrow Transplant Unit * social work/discharge planning	
Malvern Medical Centre	416-291-7719	O	Established in 1976, Malvern Medical Centre is a multi-disciplinary clinic in Scarborough. Our philosophy is high quality accessible health care; we believe that developing long-term relationships with our patients allows us to provide the best results driven medical care. The Malvern Medical Centre serves the Greater Toronto Area and surrounding community with primary and specialty medical services.	Develop a network of primary healthcare practitioners to advocate for culturally sensitive specialist care for racialised women (i.e. heart, stroke and respiratory diseases)
Milner Health Centre	(416) 287-3611	O		
Planned Parenthood of Toronto The House Community Health Centre	Hazelle Palmer, Executive Director 416-961-0113		Information by phone, mail, or in person on sexual and reproductive health issues, including birth control, relationships, pregnancy options, sexually transmitted infections, HIV/AIDS, safer sex * educational materials * speakers * volunteer opportunities	
Rexdale Community Health Centre	Floydeen Charles-Fridal, Programme Director 416-744-0066	CFD TIC	Community health centre * primary health care including well women services * 24 hour on-call service for registered clients * health education workshops * health promotion * nutrition counselling * prenatal and postnatal care * prenatal nutrition programme * chiropodist * youth HIV/AIDS preventive education * anonymous HIV testing * sexual health clinic including family planning, sexuality * speech and language programmes and services for preschool children * multicultural seniors programme * parent and child programme * parenting workshops * diabetes support group * women's support groups * youth drop-in and leadership programmes * dental clinic for seniors and children * advocacy * community development * client information, assessment and referral * Good Food Box distribution -- see separate entry FoodShare	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
			* room rental and free community space available for non-profit agencies during normal hours * no Ontario Health Insurance required for general services	
Rouge Valley Health System Rouge Valley Centenary	416-281-8618	O	Rouge Valley Health System is an innovative leader in quality family centred care, with regional programmes in cardiac care, mental health and paediatrics. Rouge Valley consists of several health sites, including two hospitals: Rouge Valley Centenary, in east Scarborough; Rouge Valley Ajax and Pickering, in the west Durham Region. Together a team of doctors including 224 general practitioners and 325 specialists, more than 1,000 nurses and many other professionals, care for a broad spectrum of health conditions. In consultation and partnership with community members, other hospitals, healthcare organisations and the Ministry of Health and Long Term Care, Rouge Valley continues to improve its programmes and create new ones catering to the needs of the growing communities of Scarborough, Ajax, Pickering and Whitby. It's in our nature to care. Both hospitals have round-the-clock emergency departments.	Develop a network of primary healthcare practitioners to advocate for culturally sensitive specialist care for racialised women (i.e. heart, stroke and respiratory diseases)
Sunnybrook Health Sciences Centre	416-480-6100	TIC	Acute care hospital * programmes in aging, cancer, trauma, mental health, heart and circulation * community programmes * psychiatric unit * Ross Tilley Burn Centre * extended care (chronic care) wing for entitled veterans * Bayview Community Hospice, Ontario Breast Screening Programme * Regional Stroke Centre * no obstetrical or neonatal services Outpatient services -- acupuncture * allergy * amputation clinic * arthritis/rheumatology * assistive devices including orthotics, prosthetics, hearing aids * audiology including cochlear implant programme * breast screening * cardiovascular and vascular disease * carpal tunnel clinic * diet and nutrition counselling * family planning * foot care * geriatric care * headaches including migraines * mental health * pain * respiratory diseases * sexually transmitted diseases * skin diseases * speech disorders * sports	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
UHWI Nurses' Association	Hyacinth Robinson-Powell 416-292-6481 kadeschamps@rogers.com	CFD	medicine * stroke * travel immunization	
West Hill Community Services West Hill Community Health Centre	Bruce MacDougall, Executive Director bmacdougall@westhill-cs.on.ca	KRI	West Hill Community Services is a multi-cultural service delivery agency providing primary health care, community/social support for women, families, youth, adults and seniors. The new Community Health Centre satellite opened its door to clients on February 19, 2007 at 4002 Sheppard Avenue East. This location is the first of two satellites that will operate under the name Scarborough West Community Health. The second satellite will be located in the Neighbourhood Hub and is scheduled to open by the end of 2007 or early 2008.	<ul style="list-style-type: none"> • Joint service delivery of diabetes prevention • Referrals • Partner with neighbouring CHCs, local, provincial and national chapters of organisations focused on diabetes awareness, treatment and prevention, to develop programmes that address the needs of racialised and minoritised populations in Malvern • Willing to provide policy and procedures manual
Women's Health in Women's Hands Community Health Centre	Notisha Massaquoi, Executive Director 416-593-7655	TIC	Women's Health in Women's Hands Community Health Centre is a pro-choice, anti-racist, multilingual, participatory community health centre for women of diverse backgrounds in Metropolitan Toronto and surrounding municipalities. Women's Health in Women's Hands is committed to providing community, mental and clinical health promotion support from an inclusive feminist, pro-choice, anti-racist, anti-oppression, and multilingual participatory framework. We work with immigrant and/or refugee women, women with disabilities, young women and older women in Toronto. Within these groups, the Centre prioritizes low-income Black women and women of colour. Women's Health in Women's Hands understands that women are the experts in their own healthcare and that health incorporates the biological, socio-cultural, psychological and spiritual dimensions of our lives. Health is a resource for everyday living, not the objective of living.	Delivery of treatment and outreach services regarding HIV/AIDS in collaboration with the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
PROVINCIAL GOVERNMENT				
Member of Parliament Scarborough- Rouge River	Derek Lee, MP Hilda Master 416-298-4224 Leed1@parl.gc.ca	CFD		
Member of Provincial Parliament Scarborough- Rouge River	Bas Balkissoon 416-297-5040 Bbalkissoon.mpp@liberal .ola.org Andrea Hansen 416-325-4925	CFD O		
Member of Provincial Parliament Scarborough East	Mary Anne Chambers, MPP 416-212-7432 Ministry of Children and Youth Services 416-281-2787 Constituency Office machambers.mpp.co@liberal.ola.org	O		
RACIALISED COMMUNITIES				
Black Youth Helpline	Barbara Thompson 416-285-9944	BHA	Intake assessment and intervention * case management * counselling and support * referral navigation and support	
Canadian Tamil Youth Development Centre	416-431-4100	O	Counselling * Youth Mentorship Programme 7-21 years * annual achievement awards * research * Community Watch programme * Directions Magazine Community Mobilization Project -- community capacity building in St James Town and Markham Project THAMIL (Tamils Helping and Motivating to Inspire Leadership) -- mentoring * school outreach workshops * drop-in centres, call for time and locations * parents network * youth projects * girls programme Project IMPACT -- focuses on youth involved in anti-social activities * promotes awareness of youth	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
			issues Markham Recreation Project -- weekly recreational activities * develops cooperation, teamwork and sportsmanship skills	
Chinese Family Services of Ontario	416-979-8299		Counselling -- individual, group, couple, marital, family, children, youth, women, gays, lesbians, bisexuals, transsexual and transgendered people, seniors, immigrants and newcomers * counselling issues include -- elder abuse, family violence, wife assault, male batterers, children who witness family violence, incest, sexual assault, offenders, bereavement, gambling, substance abuse * crisis intervention * family life education * Family Life Education Information Hotline -- 416-979-5898 * Employee Assistance Programme * consultation for human service providers * satellite office located in Toronto, by appointment	
SOCIAL PLANNING				
Community Social Planning Council of Toronto	Richard DeGaetano, Community Planner 416-351-0095 ext. 226 rdegaetano@cspc.toronto.on.ca	CFD KRI	The Community Social Planning Council of Toronto is committed to independent social planning at the local and city-wide levels in order to improve the quality of life for all people in Toronto. It is committed to diversity, social and economic justice, and active citizen participation in all aspects of community life.	Interest in sitting on the initial board
SOCIAL SERVICES				
Agincourt Community Services Association	416-321-6912		Multi-service centre * babysitting registry * volunteer drivers for seniors and disabled to medical appointments within Agincourt * legal counselling September to June * commissioner of oaths * income tax clinic * parenting workshops * laundry, locker and shower facilities * food security programme * job bank, information on employment and training opportunities * cooking club, community garden, trips to local farms, workshops * drop-ins for Chinese seniors and young mothers * English as a Second Language (ESL) * Cooking Healthy Together workshops * Christmas Partners -- food vouchers and toys * agency luncheon -- speakers and discussion *	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
			<p>volunteer opportunities</p> <p>Emergency Food Bank -- for persons living in the Agincourt area (postal codes M1S, M1T, M1V, M1W) * by appointment only, identification required * call between 9 and 3 for same day pickup before 4:30, closed Wednesday * member of Daily Bread Food Bank</p> <p>Homeless Drop In -- Thursday 9-4, snacks, hot lunch, movie, games, free haircuts, access to computer * foot care nurse every other week</p> <p>Street Outreach 416-684-6350 -- mobile service provides information and referral, individual support and counselling, case management, some transportation</p> <p>Sign-up location for Metro Voice Mail Project -- persons without telephones receive private phone number to retrieve messages from any touch-tone phone. Participates in CAP (Community Access Programme) -- free Internet access</p>	
<p>Distress Centres of Toronto Distress Centre 3 (Scarborough)</p>	<p>416-439-0744 Administration</p>		<p>Telephone response to persons in need of immediate emotional support, crisis intervention or suicide prevention * links to other emergency services or professional help as appropriate * public education -- skills training in distress/crisis intervention and suicide prevention for community, student and professional groups * individual consultations * information packages * suicide prevention pamphlets in Chinese, Somali, Spanish, Tamil</p>	
<p>East Scarborough Storefront</p>	<p>Kaurobi Pandit, Community Information Specialist 416.208.9889 kauroibpandit@gmail.com</p>	<p>O S</p>	<ul style="list-style-type: none"> • Settlement services in 12 languages • Health services (blood pressure checks, vaccines and more) • Legal advice lawyer • Safety tips and police information • Employment services • Senior fitness • Computer use & computer training • Homework clubs • Mental health supports • Youth services and groups and more at 	

Agencies/ Individuals	Contact Information	Method of Consult	Current Programming	Potential Partnerships / Collaboration / Relationship
WOMEN				
Assaulted Women's Helpline	416-364-4144 Administration		Telephone crisis counselling, information and support * referral to emergency shelters, legal information and community services, as well as culturally appropriate resources for abused women * liaison with diverse communities * confidential and anonymous	
Arising Women's Safe House		O		
Juliette's Place	Daisy Williams 416-724-1316 counselors@julliettesplace.org	CFD	Emergency short term shelter * capacity 35 * average stay 10-12 weeks * crisis intervention * counselling * information and referral * advocacy, awareness and education * supportive groups for women and children * children's programs * public education	
Women's Place	Cathy Mwanza Manager, Women's Place (416) 293 4664 cmwanza@mfr.org	S	<p>Women's Place is a drop in centre for women located in the Malvern Town Centre Mall.</p> <ul style="list-style-type: none"> • We link women to outside community services. • We assist women with computer usage and Internet searches. • We provide informal counselling, programmes and services to women. • We offer information on health issues, childcare, services and so much more. • Women's Place staff and volunteers provide women with information and referrals on issues such as housing, education and training, physical health, woman abuse and employment. 	<ul style="list-style-type: none"> • Referrals • Support the development of women-centred health services and programmes at TAIBU CHC

1.5 Describe gaps and overlaps in service and how your CHC/Satellite CHC intends to address these.

Communities like Malvern have a long tradition of co-operation, self-help and community action. This is one of the key reasons why TAIBU CHC Implementation Committee elected to utilise a community development / engagement approach to inform its strategic and programme planning work. A highly valuable and informative, though complex and time consuming, undertaking, community engagement is a strategy that involves forging partnerships with community stakeholders to solve problems, build strength, self-sufficiency and well-being. It involves the recognition and addressing of barriers to access experienced by marginalised populations to ensure their participation and input from the outset of the pre-operational phases of TAIBU CHC's development.

It is also a process whereby people take charge of their own futures. Community development is people identifying commonly felt problems and needs and taking steps to resolve the problems and meet the needs. It is people struggling to make their community a better place to live than it was before (Four Worlds Development Project, University of Lethbridge, Alberta).

Table 14 identifies the gaps in service in the Malvern area and the potential programmes and staffing complement that are needed to address these gaps. In the first two years of operation, the staffing complement will be made up of the following FTE positions:

- | | |
|--|---------------------------------------|
| ▪ 2.25 FTE Physicians | • 1.00 FTE Executive Director |
| ▪ 1.00 FTE Nurse Practitioner | • 2.00 FTE Programme Director |
| ▪ 1.50 FTE Registered Nurse | • 1.00 FTE Administrative Assistant |
| ▪ 1.00 FTE Registered Dietitian | • 1.00 FTE Medical Secretaries |
| ▪ 2.00 FTE Mental Health Worker | • 1.50 FTE Receptionists |
| ▪ 3.00 FTE Health Promoter | • 1.00 FTE Finance and Admin. Manager |
| ▪ 0.50 FTE Chiropractist | • 0.5 Data Manager |
| ▪ Child Care Workers on contract as needed | • 0.25 FTE Volunteer Coordinator |
| | • 0.50 FTE Plant Manager |

Total Staffing at end of first year of operation: 20.00 FTE

Note: A FTE position may be staffed by one full-time employee or multiple part-time employees. (Refer to Table 14 for a breakdown of the staffing positions by program area).

Table #14: Gaps in Service: Planning for . . .

Gaps in Service	How the Gaps will be Addressed
<i>Planning for...</i>	
<p><i>Programming and Staffing Needs</i></p> <p>Basic Primary Healthcare Needs of the Priority Populations focussed on:</p> <p>Those residents living in the designated catchment area of Malvern (see page 4), who are Black, vulnerable, racialised, minoritised, with an emphasis on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children <input type="checkbox"/> Youth and young adults <input type="checkbox"/> Seniors <p>Mental Health and Health Promotion Programming focussed on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Development of Healthy Coping Responses to Daily Living <input type="checkbox"/> Healthy Eating and fitness <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Sexual and Reproductive Health <input type="checkbox"/> Alcohol and Substance Awareness <p>Cultural, linguistic and religious competence that will enable the staff team to serve well the needs of the priority populations.</p> <p>Staffing and programming that demonstrates environmental and ecological consciousness; monitors local issues of environmental health and</p>	<p>The main priority in the first year of operation of the TAIBU CHC will be the meeting of basic primary healthcare needs (as mandated by the Ministry of Health) of those priority populations defined in this report. These needs will be met through the following staffing positions:</p> <ul style="list-style-type: none"> ▪ 1.50 FTE Physicians ▪ 1.00 FTE Nurse Practitioner ▪ 0.50 FTE Registered Nurse ▪ 0.50 FTE Registered Dietitian <p>Health Promotion Programming needs will be met through the following staffing positions:</p> <ul style="list-style-type: none"> ▪ 0.50 FTE Physician ▪ 0.50 FTE Registered Nurse ▪ 0.25 FTE Registered Dietitian ▪ 1.00 FTE Mental Health Worker ▪ 1.00 FTE Health Promoter <p>. . . of whom a majority will reflect the cultural, linguistic and religious profile of the populations served. Cultural competency will be implemented through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Affirmative action hiring <input type="checkbox"/> Training in cultural competency for all staff <input type="checkbox"/> The production of resources and pamphlets in languages relevant to the priority populations served. <input type="checkbox"/> The training and use of volunteer and/or staff interpreters. <p>Environmental consciousness will inform all programming of the CHC through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electronic rather than paper records <input type="checkbox"/> Recycling, reuse and reduction of medical and consumer goods where possible <input type="checkbox"/> The creation of an environmental staff team to animate, facilitate, monitor TAIBU CHC's responsiveness to environmental concerns. <p>Total FTE = 6.75</p>

Gaps in Service	How the Gaps will be Addressed
Planning for...	
<p>concern.</p> <p>Chronic Disease Management Programming</p> <p>focused on those living with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diabetes (Type 1 and Type 2) <input type="checkbox"/> Obesity / Nutrition <input type="checkbox"/> Disability (Physical and Intellectual) <input type="checkbox"/> Chronic Pain (Cancer, Arthritis etc.) <input type="checkbox"/> Sickle cell anaemia <input type="checkbox"/> HIV/AIDS <p>... with programming:</p> <ul style="list-style-type: none"> <input type="checkbox"/> seniors' fitness <input type="checkbox"/> pre-/neo-natal yoga <input type="checkbox"/> youth-at-risk activities <p>Programming focussed on addressing the needs of families (including newcomers) within the social determinants of health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family Counselling <input type="checkbox"/> Unemployment and financial counselling <input type="checkbox"/> Housing and Food Security <input type="checkbox"/> Childcare; support for teen mums <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgendered, Transsexual, Two-spirited, Queer, Questioning and Intersexed (LBBTTTQQI) advocacy, support <input type="checkbox"/> Advocacy through community, social service and healthcare systems 	<p>Chronic Disease Management Programming needs will be met through the following staffing positions:</p> <ul style="list-style-type: none"> ▪ 0.25 FTE Physician ▪ 0.25 FTE Registered Nurse ▪ 0.25 FTE Registered Dietitian ▪ 0.25 FTE Chiropodist <p>Community Development needs and addressing the broader determinants of health of CHC clients will be met through the following staffing positions:</p> <ul style="list-style-type: none"> ▪ 1.00 FTE Health Promoter <p>Personal Development Groups in the following related areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> community kitchen and nutrition for newcomers <input type="checkbox"/> LBBTTTQQI youth support and action <p>Clinics and educational / coordinated events on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Influenza, childhood vaccines, preventing breast cancer, etc <input type="checkbox"/> Foot care <input type="checkbox"/> Settlement information and coordination <input type="checkbox"/> Job search and financial workshops <p>Total FTE = 2.00</p>
<p>Mental Health and Addictions Programming</p>	<p>Mental health and addictions programming needs will be met through the following staffing positions</p>

Gaps in Service	How the Gaps will be Addressed
Planning for...	
<ul style="list-style-type: none"> <input type="checkbox"/> Mental Illness (Depression, Addictions, dual diagnoses, concurrent disorders) <input type="checkbox"/> Needle exchange collaborative programme <input type="checkbox"/> Community education 	<ul style="list-style-type: none"> ▪ 1.00 FTE Mental Health Worker <p>... will provide / coordinate staffing and educational support to Personal Development Groups in the areas of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> recovery / harm reduction / partners / families <input type="checkbox"/> mental health / physical health <p>Total FTE = 1.00</p>
<p>Programming to meet the needs of youth and young adults</p> <ul style="list-style-type: none"> <input type="checkbox"/> Healthy Sexuality <input type="checkbox"/> Family Planning <input type="checkbox"/> HIV-AIDS education <input type="checkbox"/> Pre-natal care for young mothers <input type="checkbox"/> After-school activities, programs <input type="checkbox"/> Substance awareness <input type="checkbox"/> Lifestyle choices <input type="checkbox"/> Anti-bullying, anti-violence and anti-gang programs and initiatives <input type="checkbox"/> Pathways to Education program <input type="checkbox"/> Early childhood development <input type="checkbox"/> Hearing and speech/language testing <input type="checkbox"/> Learning disability testing 	<p>The needs of youth, women, young mothers will be met through the hiring of :</p> <ul style="list-style-type: none"> ▪ 1.00 Health Promoter ▪ Child Care Workers on staff or contract as needed <p>Personal Development Groups focussed on the following areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Life skills and resilience training <input type="checkbox"/> Sexual assault, domestic violence survivor support <input type="checkbox"/> Parenting for both women and men <input type="checkbox"/> Detecting early signs of learning or behaviour difficulties in young children. <p>Total FTE = 1.00</p>
<p>Programming to meet the needs of isolated seniors</p> <ul style="list-style-type: none"> <input type="checkbox"/> System navigation <input type="checkbox"/> Friendly visits/home care coordination and support <input type="checkbox"/> Activities and Fitness <input type="checkbox"/> Nutrition support <input type="checkbox"/> Medication and compliance support <input type="checkbox"/> Elder abuse strategy <input type="checkbox"/> Mobile Health 	<p>The healthy living needs of isolated and fragile seniors will be addressed through the addition of the following staff positions to the CHC team:</p> <ul style="list-style-type: none"> ▪ 0.25 FTE Registered Nurse ▪ 0.25 FTE Chiropodist <p>... as well as the implementation of programming in cooperation with existing agencies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fitness for the isolated elderly and disabled <input type="checkbox"/> Home visits coordinated with existing agencies <input type="checkbox"/> Foot care clinics

Gaps in Service	How the Gaps will be Addressed
<i>Planning for...</i>	
	Total FTE = 0.50
<p>Addressing Transportation Barriers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transportation barriers in communities such as Malvern are common and difficult to tackle. Developing a plan to address this barrier is critical for those seeking access to primary health care, e.g., vulnerable clients of this CHC such as newcomers, frail elderly, youth, impoverished and disabled. <input type="checkbox"/> In the course of the CE process, people from across sectors of the population advised the TAIBU CHC Implementation Committee to locate the CHC centrally and in a site easily accessible by public transit. 	<p>TAIBU CHC will address transportation barriers through the following initiatives:</p> <ul style="list-style-type: none"> ▪ Examine how current volunteer transportation service and reduced fee-for-service transportation can be further coordinated and enhanced. ▪ Co-ordinate with local transportation agencies to set up an affordable transportation service for clients both locally and those that need to travel out of the area ▪ Mandate a committee within TAIBU CHC's Board to generate funds for special needs as well as supplementing possible transportation costs for clients ▪ Implement innovative responses to access issues – e.g., preventative screening clinics, home visiting services for frail and elderly and those with disabilities, foot care clinics, blood pressure clinics offered at different times on site and off-site to improve access ▪ Provide services at alternative times besides regular hours of operation when many one-vehicle families may not have access to a vehicle ▪ Volunteer drivers' coordination (see below)
<p>Staffing, recruitment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collaborative Practice within an inter-disciplinary team. <input type="checkbox"/> Site design that facilitates, rather than impedes, collaborative practice. <input type="checkbox"/> Recruitment materials that promote the CHC model to health care providers. <p>More Specialist Services Locally</p> <ul style="list-style-type: none"> <input type="checkbox"/> Some no-cost specialist services appropriate to the 	<ul style="list-style-type: none"> ▪ Recruitment will focus on the hiring of individuals that are interested in / accustomed to working in a collaborating team environment; materials will be distributed to physician recruitment committees, schools of medicine, nursing, social work, pharmacy, nutrition; locums for students; mentoring for Internationally-trained Medical Grads. ▪ On-going training in collaborative practice for all staff will be essential ▪ Opportunities will be created for staff to collaborate regularly in the planning of patient care ▪ Plan / design workspace that is conducive to collaborative practice ▪ Provide treatment / swing space for visiting specialists / consultants / allied healthcare professionals <p>Needs for specialist services will be addressed through the collaboration and partnerships seeking the involvement of a</p>

Gaps in Service	How the Gaps will be Addressed
Planning for...	
<p>needs of the CHC's designated priority populations that are available on-site offer significant advantages particularly in the areas of dental, pharmacy and psychiatry.</p>	<p>pharmacist, psychiatrist and dentist.</p>
<p>Providing Extended Hours of Service</p> <p><input type="checkbox"/> The vast majority of services in Malvern are constrained within usual office hours. Most residents who need care outside of that time frame go to walk-in clinics and the Emergency Departments of the local hospitals.</p>	<p>The needs of the priority population for clinical hours outside of the work day will be met by:</p> <ul style="list-style-type: none"> ▪ One 3 hour block of extended hours for each physician and nurse practitioner on staff. Primary healthcare services will be provided on Saturdays. ▪ This CHC will incorporate the Tele-health Advisory Service (THAS) and educate / inform clients re: THAS available to them after hours
<p>System navigation and the integration of services across the continuum of care.</p> <p>This CHC needs to be a resource for the greater community for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> System navigation and coordination <input type="checkbox"/> Information and resources library and databases <input type="checkbox"/> Outreach and communications <input type="checkbox"/> Patient advocacy <input type="checkbox"/> Education and community-capacity building 	<ul style="list-style-type: none"> ▪ TAIBU CHC, through a Community-governed Board of Directors, who are reflective of the local population and aware of its health needs, will endeavour, on an ongoing basis, to raise awareness of service gaps and improve continuity of care through community development, networking, planning and coordinating with other health, community and social service providers as well as the Central East Local Health Integration Network. TAIBU CHC will be guided by its founding mandate. ▪ As a mandated and experienced resource for integrative planning this CHC will work with those that have indicated interest in partnership to improve health outcomes of clients. ▪ The CHC will forge linkages with networks across the region to improve client care – such as the Community Health Centres in the Central East LHIN as well as the Greater Toronto Area, Family Health Teams, Corrections officers and institutions, Schools and School Boards, Mental Health Services, faith communities, Employment and Settlement services and networks. ▪ Utilize information technology and an information

Gaps in Service	How the Gaps will be Addressed
Planning for...	
	<p>management system to better coordinate the CHC process and client care, e.g., use of electronic health record for client care</p> <p>The needs for navigation, collaboration, education, outreach, volunteer coordination will be met with the recruitment of the following staff members:</p> <ul style="list-style-type: none"> ▪ 0.25 FTE Volunteer Coordinator <p>Total FTE = 0.25</p>
Administration that facilitates and supports the work and collaboration of the clinical and social services team	<ul style="list-style-type: none"> ▪ The CHC will address the administrative, IT and management needs of the CHC with the recruitment of the following staff: ▪ 1.00 FTE Executive Director ▪ 2.00 FTE Programme Director ▪ 1.00 FTE Administrative Assistant ▪ 1.00 FTE Medical Secretaries ▪ 1.50 FTE Receptionists ▪ 1.00 FTE Finance and Administration Manager ▪ 0.50 FTE Data Manager ▪ 0.50 FTE Plant Manager / Facility and Maintenance Worker <p>Total FTE = 8.5</p>
Total Staffing for year one of operation:	Total FTE = 20.00

Note: The staffing complement has evolved based on population demographics and feedback gathered throughout the community engagement process. In the future, Table 14 will assist with human resources management activities such as staff recruitment.

1.6 Identify other individuals, informal organisations and groups you consulted as part of the community engagement process (e.g. residents' groups, ethno-cultural organisations).

See Table 13 (Current Service Providers and Potential Partners) which gathers together in a single chart: current service providers, organisation consulted during the community engagement process and potential partnerships.

1.7 Describe the ways in which you consulted with potential service users and the broader community. Which groups did you identify as hard-to-reach and what strategies did you use to engage these groups?

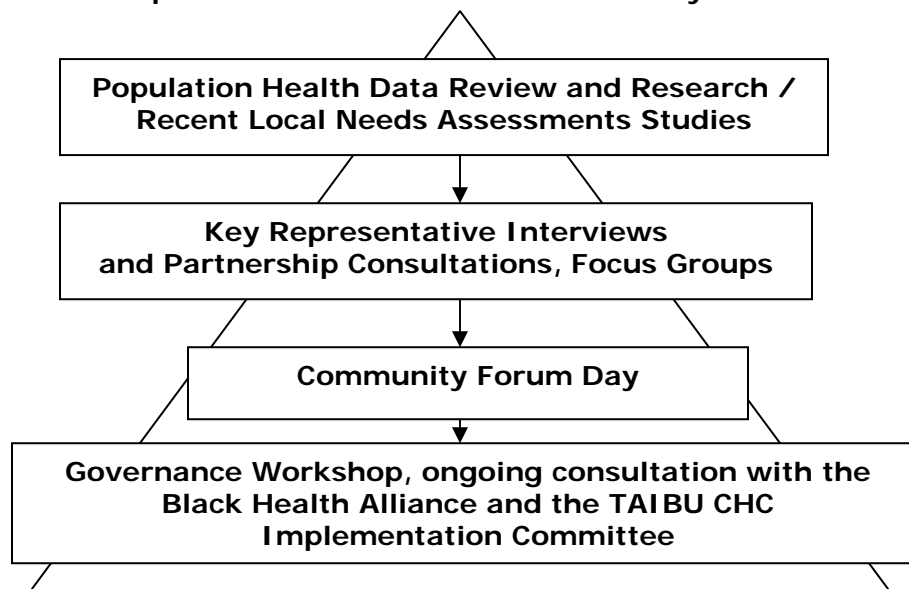
Representatives from the following organisations sit on the Black Health Alliance (BHA):

- African and Caribbean Diabetes Prevention Programme
- Black CAP
- Caribbean Chapter of the Canadian Diabetes Association
- Man to Man (Prostate Support Group)
- Resolve Research Solutions
- Substance Abuse Programme for African Canadian and Caribbean Youth (SAPACCY)
- The Olive Branch of Hope (Breast Cancer Support Group)
- The Sickle Cell Association of Ontario
- Toronto Public Health
- Black Youth Helpline

The TAIBU CHC Implementation Committee is comprised of residents and former residents of Malvern, people serving on local and regional community-based boards of directors, as well as a number of individuals who represent the following organisations:

- African Caribbean Diabetes Prevention Programme
- Caribbean Chapter of the Canadian Diabetes Association
- Church of the Nativity
- Hospital for Sick Children
- Malvern Community Coalition
- Morgan Chiropractic and Wellness
- Parkdale Project Read
- Rexdale Community Health Centre
- Sunnybrook Health Sciences Centre
- Toronto Public Health
- University of Toronto, Faculty of Medicine

Figure 1: Pictorial Depiction of the TAIBU CHC Community Consultation Process



Potential users of CHC services and the broader community were consulted through:

A. Environmental Scanning and Initial Contact

In the first phase of the community engagement process, the TAIBU CHC Implementation Committee contracted a Project Manager to scan Malvern and its surrounding area to identify key stakeholders and potential partners (See Appendix O for Project Manager job description). The Project Manager assembled a database of the local, municipal, regional and provincial 'players,' and initiated contact to share information about the CHC, gain support and discuss the priority primary healthcare needs of Malvern residents. The database of stakeholders included:

- Provincial stakeholders such as Bas Balkissoon, MPP-Rouge River (former Toronto City Councillor for Ward 41 in northeast Scarborough), and Mary Anne Chambers, MPP-Scarborough East
- Central East LHIN staff
- Key municipal leadership such as Toronto City Councillor Raymond Cho (Ward 42, Scarborough-Rouge River)
- Neighbouring CHCs and FHTs
- Current health and social service providers and agencies
- Community-based organisations with particular focus on those serving racialised and minoritised populations (See Table #14 for organisations contacted and those interested in developing partnerships).

B. Outreach

Also during the initial phase of the CE process, the Project Manager and the TAIBU CHC Implementation Committee developed an outreach strategy to further the Black Health Alliance's understanding of Malvern community members, and expand the wider community's involvement in the pre-operational development of TAIBU CHC. The objectives of the outreach strategy were as follows:

- i. Promoting TAIBU CHC and generating excitement about the Centre
- ii. Getting to know the Malvern community
- iii. Identifying the community's priority healthcare concerns
- iv. Isolating what are the existing gaps in services

- v. Compiling a comprehensive list of programmes and services that would best address these gaps in order to improve health outcomes of racialised and minoritised populations
- vi. Finding an ideal location for TAIBU CHC
- vii. Ascertaining how residents access information about healthcare services
- viii. Identifying individuals who would be interested in sitting on TAIBU CHC's community-governed board.

During phase two of the CE process, the BHA added two part-time Health Promoters to the CE team (See Appendix P for Health Promoter job description). The PTE Health Promoters were contracted to assist the Project Manager in achieving the objectives of the outreach strategy. To this end, the CE team undertook the following activities:

- o Attendance at local events, recreational programmes and community meetings to promote TAIBU CHC, and build relationships with service providers, residents and coalition groups (See Table #13)
- o Visits to two local secondary schools, Malvern Public Library and Malvern Town Centre as a way of getting to know residents and local business owners. During these visits, the part-time Health Promoters distributed a promotional pamphlet about TAIBU CHC (See Table #13 and Appendix A)
- o Sharing an information table at the Malvern Town Centre with Black Coalition for AIDS Prevention to distribute promotional materials about TAIBU CHC
- o Coordination and implementation of *Bantaba*, a free Black History Month event (sponsored by BHA) on February 22, 2007 at the Malvern Community Recreation Centre. During this cultural celebration, members of BHA, the TAIBU CHC Implementation Committee and CE team engaged in an elicitive process with participants to identify:
 - Their healthcare needs
 - Programmes they would like to see at TAIBU CHC
 - Gaps in existing services
 - Ideal location for TAIBU CHC and
 - How they would like to receive health information.
- o Three presentations to community coalitions regarding TAIBU CHC:
 - i. December 8, 2006 at Malvern Community Recreation Centre for the Malvern Community Coalition
 - ii. January 24, 2007 at Malvern Public Library for the Malvern Neighbourhood Action Team

- iii. February 2007 at Malvern Community Recreation Centre for the Annual General Meeting of the Malvern Community Coalition

C. Key Representative Interviews

The Project Manager conducted preliminary interviews with ten community leaders who have extensive knowledge about Malvern and/or experience in particular areas of the community (i.e. youth employment, HIV/AIDS, education, social service agencies, and criminal justice). The interview candidates consisted of individuals who represent the diversity characteristic of Malvern (i.e. faith, ethnicity). Key representative interviews were carried out using the following questions:

- i. What services would you like to see offered at TAIBU CHC?
- ii. What are the gaps in existing programmes/services?
- iii. What is a suitable location for TAIBU CHC? (See Appendix B for summary of key representative interviews).

D. Focus Groups

'Reaching fewer people but providing more in-depth information, a focus group meeting with a few selected residents may be helpful. In a focus group meeting, invited participants are given a few open-ended questions to discuss. The facilitator encourages all to express their opinions and the points that are raised are recorded, either on paper or tape recorded. There is no agreement required; it is purely an exploratory exercise to identify opinions, issues, needs, potential solutions and recommendations.' (*From the Ground Up: An Organizing Handbook for Healthy Communities*, p. 7).

The CE team facilitated seven focus groups to foster deeper conversations with specific groups who were emerging as potential populations of priority for TAIBU CHC. The groups consulted consisted of:

- i. Somali community members – February 3, 2007
- ii. Two South Asian seniors groups – February 8 and March 11, 2007
- iii. Caribbean men - January 19, 2007
- iv. Youth - March 21, 2007
- v. Members from two local religious institutions – January 28 and March 25, 2007. (See Appendix C for summary of focus groups)

E. Surveys

While immersing themselves within the Malvern community, the CE team was simultaneously distributing a comprehensive survey to a variety of community stakeholders. One survey was specific to youth, an online survey for local service providers and another for the general population. In order to reach as many people as possible, the survey was translated in the top non-English languages in the Malvern community: Punjabi, Tagalog, Tamil and Chinese. Translation services were provided by Access Alliance Multicultural Community Health Centre. Overall, 350 surveys were distributed, 224 completed (See

Appendices C through I for a detailed summary of surveys collected along with related resource materials).

The surveys were distributed by:

- Meeting with community organizers, municipal recreation staff, outreach workers and administrators at local social service agencies to:
 - Describe the aim and objectives of TAIBU CHC
 - Gain their endorsement of TAIBU CHC and the Implementation Committee's community-based outreach strategy
 - Enlist them in randomly recruiting service users to complete the survey
 - Obtain their suggestions regarding other community organisations to engage with
- Encouraging focus groups participants, event and presentation attendees to participate
- Advertising in print media such as the Scarborough Mirror, and ethnic newspapers like SHARE magazine
- Putting up flyers and posters in libraries, recreation centres and local businesses
- Mass emails and brochure distribution to service providers, agencies, Malvern Neighbourhood Action Team and Malvern Community Coalition members. (See Appendix D for analysis of data collected from the surveys).

F. Community Forum Day

On May 24, 2007 the TAIBU CHC Implementation Committee and Association of Ontario Health Centres hosted a forum at the Malvern Community Recreation Centre to:

- Explain the CHC model and the relationship between CHCs and the local community
- Present population health data for the Malvern area
- Seek input on the health and healthcare needs of Malvern residents

The event was attended by both community members and services providers. The event was facilitated in English, with translated materials available in French, Hindi, Punjabi, Spanish, Tagalog, Tamil, Traditional Chinese, Urdu; and interpretation services in Cantonese, Hindi, Mandarin, Punjabi and Tamil. See Appendices K through N for a detailed summary of participant responses along with related resource materials used during the forum.

Hard-to-Reach Populations

Based on consultations with West Hill Community Services and Malvern Family Resource Centre, the CE team generated a list of potential services users that these service providers had identified as hard-to-reach populations. The following table cites these populations, including the barriers they face, and highlights the strategies the CE team undertook to address these barriers.

Table #15: Hard-to-Reach Populations

POPULATION	BARRIERS TO PARTICIPATION IN CE PROCESS	STRATEGIES TO ENGAGE THESE COMMUNITIES
Newcomer populations	<ul style="list-style-type: none"> • Reluctance to participate during winter months • English may not be first language 	<ul style="list-style-type: none"> • Build links with organisations serving and advocating on behalf of hard-to-reach populations • Translation of surveys into Punjabi, Tagalog, Tamil and Chinese
Racialised communities	<ul style="list-style-type: none"> • Reluctance to participate during winter months • English may not be first language • Social isolation 	<ul style="list-style-type: none"> • Recruit local translators to distribute surveys and recruit participants for focus groups • Build links with organisations serving and advocating on behalf of hard-to-reach populations • Translation of surveys in four languages
Seniors	Concerns about safety	Engage service providers working with seniors populations
Youth	Distrust of service providers	<ul style="list-style-type: none"> • Identify youth leaders and enlist them in distributing the survey • Visit local secondary schools to promote TAIBU CHC and engage youth

1.8 How did you ensure your activities were accessible to the broader community?

Under the direction of the TAIBU CHC Implementation Committee, the CE team took the following actions to ensure that their activities were accessible to the broader community:

Planning and Design

- Advanced planning of CE activities, drawing upon the diverse representation of the Implementation Committee, who provided feedback and assisted with design.
- Inclusion of a variety of activities, such as surveys, focus groups and cultural events, to encourage participation from a wide range of participants
- Development of a budget that enabled CE team to respond to a variety of needs. I.e. Allotment for translation of surveys, refreshments

Location

- Selection of event or meeting locations that were on public transportation routes and wheelchair accessible with parking available

Communications and Signage

- The community forum event was advertised in the *Scarborough Mirror*, which prints an estimated 115,00 copies per week, and the *Gleaner*
- Development of easy-to-read and understand promotional materials

- Availability of written resource materials in a variety of languages
- Flyers for the community forum were distributed through the Malvern Community Coalition, TAIBU CHC Implementation Committee, BHA to their broader network of organisations and the community at large

Timing

- Scheduling of events and meetings at times that accommodate the lives of participants

Content and Facilitation

- Individuals, groups and organizations were given an orientation TAIBU CHC's founding mandate
- Participants were asked to provide written and/or verbal feedback regarding the pre-operational development of TAIBU CHC
- Constructive feedback was addressed through: identification of issues, discussion about Malvern's current demographics and TAIBU CHC's proposed priority populations etc. (See Section 2)

1.9 What strengths, assets and opportunities did you identify?

Based on discussions with West Hill Community Services and Malvern Family Resource Centre, the following assets in the Malvern community were identified:

- i. Given the large numbers of youth there is a lot of energy and creativity within the community.
- ii. People are very sensitive and aware of their environment.
- iii. Residents are very protective of one another such as their families, neighbours and popular local businesses and community leaders.
- iv. The majority of residents come from diverse ethno-cultural populations groups which offer a very unique area unlike other areas in the GTA.
- v. Residents tend to be very proud of their community and actively work to counter the negative stereotypes.

During the May 24th, 2007 community forum event, participants were divided into small discussion groups whose first task was to generate a list of community assets and resources (See Appendix L for a detailed summary of the community forum).

2. INVOLVING THE COMMUNITY IN DECISION MAKING

2.1 Describe your community consultation process and any conflicting or different views that have arisen through the process. How did you resolve or address these issues?

Prior to this official CE process, members of BHA came together to address disparities in the health outcomes of racialised and minoritised communities across Canada, and specifically in Toronto. Founded in 2000, BHA is a non-profit, community-based network of organisations and individuals that focus on:

- Community outreach
- Public policy and best practices
- Resource development that is culturally competent
- Research and education
- Collaborative projects geared toward improving access to healthcare

The work of BHA highlights the challenges facing vulnerable populations when accessing healthcare services, including systemic racism, from a social-determinants-of-health perspective. The TAIBU CHC Implementation Committee has residents of Malvern and local service providers among its membership. At varying stages, reviews and assessment were held, which informed the progress and direction of the work. (See objectives of CE process in Section 1.7.1)

The Community Engagement Process:

Phase One: Environmental Scan and Initial Contact

- Project Manager contacted a number of key representatives with expertise in the community of Malvern. They provided advice, guidance and support of BHA's vision of TAIBU CHC. These initial contacts included individuals representing the four largest racialised populations in Malvern and across Scarborough
- TIC and the Project Manager drafted a preliminary outreach strategy for the CE process (See Section 1.7)
- Review of existing data on broad population health needs, including but not limited to, City of Toronto reports and Statistics Canada
- Creation of a database of community organisations in Malvern and the broader area of Scarborough Central

Phase Two: Outreach and Community Engagement

- The Project Manager conducted eight key representative interviews with individuals representing social service agencies, faith-based organisations etc., to promote TAIBU CHC and learn more about the community
- Two part-time Health Promoters were hired to assist the Project Manager with the CE process. The team gave presentations, hosted events and attended a variety of community meetings. These outreach activities functioned as a way of getting to know the community and building relationships with key stakeholders such as local business owners, municipal staff etc (See Section 1.7).
- Seven focus groups were facilitated to obtain a community perspective of the healthcare needs in Malvern. Participants also gave input regarding what types of programmes and services would address their needs, gaps in existing services and how health information is most effectively disseminated (See Section 1.7)
- 350 surveys were distributed throughout the community with focus on youth, service providers and the general population. Community organisations assisted with recruiting survey respondents. To ensure that the survey was accessible to the broader

community, it was translated into four languages (Punjabi, Tamil, Tagalog and Chinese). To date, 224 surveys have been completed and a summary of the results was compiled by the part-time Health Promoters

- o The Association of Ontario Health Centres (AOHC) was contracted by BHA to provide expertise regarding the CHC sector, and coordinate a community forum to further engage residents in the pre-operational development of TAIBU CHC.

Two main issues have been raised during the community engagement process:

(i) The perceived “Black” focus of the CHC

A few service providers and faith-based organisations expressed concern that the CHC would only serve Black populations in Malvern, and therefore not provide primary health care to other vulnerable groups. The Project Manager seized these opportunities to clarify BHA’s position: BHA’s vision was best expressed in Dr. Christopher J. Morgan’s November 2005 letter to the Honourable George Smitherman, which stated:

‘The Black Health Alliance does recognize the cultural diversity within the Malvern area, further recognize that many of the cultural/ethnic groups in Malvern...share a common experience of being racialised, marginalized populations. Whether one identifies as African, Asian, Caribbean, Hispanic or South Asian, there is a common experience of social exclusion. There are common challenges to culturally competent, anti-oppression policies, programmes and services in all segments of society (education, employment, housing, etc. including health and social services). As such, the Black Health Alliance from the very beginning and continues to advocate for a CHC which has competency in serving racialised and marginalized communities. TAIBU’s approach will be to deliver culturally-competent healthcare services and to address, whenever possible, the social determinants of health including racism and violence. In essence a CHC with proficiency in cultural competence will be able to adapt and effectively serve people from many different cultures. We intend to serve all who come through the doors of TAIBU CHC...TAIBU CHC, while serving the Malvern community at large, intends to develop specialised health and social services for the Black community. By doing so we may be an integral and effective contributor to the import/export of best practices and as a consequence CHCs from Windsor to Sault Ste Marie may be better able to serve growing Black communities.’

At the committee level, there was much discussion about how to frame the priorities and focus of TAIBU CHC in such a way that (i) both racialised, minoritised populations will feel welcomed, and (ii) best practices in delivering primary healthcare to Black populations will be developed for use with all clients at TAIBU CHC and disseminated throughout the CHC and healthcare sector. The Implementation Committee acknowledged the importance of encouraging a diversity of participation in the community engagement process and governance structure of TAIBU CHC. As such, the outreach activities of the CE team made a concerted effort to engage a broad cross section of Malvern (See Section 1.8). Moreover, the TAIBU CHC Implementation Committee made a decision that the governing Board will reflect the Malvern community and TAIBU CHC’s founding mandate. To date, a number of individuals have expressed interest in sitting on the pre-operational board, committees and the inter-disciplinary staff team.

(ii) Location

While the location of TAIBU CHC also emerged as a contentious issue, with stakeholders at all levels expressing a variety of opinions based on the needs and aspirations of particular groups regarding the most suitable site, the identification of a site at Malvern Town Centre is meeting with wide affirmation. All feedback on location was compiled and forwarded to Colliers International for consideration.

2.2 How does your group encourage participation from a diversity of community members (e.g. through sub-committees, public meetings, diversity of sponsoring group)? What are the decision making structures that encourage this participation?

- During key representative interviews, focus groups and the community forum, participants' views on current programmes and services, their experience of the health care system, how the CHC could fill gaps and improve/enhance services and their recommendations were change were solicited and became the foundation on which this report rests
- Focus groups were also held to reach out to and foster the involvement of community members experiencing particular barriers that may prevent them from participating in Community Forums, such as youth and seniors
- Surveys were widely advertised in the *Scarborough Mirror*, *SHARE* magazine and various community list-serves.
- The community forum event was advertised in the *Scarborough Mirror* and the *Gleaner*; by word of mouth through the efforts of the Malvern Community Coalition; and via distribution of flyers by BHA and TAIBU CHC Implementation Committee members
- Materials and resources were translated into a variety of languages in order to reduce barriers to participation. Interpretation services were also provided during the community forum and focus groups
- Focus groups, community meeting and event venues were all accessible.
- The CE Team arranged for refreshments so that people could come directly from work. Food served was Halal, Caribbean with options for vegetarians.

2.3 How are you keeping a broad range of community members up-to-date on your progress?

The TAIBU CHC Implementation Committee is keeping a broad range of community members up-to-date on the pre-operational development of TAIBU CHC by:

- Sitting on two community networks, Malvern Neighbourhood Action Team and Malvern Community Coalition, where information about resources and services in Malvern is shared broadly among residents and local service providers.
- Running an invitation to the May 24th community forum in MPP Bas Balkissoon's May 2007 newsletter

- Meeting with representatives from the Ministry of Children and Youth Services to brainstorm areas for possible collaboration
- Partnering with Malvern Community Coalition to recruit residents to participate in the community forum
- Attending community meetings to promote TAIBU CHC and provide opportunities to ask questions and give feedback.
- Participating in interviews regarding TAIBU CHC for publication in local media such as the *Scarborough Mirror* and the *Gleaner*

3. DEVELOPING LINKAGES, PARTNERSHIPS AND SERVICE COORDINATION

3.1 *Identify a list of partner agencies that have agreed to work with your CHC and describe the expected nature of your work together.*

See Table #13.

3.2 *Describe how potential partner agencies have been involved in the planning for the CHC.*

Potential partner agencies have been involved in the planning for TAIBU CHC in the following ways:

- Sitting on the TAIBU CHC Implementation Committee
- Supplying reports regarding Malvern's population health
- Offering advice and expertise in primary healthcare and the social determinants of health
- Provision of temporary office and meeting space
- Granting access to key contacts and resource materials

There are many tremendous opportunities for partnership in this community. Table 13 demonstrates some of the breadth and depth of organisations already serving the residents of Malvern. Many agencies and individuals have indicated great interest in TAIBU Community Health Centre and their intentions to support and collaborate with the CHC in a variety of ways, from co-location, programme collaboration and user of programme space to service as a volunteer or member of the board of directors.

3.3 *Describe how your CHC/Satellite CHC fits into the network of health and social services in the community.*

In terms of primary healthcare services, there are two walk-in clinics in Malvern which cannot accommodate the size of the population nor offer the different types of services needed to improve the population's health outcomes. Moreover, there is a limited number of social service agencies that offer community-based services in the area. TAIBU CHC will both complement and strengthen the current primary healthcare and social service

infrastructure by offering health promotion, illness prevention, capacity building and primary healthcare programmes and services via an inter-disciplinary team of culturally competent practitioners. Chronic disease management and health promotion programming will overtime reduce the burden on secondary and tertiary services in the region. This current severe shortage of primary health care services at the community level and approval of a new CHC for the Malvern area can only be viewed by all partners and residents as a much welcome addition to the existing health and social service fabric of the region.

4. ORGANISATIONAL STRUCTURE

4.1 What is the mission and vision for the CHC?

VISION

Based on the collaborative efforts of the TAIBU CHC Implementation Committee, DA Falconer & Associates, StrategiSense Inc. and the Association of Ontario Health Centres, the following proposed vision statement was drafted:

Healthy, vibrant and sustainable communities creating our own solutions

MISSION

The following draft mission statement was also developed through the teamwork of the TAIBU CHC Implementation Committee, DA Falconer & Associates, StrategiSense Inc. and AOHC:

TAIBU Community Health Centre promotes health and well-being by providing comprehensive primary healthcare to the people of Malvern with specialised programs and services for the Black community.

4.2 How were the mission and vision developed? Who was involved?

Drawing upon the initial work of StrategiSense Inc. and DA Falconer & Associates, the Vision and Mission Statements above were developed by the TAIBU CHC Implementation Committee as part of a governance training session facilitated by AOHC. Rooted in the TAIBU CHC founding mandate established by the Black Health Alliance, and perspectives, knowledge and information gained from the community engagement and consultation process, the TAIBU Implementation Committee discussed the following themes:

1. Review of the Community Health Centre model
2. Board Roles and Responsibilities
3. Community Governance
4. Criteria for membership on a community-governed board
5. Governance Structure
6. Development of Vision and Mission statements

7. Next Steps.

(See Appendices Q and R for a summary of the governance training session)

4.3 Describe your plans to sign up members for your organisation, elect a board of directors, and hold an AGM.

Membership enrollment will occur over time and as clients come to the centre. Membership will become a focus of all Board members and staff of the CHC as they engage with the local community. Membership cards will be created and membership sign-up days will occur at local health care and community events.

The potential membership of the Board of Directors will be reviewed by the current Implementation Committee. The TAIBU Implementation Committee will develop recruitment criteria to ensure that the Board reflects the TAIBU CHC's founding mandate and the communities it will serve (including its priority populations) as well as recruit for the skills and expertise needed to lay the foundation for healthy board and CHC development. The first AGM will be part of the agenda for the first meeting of the CHC Board. To date, a number of individuals have expressed interest in sitting on the pre-operational board, as well as working and volunteering at TAIBU CHC.

4.4 Do you have a draft set of by-laws?

See Appendix S for TAIBU CHC's draft by-laws.

4.5 How do you plan to recruit a broad membership base? What are your criteria for membership?

A broad membership base will be recruited with the assistance of partner organisations and those organisations that work most directly with the communities to be served and the defined priority populations. Criteria for membership will be formulated based on final approval of priority populations by the Community Health Unit (CHU) Branch of the Ministry of Health and Long-term Care.

4.6 How do you plan to recruit board members that reflect the diversity of skills needed, perspectives related to the priority populations you intend to serve, and the services you plan to offer?

Once priority populations have been approved by the CHU Branch, potential Board members will be considered with respect to their skills, experiences and connection to the community. It is expected that the Board of Directors will have both individuals and organisational representatives as members.

The TAIBU CHC Implementation Committee, as it currently exists, gathers together a group of people with many of the necessary skills and expertise to do the all-important foundation-laying for a vibrant, strong and sustainable primary healthcare organisation.

Some members of the Implementation Committee will be recruited to the board of directors to ensure continuity. Additional members will also be recruited to ensure that it is reflective of both the priority populations and TAIBU CHC's founding mandate.

5. SERVICE PLANNING

5.1 What priority populations have you identified and why?

The proposed populations to be served by TAIBU CHC will be finalised prior to transitioning to a Board model, and in the course of the final phases of community engagement, employing research, analysis, interviews, focus groups, conversations, community fora, and visits to the neighbourhoods within the identified catchment. However, as indicated in 1.1, the following priority populations are proposed.

TAIBU CHC will provide primary healthcare services to people living in the Malvern area who are experiencing particular barriers to accessing care with an emphasis on:

- *Children*
- *Youth and young adults*
- *Seniors*

and a complementary aim of developing specialised health and social services for the Black community, which will result in best practices to be used in other settings serving racialised and minoritised populations.

BHA is the sponsoring group for TAIBU CHC and, for several years, has provided the table that has brought together Black healthcare practitioners, providers, professionals, executives and teachers to talk about the health and social well-being of African-Canadians and, specifically, those living in the north-eastern neighbourhood of Malvern. In the course of the development of a Family Health Team (FHT) application which was then transitioned into a CHC application, the BHA sought out the partnership and input of a number of individuals and organization, such as Women's Health in Women's Hands (a Black women and women of colour - focussed CHC located in downtown Toronto), Scarborough Community Care Access Centre, Centre for Addiction and Mental Health etc.

Over the last few years, BHA has welcomed the United Way's *Strong Neighbourhoods Report* and the City of Toronto's *Community Safety Plan* and the reports' focus on issues critical to the health and well-being of Malvern and Black community. BHA has worked with consultants to mobilise the interest and participation of the people of Malvern to discern more clearly the barriers to access experienced by the racialised and minoritised neighbours, both recently-arrived and long-term residents.

The goal of BHA is, through an emphasis on the concerns and issues raised by the above-mentioned reports, to develop competency and expertise to service racialised and minoritised communities, and specialised services for the Black community. It is this goal that prompted the BHA to submit an application for a community-governed Family Health Team; an application that transformed into the approval for establishing TAIBU CHC. The

expertise that will develop at the TAIBU CHC will then be disseminated across the region of north Scarborough, the Central East LHIN, the Greater Toronto Area (GTA) and the province, to the benefit of all racialised and minoritised populations.

The research carried out by BHA and its consultants has demonstrated that, amongst the racialised and minoritised vulnerable populations of Malvern, children, youth and young adults are particularly at risk and in need of early intervention. Seniors, though a smaller than average portion of the population, represent the fastest growing demographic and are particularly prone to falling through systemic cracks, suffering isolation, chronic diseases, injury and immobility.

5.2 What are the key services your CHC plans to offer and how will these meet the health needs of your priority populations?

See Section 1.5 and Table 14.

5.3 How were these priority plans and populations approved and by whom?

This report has been reviewed at several points along the community engagement process by the TAIBU CHC Implementation Committee, the Black Health Alliance and other key stakeholders.

APPENDIX A: TAIBU Community Health Centre Flyer Winter 2007

TAIBU Community Health Centre:

- Is a community-based, non-profit organisation that will provide high-quality, cost effective primary health care services and health promotion programs.
- Will be located in the Malvern community in Scarborough and will serve individuals from across the Greater Toronto Area (GTA).
- Will tailor and customize programmes and services to minimize the barriers to access that racialised and marginalized communities typically face.
- Will have competency and expertise to serve racialised and marginalized communities and will provide specialized services to the diverse Black community, thus enabling the Centre to adapt and effectively serve people from many different cultures while acknowledging and affirming the diversity that exists within communities around issues such as gender, age, sexual orientation, socioeconomic status, religion.
- The word TAIBU is Swahili for *'be in good health.'*

Malvern and the GTA need a centre like TAIBU Community Health Centre because:

- Malvern was identified by both the Community Safety Plan and the Strong Neighbourhoods Task Force as an 'at-risk' neighbourhood having a higher degree of social need and poorer access to necessary social services and facilities.
- The Malvern community is culturally diverse including people of African, Asian, Caribbean, Latin American, Middle Eastern and South Asian descent, all sharing a common experience of social exclusion; being racialised, marginalised populations; and lacking access to culturally competent, anti-oppressive policies, programmes and services in all segments of society, such as education, employment, housing, and health and social services.
- These communities face many challenges with achieving optimal health and well being and have the added complexity of facing these issues within a health care system that is not designed to provide care that is sensitive to their histories, experiences and needs.
- Toronto's population is growing and this is largely driven by immigration. Immigration coupled with first generation children of immigrants is producing significant demographic changes.

TAIBU Community Health Centre will have a multidisciplinary team consisting of physicians, nurses, nurse practitioners, and other health care and complementary health care professionals working collaboratively to deliver a comprehensive range of programmes and services to address the whole person (physical, mental, social and spiritual).

TAIBU Community Health Centre will work in partnership with other health and social service agencies in the Malvern community and larger Scarborough region to utilize 'best practices' in service delivery. The Centre will also be a site for the education of health and social service professionals and for conducting research on the factors influencing health outcomes for the communities it will serve.

For more information contact Dr. Kersley Peters, Project Manager at (416) 361-3208 & (647) 833-4332 or by email at projectmanager@taibuchc.ca.

APPENDIX B: Summary of Key Representative Interviews

TAIBU Community Health Centre

*Items in bold were mentioned the most

ORGANISATION	FEEDBACK REGARDING CHC	COLLABORATION /PARTNERSHIPS
<p>Black Coalition for AIDS Prevention (Black CAP)</p> <p>Contact: Keith Cunningham 416-977-9955 ext. 232</p>	<ul style="list-style-type: none"> ▪ Provide HIV/AIDS and overall sexual health counselling and outreach programmes in partnership with other providers ▪ Provide safe space for people to talk about sexuality ▪ Provide education through peer mentoring and culturally sensitive health services ▪ Address homophobia through sensitivity training sessions ▪ CHC should have strong focus on youth needs – health, suicide prevention, education, support groups, violence 	<p>Wants to be kept informed of the CHC's development.</p>
<p>Church of the Nativity</p> <p>Contact: Revd Butler</p>	<ul style="list-style-type: none"> ▪ There should be strong focus on services to youth ▪ Organisations in Malvern not as effective – too much competition, lack of consultation, lack of coordination ▪ Area need organisation that can provide effective coordination of services ▪ Use health focus as basis to address social issues ▪ Developing partnerships with other agencies are vital – take the required time and effort ▪ Should be specific focus on Black Men's health issues – prostate and colon cancer screening ▪ Investigate alternative screening methods for Black men ▪ Provide aggressive information and education campaign aimed at Black men for diseases such as colon cancer 	<p>Member of the TAIBU CHC Implementation Committee</p>
<p>Malvern Family Resource Centre</p> <p>Contact: Cathy Mwanza 416-281-1376</p>	<ul style="list-style-type: none"> ▪ Provide abuse counselling for women and seniors ▪ Location of CHC is key to serving community ▪ Immigrant seniors require more culturally sensitive health services ▪ Address dental and eye care needs ▪ Community support for seniors ▪ Address youth needs – health, employment, education, violence ▪ Provide STI information and counselling 	<p>Wants to be kept informed of the CHC's development.</p>
<p>Malvern Youth Employment Programme</p> <p>Contact: Lance Williams 416-298-4566</p>	<ul style="list-style-type: none"> ▪ CHC should address mind, body, soul – total person ▪ Youth are ignorant of role of CHC – will require considerable advertisement/outreach ▪ Programming should include: sex education, AIDS/STD awareness & testing ▪ Address range of single parent issue ▪ Location is key due to safety concerns and invisible boundaries that youth will transgress 	<p>Interested in serving on one of TAIBU CHC's committees</p>

ORGANISATION	FEEDBACK REGARDING CHC	COLLABORATION /PARTNERSHIPS
	<ul style="list-style-type: none"> ▪ Address depression, anxiety and other mental health issues caused by violence, displacement 	
<p>Operation Springboard</p> <p>Contact: Steven Linton 416-746-0430</p>	<ul style="list-style-type: none"> ▪ Provide information to youth about contraceptives, STD's, abortion, teen pregnancy ▪ Address learning disabilities among older youth, ADHD, ADD ▪ Provide counselling re sexual identity issues – support for lesbian and gay youth ▪ HIV/AIDS testing – youth don't want to use walk-in clinic ▪ Youth may not use CHC due to concerns about stigmatization and loss of confidentiality ▪ Need for education about benefit of having family doctor as opposed to using walk-in clinic ▪ Drug use – social influence of Rastafarianism and marijuana use ▪ Location of CHC is key to attracting youth clientele 	<ul style="list-style-type: none"> ▪ Interested in serving on the TAIBU CHC Implementation committee ▪ Will assist in convening focus group to discuss health and social needs during the week of Nov. 20th.
<p>Scarborough Youth Employment & Community Programmes</p> <p>Contact: Kwame Brown 416-609-9622</p>	<ul style="list-style-type: none"> ▪ Growth in the number of youth and newcomers ▪ Investment in support services for community ▪ Provide information to youth about contraceptives, STD's, abortion, teen pregnancy ▪ No overarching policy for youth services in Malvern ▪ Provide culturally specific services for growing population of minority youth ▪ Develop social connections through recreation and peer mentoring ▪ Ensure agency leadership and staff are culturally competent and deliver culturally appropriate services ▪ Provide programming in youth mentorship; Leadership development; ▪ sexual health counselling; ▪ employment training, etc. ▪ Address concern about gangs and youth-on-youth crime ▪ Location of CHC is key to attracting youth clientele – mall is a good hub 	<ul style="list-style-type: none"> ▪ Interested in serving on the TAIBU CHC Implementation Committee ▪ Will provide space to TAIBU CHC
<p>Social Planning Council</p> <p>Contact: Richard De Gaetano</p>	<ul style="list-style-type: none"> ▪ Largest percentage of youth in any ward – 40% under 24 – planning require strong youth focus ▪ Community divided by categories such as class, SES, school boards, ethno-racially and public housing vs. home owners ▪ Working class families isolated by language/cultural barriers ▪ Services congested in certain areas – East side of Morningside has only few services ▪ Children experience lots of small violence in school ▪ Girls are usually harassed by boys ▪ Youth need environment/activities where they can feel useful – Youth voices are often silenced 	<ul style="list-style-type: none"> ▪ Does not have a lot of volunteer time but willing to serve on initial board ▪ Available for consultations

ORGANISATION	FEEDBACK REGARDING CHC	COLLABORATION /PARTNERSHIPS
	<ul style="list-style-type: none"> ▪ Programmes and funding is lacking ▪ Not enough real jobs available ▪ Safety-youth generally feel safe ▪ Programmes required – sexual education, STD/HIV, healthy lifestyle, anti-drug, anti-violence, ▪ Seniors are a small but vulnerable population somewhat neglected ▪ Coordination role - Develop shared space service model, bring youth programmes together, ▪ Must reach out and engage other marginalized communities ▪ Become hub for other programmes ▪ Create integration between youth and schools/agencies and schools ▪ Make Board reflective of community – also Front desk people need to be representative of community make up 	
<p>Toronto District School Board</p> <p>Contact: Susanne Marshall, Lance Williams 416-298-4566</p>	<ul style="list-style-type: none"> ▪ CHC should address mind, body, soul – total person ▪ Need to respond to youth who have left the school system ▪ Address learning disabilities among older youth, ADHD, ADD ▪ Provide counselling re sexual identity issues – support for lesbian and gay youth ▪ Need for education about good nutritional habits ▪ Teen moms need support to complete their education ▪ Drug use – social influence of ▪ Youth are ignorant of role of CHC – will require considerable advertisement/outreach ▪ Programming should include: sex education, AIDS/STD awareness & testing ▪ Address range of single parent issue ▪ CHC should play strong advocacy role on behalf of the community ▪ Address risk factors affecting well being of adults and children in Malvern such as depression, anxiety and other mental health issues concerns ▪ CHC should provide services in oral health, massage therapy, ophthalmology, podiatry, cancer screening, diabetes prevention, heart health, colon cancer screening ▪ Location of CHC should be in the centre of Malvern 	<p>Interested in serving on one of TAIBU CHC's committees</p>
<p>West Hill Community Services</p> <p>Contact: Bruce McDougall 416-284-5931</p>	<ul style="list-style-type: none"> ▪ CHC is a great opportunity for Malvern community ▪ Will increase community awareness and mobilization to respond to issues ▪ Will serve an important networking and public education function and expand coverage ▪ Possible partnership with TAIBU CHC regarding diabetes programming 	<p>Willing to provide policy and procedures manual and will consult with TAIBU CHC when required</p>

ORGANISATION	FEEDBACK REGARDING CHC	COLLABORATION /PARTNERSHIPS
	<ul style="list-style-type: none"> ▪ Specific programme focus: chronic diseases, hypertension, asthma, sexual health, – prostate and colon cancer screening ▪ Healthy lifestyles and prevention programmes particularly for youth is needed ▪ Youth health care should be a priority, willing to strategize due to high concentration of youth in areas ▪ West Hill and TAIBU CHCs can work collaboratively to ensure that there is adequate services across the catchment areas 	

APPENDIX C: Summary of Focus Group Data
 TAIBU Community Health Centre

QUESTIONS	RESPONSES
Healthcare Needs	<ul style="list-style-type: none"> • Alternative healthcare and medicine – Naturopathy • Breastfeeding classes • Chronic disease management and illness prevention – Hypertension, stroke, asthma, diabetes, prostate cancer, arthritis, osteoporosis, other cancers, HIV/AIDS, cholesterol • Culturally and linguistically competent practitioners • Dermatology • Diet and nutrition programmes – Weight loss • Eye examinations • Foot care • Health promotion • Information and referral • Mental health diagnosis, treatment and supports • Parenting classes • Pre- and post-natal care • Privacy, confidentiality • Recreational activities – Meditation, yoga, fitness, martial arts, relaxation • Sexual health promotion for youth • Stress reduction • Support for unplanned pregnancies • Weekend and evening hours
Gaps in Service	<ul style="list-style-type: none"> • Anti-violence workshops/training • Children specific programmes • Cultural/heritage programmes • Culturally and linguistically competent practitioners and staff • Dental care • Diet and nutrition programme • Female healthcare practitioners • Financial counselling – Income tax • Legal services • Liaison with local elementary and secondary schools • Mental health services • Privacy and confidentiality • Programmes and supports for persons with disabilities and their caregivers • Recreation for general population and specifically girls – walking, Tai Chi, sports, Pilates, yoga • Senior specific services • Services for unplanned pregnancies • Social services • Spiritual and religious care • Support and services for children with special needs and their caregivers • Systems navigation • Wait list strategy for family physicians and emergency departments

	<ul style="list-style-type: none"> • Women specific programmes – employment training, arts, crafts, moms and tots • Youth specific programmes – fashion, dance, jewellery, hair styling, job fairs, training, sexual health, arts, crafts
<p>Programmes/ Services at CHC</p>	<ul style="list-style-type: none"> • Addictions services • Advocacy • Childcare • Chiropractic • Chronic disease management – Alzheimer’s, osteoporosis, diabetes, cholesterol, blood pressure, cancer, obesity • Connection with local health food stores • Culturally and linguistically competent staff • Dental care – dentures • Dermatology • Dietetic and nutritionist services – culturally appropriate food preparation • Employment services • Empowerment for women • ESL • Family physicians • Financial counselling • Homecare • Information about medications • Legal clinic – support for criminal justice issues • Mental health services • Naturopathy • Optometry • Parenting classes • Physiotherapy • Programmes for children, youth (academic assistance, mentoring, helpline) and seniors • Religious and spiritual care • Settlement services • Strategy around elder abuse • Stress reduction • Support for single mothers

APPENDIX L: Community Forum Day Summary

TAIBU Community Health Centre

Themes emerging from small group responses

Community Asset Mapping

The following is a summary of the assets or resources already existing in Malvern, organised by major themes -

1. *Community-based organisations:* Malvern Family Resource Centre, Malvern YMCA, Malvern Public Library, Malvern Community Coalition, Muslim Welfare Centre of Toronto, Women's Place, community kitchens
2. *Youth-specific programs and services:* After-school programmes, drop-in programmes, youth employment centres, sports and recreational groups, Black Youth Helpline
3. *Health services:* Two local medical buildings, Aboriginal nutrition programme, breast screening programme, Community Care Access Centre (CCAC), nutrition and health promotion programmes for pregnant mothers
4. *Employment services:* Service Canada, adult employment centres, On Track job training
5. *Programmes and services for seniors:* Local seniors centre, seniors' groups
6. *Recreational activities and facilities:* Recreational programming for all ages, Malvern Community Recreation Centre, City of Toronto Parks and Recreation department
7. *Organisations serving children:* Ontario Early Years Centre, daycare centres
8. *Faith-based organisations:* Church of the Nativity, Emmanuel United Church

Primary healthcare and social services gaps/needs

The following is a summary of identified gaps in health and social services in the Malvern area, organised by major themes –

1. *Health promotion programs:* Health education workshops that are offered in a variety of languages, healthy lifestyles programming, fitness activities, sexual and reproductive health clinics
2. *Mental health and addictions services:* Assessment, treatment, non-traditional methods of practice, partnerships with psychiatric survivors, alcohol counselling services
3. *Programs and services geared towards the seniors population:* Outreach, healthcare specific to the needs of seniors
4. *Community resources and supports:* Food banks, clothing banks, Meals on Wheels, increased services for individuals with physical and/or developmental disabilities
5. *Chronic disease management:* Diabetes education offered in a variety of languages

6. *Culturally-competent healthcare services:* Culturally appropriate staff and programs
7. *Pre- and post-natal care, with emphasis on teen mothers and their infants*
8. *Social and recreational programming across the lifespan*
9. *Child and youth programs and services:* Personal development groups, increased access to healthcare services for youth, increased Ontario Early Years Centres
10. *Other healthcare services:* Dental care, eye care, cancer screening, increased funding to emergency departments at local hospital, quality of care
11. *Transportation supports*

Top ten staff persons most commonly recommended (in order from most to least commonly cited)

1. Primary healthcare practitioners: Family physicians, nurse practitioners, nurses, diabetic team
2. Culturally and linguistically competent staff that reflect the community
3. Social workers, mental health workers, psychiatrists
4. Youth workers
5. Dieticians, nutritionists
6. Alternative medicine practitioners: Naturopathic doctors, spiritual healers, midwives
7. Rehabilitative healthcare professionals: Occupational therapists, physiotherapists, chiropractors, registered massage therapists
8. Lawyers
9. Health promoters
10. Interdisciplinary team that collaborates with other service providers

Programme recommendations

- Increased accessibility: Extended hours of service
- Skills development training for youth: First Aid, babysitting
- Health services: Dental care (emergency and non-emergency), non-emergency urgent care
- Community supports and resources: Social work services, legal clinic, personal development groups, intergenerational programmes

- Religious and spiritual care: Chaplain services, quiet/meditation room
- Programs and services for individuals with disabilities

APPENDIX O: TAIBU CHC Project Manager Job Description

BLACK HEALTH ALLIANCE/TAIBU CHC

POSITION TITLE: Project Manager

REPORTING RESPONSIBILITIES: Reports to the TAIBU Implementation Committee

Purpose: The Project Manager will be responsible for the day-to-day operational aspects of planning and implementing TAIBU CHC.

Accountability: This position is accountable to the Black Health Alliance and reports directly to the TAIBU CHC Implementation Committee (TCIC).

Responsible for:

- I. Working closely with the TAIBU CHC Implementation Committee and/or project consultants to:
 - Conduct implementation activities.
 - Coordinate meetings with consultants and TCIC.
 - Finalize goals and community engagement strategy.
 - Identify a decision making process that identifies how issues identified by the community will be responded to by TAIBU CHC.
 - Develop detailed work plan and budget to guide TAIBU CHC community engagement efforts.
 - Finalize location for temporary and permanent office space.
 - Negotiate contracts with vendors etc.
- II. Consulting and communicating with individuals, networks/coalitions, organizations and individual health care providers within the Malvern community, and health care and social services sectors
 - Work with Health Promoter to outreach with key community groups, leaders etc.
 - Participate in existing and form new partnerships, networks and alliances within the community that are examining strategies for responding to health disparities for marginalized and racialised communities.
- III. Establishing relationships and partnerships
 - Form Community Advisory Council(s) to identify strategies for engaging community members, identifying health needs, and collaborative responses.
 - Integrate community development and capacity building into service delivery aspects of TAIBU CHC through a dedicated community development staff.
- IV. Liaising with the Ministry of Health and Long-Term Care (MOHLTC) and the Association of Ontario Health Centres (AOHC)
 - Prepare monthly reports.
 - Report on CHC Status where appropriate to AOHC
 - Communicate with Programme Consultant regularly

V. Administration

- Submit time sheets in a timely manner
- Participate in the hiring of a part time Health Promoter and Administrative Support.
- Manage contract project staff.

APPENDIX P: Health Promoter Job Description

BLACK HEALTH ALLIANCE/TAIBU CHC

POSITION TITLE: Health Promoter

Reporting Responsibilities: Reports to Project Manger and TAIBU CHC Implementation Committee

Accountability:

This position is accountable to the Black Health Alliance and reports directly to the Project Manger.

Responsible for:

1. Working closely with Project Manager and or project consultants to:
 - Conduct community engagement activities
 - Identify and document existing community knowledge via database development
 - Develop detailed work plan to guide community engagement efforts
 - Coordinate meetings with community partners to hear and document information related to the health of marginalized and racialised communities
 - Document and submit report about initiatives and actions undertaken in community engagement process
2. Consulting and communicating with individuals, networks/coalitions, organisations and individual health care providers within the Malvern community, and health care and social serviced sectors
 - Conduct outreach to with key community groups and leaders using effective community engagement methods and approaches
 - Implement specific community engagement vehicles approaches with identified groups
 - Participate in existing and new alliances, networks and partnerships within the community that are responding to health disparities for marginalized and racialised communities
3. Establishing relationships and partnerships
 - Identify strategies for engaging community members and identifying health needs and priorities
 - Integrate community development and capacity development into service delivery
4. Administration
 - Submit timesheets in a timely manner
 - Prepare monthly progress report

APPENDIX Q: Governance Training Session

TAIBU Community Health Centre

The following is a summary of items discussed during the TAIBU CHC governance training session facilitated by the Association of Ontario Health Centres:

1. What is a Community Health Centre?

- Perfect mix of health and social services
- Delivered by an inter-disciplinary team of healthcare practitioners through a social determinants of health framework
- Core elements: Primary healthcare, health promotion
- Provides programmes and services to address the specific health needs of the community across the lifespan
- Team includes paid staff and volunteers
- Services priority populations in a particular geographic area
- Community-governed

2. What does a board do?

- Governance
- Set policies, standards
- Financial oversight
- Uphold mission, values, vision
- Set goals
- Community relations
- Accountability
- Professional development

3. What is Community Governance?

- Members of the board are members of the community
- Priority populations are represented on the board
- Community is involved in decision-making processes
- Board considers the changing needs of the community
- Accountability to the government as well as the community
- Sustainability

4. What are the criteria for membership on a community-governed board?

- Represent/reflect priority populations
- Particular skill sets such as financial oversight, previous board experience, legal expertise

5. Mapping the Structure: Having determined function, what might be the form of a community-governed board?

See Appendix R for proposed governance structure

6. Mission and Vision

MISSION

What is our purpose?

- Positive impact on the health of families and individuals we serve
- Vehicle for capacity building and advocacy for priority populations
- Provide primary healthcare and the delivery of specialised programmes and services
- Eliminate barriers to access
- Provide primary professional, allied health programmes to individuals and families in Malvern

What do we produce?

- Overall well-being
- Healthy population
- Meaningful health and social programmes that enable people to live healthy and productive lives

Whom do we serve?

- Priority populations
- Malvern community
- Special focus on Black community

Proposed Mission:

The TAIBU Community Health Centre promotes health and well-being by providing comprehensive primary healthcare to the people Malvern with specialized services for the Black community

VISION

- Stronger, healthier
- Empowering people in the community
- Centre of excellence
- Ground-breaking research
- Recognised as the centre of choice
- Desired state of health and well-being

Proposed Vision:

Healthy, vibrant and sustainable communities creating our own solutions

7. Next steps

- Submission of final report
- Incorporation
- Programme, service and health human resource planning
- IT and site planning
- Budget projections

APPENDIX R:

TAIBU Community Health Centre Community-Governed Board

Proposed Structure

