

London
InterCommunity
Health Centre

Welcome! Bienvenue!

The London InterCommunity Health Centre stands out from other healthcare models because we focus on keeping people -- and the communities where they live -- in good health through primary care services, health promotion, and community development. We give people a voice and a choice about the services they receive and we connect clients to interprofessional health and social service providers. Together, we help individuals and neighbourhoods achieve their health goals.

Mission - We provide inclusive and equitable health and social services to those who experience barriers to care, and we foster the active participation of individuals and the communities that we serve.

Vision - Building opportunities for healthy and inclusive communities.

Values -



Social Justice - Through the lens of the broader determinants of health, work to fulfill people's right to both safe and effective health care.



Caring - Through unconditional regard for human dignity, provide services, supports, and resources to empower others to build resiliency.



Equity - Address the unfair differences in health and social status to achieve comparable health and social outcomes for all.



Inclusion - Work to break down barriers so that members of our community can participate and belong.



Respect - Be open and non-judgmental with clients, colleagues, and community partners to foster and acknowledge strengths, values, and diversity.

We work from the Model of Health and Wellbeing. Each principle and value from this model can be seen throughout all of our programs and services. This guide provides an outline of what we have to offer at the Health Centre.*

Community Vitality and Belonging 6

Accès Franco-Santé London
Community Development
Francophone Seniors' Programs
Health in Housing Initiatives
NELCE
Women of the World

Health Equity and Social Justice 8

Diabetes Care
Health Outreach
H.O.M.E Program
Hepatitis C Care
Options Clinic - Anonymous HIV Testing
MyCare - HIV Treatment
Seniors' WrapAround
Team Care
Trans Health Care
Youth Outreach Workers

Highest Quality of Care 12

Community Dietitian
Mental Health Care
Naloxone Training
Newcomers Clinic
Physiotherapy
Safer Opioid Supply Program

Becoming a Registered Client 14

Primary Care
Rights and Responsibilities
Personal Health Information
Privacy and Consent

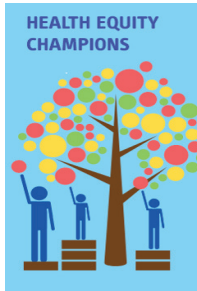
Opportunities - Get Involved 18

Student Placements
Volunteering
SOS Peer Advisory
Team Care Client Advisory

*This document has been created within the context of the COVID-19 pandemic. Availability of programs and services may vary due to the evolving provincial and municipal guidelines.

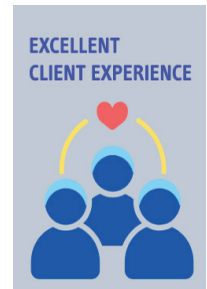
Strategic Plan

The Board of Directors and the Leadership Team



- Embed health equity principles and practices in our Ontario Health Team and Primary Care Alliance
- Build and strengthen local coalitions to improve key social determinants of health with a focus on housing, income, food security, and community belonging
- Provide active provincial leadership with a focus on newcomer health, harm reduction, and community health
- Use a health equity lens in the development of the Health Centre's quality improvement initiatives and all program planning

-
- Expand access to our Primary Care services and increase access to Team Care for people being seen in non team-based models of care
 - Deepen clients' involvement in their care to ensure we are continuously responding to their priorities across the social determinants of health
 - Strengthen internal coordination of client care, and improve seamless integration of care with other health and social care system partners



-
- Enhance staff wellness and the safety of the work environment
 - Build autonomy over work and create opportunities for professional growth
 - Improve staff recruitment and retention by improving the candidate experience, new hire orientation, leadership culture, and strengthening the connection to a shared purpose
 - Develop effective staff feedback mechanisms and strengthen internal communications at every level of the Health Centre

Systems Navigation

We can help everyone find their way!

It can be overwhelming to learn about everything the Health Centre offers. Our systems navigators listen to each person and assess their unique circumstances.

We help each person find the services or programs that best meet their needs, even if they are not a medical client. We can also help connect them to other community organizations, such as hospitals, schools, interpretation services, and immigration support.

Finally, we help registered clients with paperwork – such as government forms, housing applications, medication coverage (Trillium), etc.

To book an appointment or to learn more about the Health Centre's programs and services, please call 519-660-0875.



We are a resource for clients, staff, community partners, and the general public. If you have any questions about what community supports and resources are available for individuals in London and the surrounding areas, please don't hesitate to connect with one of our knowledgeable systems navigators.

Community Vitality & Belonging

Our programs are grounded in a community development approach

Accès Franco-Santé London (AFSL)

The AFSL is a community hub of multi-agency service providers that offers health and social services to the Francophone community. The goal of AFSL is to improve support and access to services to individuals and families. Service is provided in French.

Through the hub, clients will be provided with information on services, referrals, or direct service offerings for the following:

- Mental health and addictions services for young adults and adults;
- Child and youth mental health services;
- Health system navigation and assistance;
- Self-management of chronic diseases;
- Health education workshops; and
- Assistance and programs for seniors and their caregivers.

Community Development Initiatives

At the Health Centre we aim to build stronger and more resilient communities. Our community development workers build community capacity by:

- Enabling community leadership



- Fostering community identity and sense of belonging
- Developing community skills and resources
- Building relationships and working with systems

These methods and approaches have been acknowledged as significant for social, economic, cultural, environmental, and political development.

We are currently focusing on the following five areas: food security, health equity, community vitality, financial empowerment, and digital literacy.

Francophone Seniors Programs

Parlez-vous français? This program is a great place for Francophone seniors to make friends, join in fun activities, and learn about health issues specific to seniors. All levels of French language skills are welcome.

Health in Housing Initiative

We recognize the need to bring our Health Centre programs and services to reach people 'where they are at' in their communities. Our services benefit those who might feel isolated, marginalized, and vulnerable.

Our multi-disciplinary team offers this program in low-income housing neighbourhoods. We build relationships and connect people to internal and external resources while offering programming that focuses on health promotion, health services, and a sense of community belonging.

North East London Community Engagement

NELCE is a resident-based, action-oriented community group focused on strengthening and improving the community of North East London. They run weekly programs, seasonal activities, and community events. They are well-connected to the heart of the community.

Through their work they:

- Promote and develop a strong sense of community pride and participation
- Provide opportunities to develop personal growth and leadership within our community
- Encourage involvement across our diverse community
- Support community partnership within North East London

Get involved with NELCE by participating in a group, helping as a volunteer, or leading a new program. Connect by phone 519-659-1271 x 500, e-mail nelce@lihc.on.ca or Facebook!

Women of the World Program

The program goal is to ensure that immigrant women feel connected to, and included within, their Canadian community. Through its activities and mutual support, the program supports women to promote their health and the health of their families.

Peer Facilitators provide one-on-one support for women in their community. They lead support groups, which help women with the integration process. In addition, the program provides opportunities for women to develop leadership skills through education, training opportunities, and networking.

Health Equity and Social Justice

Our services are accessible and meet each person where they are

Diabetes Care

Everyone living with diabetes can learn to live well – to manage medication, diet, and activity in a way that feels right. Our diabetes care team – which includes a social worker, registered nurses, foot care nurses, and registered dietitians – is here to help people with diabetes or pre-diabetes take good care of themselves.

Foot Care

This program complements the diabetes education program and offers specialized foot care. We focus on delivering exceptional service that targets most common diabetes foot care concerns.

Diabetes clients are taught to recognize risk factors and encouraged to prevent major complications through routine screening, monitoring, and education.

Health Outreach

The health outreach team supports individuals who are experiencing, or at risk of experiencing homelessness, by offering:



- Substance use assessments and referrals to treatment
- Harm reduction education and support
- Housing referrals and loss prevention
- ID clinic
- Basic needs provisions
- Ontario Works and ODSP applications
- Mail services
- Food security
- Community outreach and programs

Health Outreach Mobile Engagement Program

The H.O.M.E Program provides a multi-disciplinary, multi-sectoral mobile response to improve the health outcomes and health equity of highly marginalized individuals in London.

This partnership (Regional HIV/AIDS Connection, Addiction Services of Thames Valley, and Middlesex-London Paramedics Services) offers primary care, harm reduction, substance use services, basic needs, and wrap-around care services directly to individuals where they are at, on the streets and in the community.

Hepatitis C Care

The Health Centre works in partnership with Regional HIV/AIDS Connection to offer the Hepatitis C Care Program. Our clients include those at high risk for hepatitis C infection due to drug use, and those who are living with hepatitis C. Our Hep C Care team consists of two outreach workers, a social worker, a nurse practitioner, and two registered nurses.

There are four major parts to the work we do:

- Screening
- Intensive case management
- Hepatitis C care
- Treatment

Our outreach support workers connect with clients in the community and build trusting relationships. They provide support, advocacy,

and education about hepatitis C, connect the clients to helpful services, and help them book and get to appointments.

We have a close partnership with the infectious disease specialists at St. Joseph's Hospital. An individual does not need to be a client of the Health Centre to qualify. They can self-refer or be referred by a doctor or worker from another agency.

Options Clinic – Anonymous HIV Testing

Getting tested is respectable and responsible. Many people getting tested will receive a rapid test that provides 99.97% accurate results in less than ten minutes. Others receive a traditional blood-draw test and get their results within a week.

Those who qualify for a rapid test include: men who have sex with men, people who inject drugs, high risk women, Black, African, Caribbean, and Indigenous community members.

Less than 1% of tests are positive. If a test is positive, we provide everyone with the resources

they need and connect them to HIV treatment at the Health Centre or the Infectious Diseases Care Program at St. Joseph's Hospital.

MyCare - HIV Treatment

In partnership with St. Joseph's Infectious Disease Care Program, the Health Centre's team of outreach workers and nurses connect with people who are living with HIV and have barriers to accessing treatment.

These clients often are experiencing poverty, homelessness, substance use, mental health challenges, and/or frequent incarceration.

The MyCare team ensures people get the treatment they need through outreach to clients' homes, homeless shelters, Elgin-Middlesex Detention Centre, and other social service agencies.

Seniors' WrapAround Program

This program is for Canadians, immigrants, and Francophone seniors over 55 who may have concerns about their health but don't have social support. The WrapAround program will help bring together a supportive team of family

members, community members, volunteers, and professionals to help keep the senior healthy and living in their own home.

In addition, individuals are connected to seniors' programs related to health promotion at the Health Centre and in the community.

Team Care

The Team Care program supports physicians and clients in East London to connect with the Health Centre's programs and services. Clients have access to coordinated care among a variety of healthcare professionals, such as social workers, physiotherapists, dietitians, foot care nurses, and systems navigators. With Team Care, everyone works together to create a healthcare plan to better the health and well-being of each client.

Trans Health Care

The Health Centre has developed expertise and capacity in the care and support of trans, non-binary, and gender-fluid community members. Our Trans Health Team includes providers from a variety of professions to help meet the needs of trans clients of all ages.

The systems navigator determines if an individual is eligible for the program. They are then connected to the Trans Health Team. The systems navigator will also make direct referrals to the social worker and other mental health supports.

The physician and nurse practitioners assess clients to determine safety and appropriateness of hormone therapy, monitor hormonal transitions, and manage health concerns in the context of hormone therapy.

The registered nurse provides information, education, and care related to hormones, self-injection, fertility options, etc.

The social worker offers counselling related to gender exploration, gender dysphoria, and/or any related mental health concerns.

We also help with practical supports, such as navigating name and gender marker change on ID, advocacy at individual appointments, referrals to community agencies, and connecting to local peer support groups.

Youth Outreach Workers

In various community settings across East and North East London, staff build trust with youth (ages 12-22), families, and the community to find appropriate programs and services related to:

- Addictions
- Basic Needs
- Individual and Family Counselling
- Education
- Employment
- Housing
- Income Support
- Legal Services
- Mental Health
- Parenting
- Primary Health Care
- Recreational Activities
- Sexual Health and Trans Health
- Skills Development
- Volunteering

Highest Quality Care

Our services are based on the social determinants of health

Community Dietitian (internal referrals only)

Food impacts our overall health more than we often realize. When people who are living with chronic conditions eat a proper well-balanced diet, it helps them maintain a higher quality of life. Our registered dietitian supports individuals with complex health conditions in reaching their nutritional goals.

Mental Health Care

An important part of overall health includes mental wellness. We offer:

- Individual, couple, family, and group therapy
- Psychology and psychiatry services
- Chronic mental illness management
- STOP (nicotine replacement therapy and smoking cessation counselling)
- Support with addictions
- Same-day social worker to support immediate client needs
- Instrumental supports
- Client advocacy

Our mental health care is for registered clients only. If someone is experiencing a mental health crisis, contact the Canadian Mental



Health Association's Reach Out program at 519-433-2023 or toll free 1-866-933-2023.

Naloxone Training

Naloxone is a lifesaving medication which can prevent opioid drug overdoses. Anyone with a history of non-medical use of opioids can qualify for the program. Participants with risk factors for opioid overdose will receive on-the-spot training in basic lifesaving and the use of Naloxone.

Newcomers Clinic

The newcomers clinic is a collaboration between the Cross Cultural Learners Centre (CCLC) and the Health Centre. The clinic, which

is located at CCLC and staffed by clinicians from the Health Centre, provides care to government-assisted refugees during their first six months in Canada.

There are two primary areas of focus for the clinic: 1) completing early health assessments for newcomers; and 2) providing acute care for newcomers who, in some cases, have never accessed primary care, have undiagnosed or uncontrolled medical issues, or who come with complex medical and medication records.

Physiotherapy (internal referrals only)

Our physiotherapy team works with people to treat injuries, increase mobility, reduce pain, and prevent new injuries from occurring. Our physiotherapy team works with people to create treatment and exercise programs that promote health and wellness.

Throughout this eight-session program clients are encouraged to play an active role in their treatment through home-based exercises developed by the physiotherapists. Once clients have completed the program, together with

the physiotherapist, they will develop a plan to continue the exercises on their own.

Safer Opioid Supply Program

The Safer Opioid Supply (SOS) Program is an extension of the traditional harm reduction model at the Health Centre.

Through this program, physicians prescribe opioids to replace the illicit market of toxic supply that clients usually rely on. The program focuses on a client-centered, team-based, and comprehensive approach within a community health centre model of care.

Clients are expected to make positive decisions and actions for their health. To participate in the program, each client must adhere to a set of guidelines laid out in a therapeutic agreement.

By providing a safer supply to the most marginalized in our community, the risk of overdose, poisoning, infectious disease transmission, incarceration, and death is reduced.

Becoming a Registered Client

We offer interprofessional, integrated, and coordinated care

Primary Health Care Clinic

Primary care services are provided by a team that includes registered nurses, registered practical nurses, a community dietitian, physiotherapists, nurse practitioners, and physicians.

Our goal is to keep each client as healthy as possible through primary care, health teaching, and goal setting. We provide treatment and support for illnesses as well as chronic health problems. We have experience working with people who have complex healthcare needs but face barriers to accessing care. They might be experiencing homelessness, beginning their journey to discover their gender identity, living with mental health and addictions challenges, or starting a new life in Canada. We offer a warm, safe, and welcoming experience for all of our clients.

Our clinic is not designed as a drop-in. Each person needs to be a registered client and needs an appointment if they want to see a doctor or a nurse practitioner. We do our best to offer same-day appointments for urgent concerns.



COVID-19 Services

Our primary care team offers COVID-19 testing and vaccinations to our client populations who have barriers in accessing services at mass testing and vaccination centres. We also offer education, information, and health teaching to all of our clients to keep them safe throughout the pandemic.

Primary Care Eligibility

The Health Centre's medical services (sometimes called Primary Care Services) are open to all residents of the City of London and surrounding areas, as long as they meet our criteria.

Our systems navigator will determine if a person is eligible for our medical services by asking questions about health, income, housing, language, home country, and supports from friends and family.

We cannot accept clients who already have a family doctor, or people who have had a doctor in the past year – unless that doctor is no longer available. After this meeting, each person will be referred to appropriate Health Centre services, connected with other community agencies and, if they qualify, registered as a client with a doctor and a nurse practitioner.

Clients Responsibilities

Clients are to:

- Be on time for appointments
- Treat our staff and others at the Health Centre with respect and courtesy
- Tell us about their health and well-being
- Ask us questions
- **Visit or phone us within 24 hours if they have been to the Emergency Room**

Please note: All of our clients who are prescribed a controlled substance (narcotics, benzodiazepine, testosterone, and stimulants) will be asked to sign a “therapeutic agreement.” This is a contract between the client and the Health Centre to ensure that medications are taken as agreed upon.

Clients arriving for an appointment are to:

- Be on time
- Call the Health Centre and let us know if they are going to be late or if they need to cancel an appointment
- Turn off cell phones, or put them on vibrate when at the Health Centre
- Bring medications (prescription or non-prescription) to each appointment with the doctor or nurse practitioner
- Be accompanied by service animals when needed (pets are not allowed)
- Bring change for the parking meter, if the client-only free parking spots at the Dundas Street location are full
- Follow infection control and prevention practices

- Keep their appointment cards someplace safe. The Health Centre will try to make a reminder call the day before their appointment.

Personal Health Information and Privacy

Personal information is anything that identifies a person, such as their name, phone number, or birthday. Personal health information is information about a client's health or healthcare history. For example, a test result with their name on it.

The client decides who can have access to their private information, and what can be done with it. At the Health Centre, we respect privacy and work hard to meet our obligations related to our client's privacy rights.

Collecting Personal Health Information

We collect personal health information so that we can care for our clients appropriately. If the client cannot provide us with the information we need, we may collect the information from other healthcare providers who care for them, or who cared for them in the past. We will

also collect information about them from other people if the client allows us permission, or if is legal for us to do so.

We promise to follow the regulations and laws about privacy and personal health information.

Using and Sharing Personal Health Information

A client's personal health information will be shared with all the healthcare providers involved in their care. It will also be shared with other people or organizations if we are legally obligated to provide it, or if we must process an insurance claim.

Keeping Information Safe and Correct

We keep a record of each client's personal health information on our computer system. We strive to keep the record correct and updated. The information is kept safe using up-to-date technology.

Every staff person or volunteer who uses the client's personal health information is required to follow our privacy policies.

Consent

If the client does not wish their personal health information to be used or shared, they have the right to refuse. We will let them know if their refusal to share part or all of their information impacts our ability to provide healthcare services to them.

Requesting Health Records

Each client has the right to a copy of their own health records. They can ask for a copy by writing to our Privacy Officer. If their request requires a lot of time, we may ask for an extension of another 30 days. Each client may also ask for changes to the personal health

information in their file by providing us with more information and explaining why these changes should be made.

The Health Centre respects the privacy of each client's personal health information. If they have questions about the information we collect and how we use it, please contact our Privacy Officer at privacy@lihc.on.ca.

Opportunities - Get Involved

We support community leadership and are community-governed

Student Placements

The Health Centre provides students with meaningful placements and practical hands-on experiences to enrich their classroom teaching and create opportunities to shape their careers. Students are invited to connect with our student placement coordinators to review their placement requirements to see if there is an opportunity for them at the Health Centre.

Volunteering

Volunteers are vital to the success of the Health Centre! We could not provide the services and programs that we do without the help of our dedicated volunteers. We have more than 130 active volunteers. Examples of volunteer opportunities include leading programs, distributing surveys, and providing peer support to newcomers.

SOS Peer Advisory

The Safer Opioid Supply program is guided by the principle that people who use substances are the experts in their care. The program development is participant-led through the SOS peer advisory.



This group, with lived experiences, shapes the work of the SOS program through their personal reflections and recommendations for program enhancements.

Team Care Client Advisory

As part of our quality improvement initiatives with our Team Care program, we have developed a client advisory group. This group provides ongoing feedback on service delivery, evaluations and program development, and the client experience.

They also help to promote the Team Care program and the Health Centre's programs and services to the London community through their networks.



Join us on Facebook at
London InterCommunity
Health Centre



Follow us on Twitter
@HealthCentre



Look for us on LinkedIn at
London InterCommunity
Health Centre

www.lihc.on.ca

**Old East Village and
Health Outreach site**

659 Dundas Street
London, ON N5W 2Z1
Tel: 519-660-0874
Fax: 519-642-1532

Huron site

Unit 7 - 1355 Huron Street
London, ON N5V 1R9
Tel: 519-659-6399
Fax: 519-659-9930

Argyle site

Unit 1 - 1700 Dundas Street
London, Ontario N5W 3C9
Tel: 519-660-5853
Fax: 519-642-1532



London
InterCommunity
Health Centre