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Taylor-Massey Healthy Communities Network

Summary Report, March 2021

Acknowledgements

Over four months, during the middle of a pandemic, this project created space for multiple conversations. We met with over 50 individuals on the phone and over Zoom. We want to thank everyone for taking the time to share their ideas, personal stories, hopes and aspirations for the Taylor Massey Community.
Thank you to the following:

Community members: The contribution by residents of the Taylor-Massey neighbourhood is highly appreciated, it will strengthen the relationship-building process between community members and the East Toronto Health Partners Ontario Health Team.

Front line workers: Collaborative work has been carried out by many health and social services workers over many years in Taylor-Massey. Their knowledge and experience of working together to support the well-being of residents has greatly contributed to the findings in this report.

ETHP project leads: The work of partners and various projects leads in ETHP, including but not limited to the COVID Case Management Program, the Primary and Community Care Response Teams, the Youth Mental Health Project, Caregiver and Community Engagement and the Evaluation lead.

Leadership: Leadership of the many organizations including the project Steering Committee that has guided the work.

East Toronto Health Partners for leadership, funding and commitment to improving the health and well-being of residents living in Taylor-Massey.

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Taylor-Massey Healthy Communities Network: Outline of Report

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Executive Summary

About East Toronto Health Partners (ETHP)

- 50+ community, primary care, home care, hospital and social services organizations in East Toronto
- Working together to create an integrated system of care across our communities.
- Serves 375,000+ individuals who live in East Toronto communities
- Clients, family members and caregivers are partners in every aspect of the development of ETHP, working together to improve the way East Toronto residents access and receive care. Visit ethp.ca to learn more.

Purpose

- Strengthen engagement and collaboration to create a healthier community in Taylor Massey (Crescent Town)
- Deliverables included a neighbourhood wellness framework that identifies steps to improve community access to healthcare and social supports.

Project Design

- The project began in December 2020 and wrapped up on March 31, 2021. During this time, the Project Facilitator conducted an environmental scan, literature review and more than 50 interviews with residents, frontline workers and organizational leaders working in primary care, home and community care, social services and grassroots community agencies.

- Consistent themes were noted: the determinants of health such as housing and employment, coupled with settlement challenges and access to home and team-based primary care.

- The challenges that exist highlight opportunities to make a collective impact and improve the vibrancy of the community that demonstrates, especially during the COVID pandemic, resilience, social connection and commitment to supporting each other.

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Executive Summary (cont'd)

VISION

Taylor-Massey Healthy Communities Network is a collaborative community-led initiative that will improve health outcomes by addressing health inequities.

Framework: Taylor-Massey Healthy Communities

- The Taylor-Massey Healthy Communities Network framework (p. 34) includes a vision, principles that inform interventions, roles/functions for integrated-care teams, implementation structure and proposed outcomes.

- The framework also includes the elements of a collective impact approach that can inform planning, ongoing coordination and implementation of service responses in the community.

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Executive Summary (cont'd)

Recommendations are based upon the framework and include six key elements (for more details see "Recommendations" section):

Resident Engagement

- Creation of a TM Residents Wellness Committee and a TM Healthy Communities Ambassador position

Planning and Collective Impact

- ETHP partners work with local organizations to strike the Taylor Massey Healthy Communities Network (TMHCN)

Accountability Structures

- Accountability and evaluation framework guide activities and are based in the collection of race-based data with regular reporting to the Operations Committee and the Residents Wellness Committee
- Work with the communications team on a format to report on milestones
- Develop a standardized MOU template to ensure reports are shared with all partners

Front Line Workers

- Invest in teams to provide culturally safe services aligning with work of ETHP's Anti-racism committee
- Provide training and structures to support work processes, referral pathways and communication tools

Health Ambassadors

- Engage residents with lived experiences to support outreach, engagement and health education/promotion
- Develop a program for ambassadors in the TM community with standardized training and an HHR strategy

Space

- Engage with relevant entities (e.g. TDSB, City of Toronto) regarding access to space
- Leverage potential existing spaces for quick implementation of pre-COVID group-based programming

Overview of Project Design

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Overview of Project Design & Governance Structure

- Taylor-Massey was identified as a high-priority neighbourhood.
- Surge funding supported the development of an integrated primary, community and neighbourhood care framework focused on Taylor-Massey.
- Project duration: December 1, 2020 to March 31, 2021.
- The key deliverable for the project is to build a healthier community in Taylor-Massey by developing a framework to strengthen engagement, collaboration, and to also address access to health care and social services.

This following section provides an overview of:

- Taylor-Massey community demographics;
- An overview of the project's goals, outputs, outcomes and guiding principles and governance structure; and
- A review of the project design framework and summary of the engagement process.

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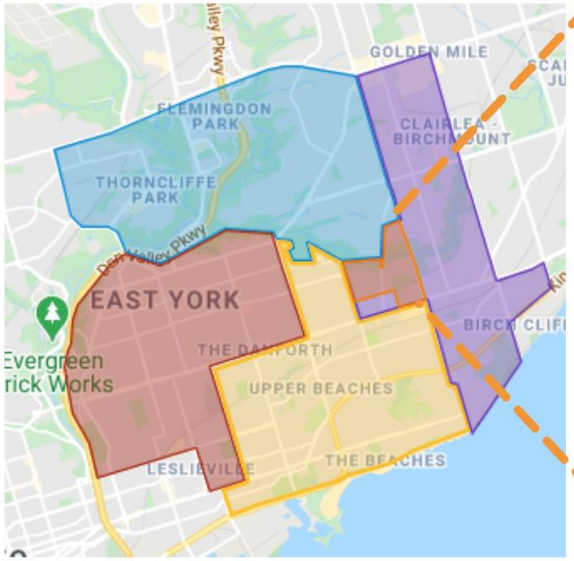
East Toronto: Taylor-Massey



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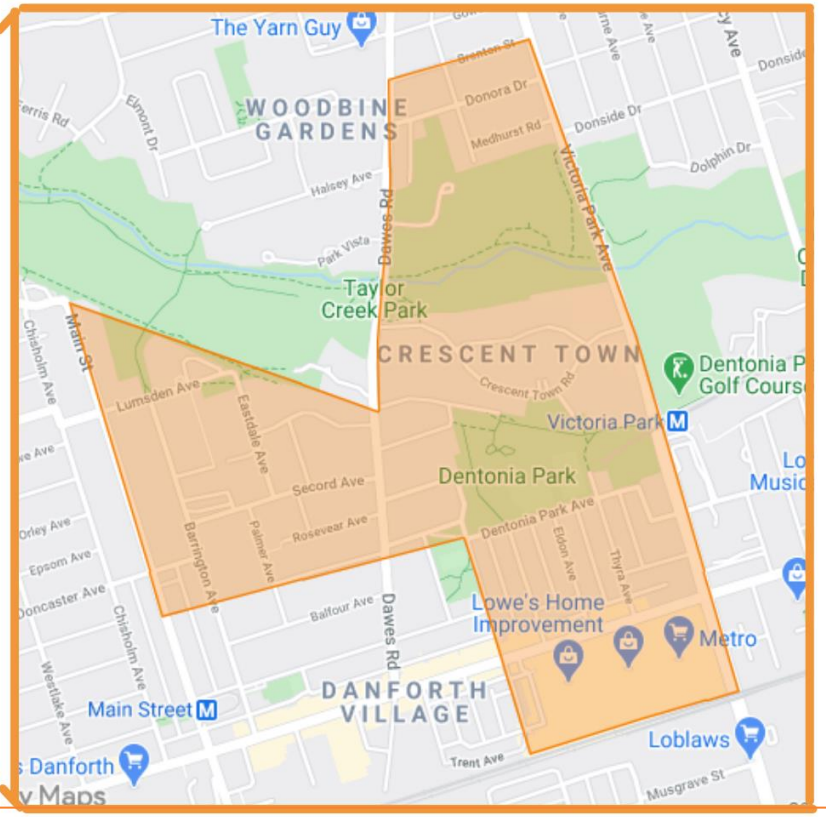

Taylor-Massey

- Located in the eastern section of OHT
- Population ~ 16,000 residents with 57% whose mother tongue is not English.
- Majority rent and ¾ live in high-rise apartments
- Close to 1/3 live below LICO (2016)

East Toronto subregion profile: https://drive.google.com/file/d/1z6qatcBLutONLD9Fn3p_2XjWRFj-zO93/view?usp=sharing

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Taylor-Massey Healthy Communities: Project Background

Project Goal	**Create a healthier community in Taylor-Massey by strengthening engagement and collaboration.**
Project Outputs / Outcomes	• Framework developed to identify steps to improve community access to social and health supports • Inform ETHP's neighbourhood planning, design and service delivery approach, ensuring linkages with sub-regional and regional projects
Guiding Principles	• Align with ETHP's vision of providing high-quality integrated care • Help clients receive the best care in the right place at the right time by creating systems that enhance access to services and supports • Engage residents, agencies and tables working with TM residents to understand community assets, opportunities and service gaps • Engage primary care providers and networks to support improved access to care for unattached and poorly attached Taylor-Massey community members

Taylor Massey Heathy Communities: Project Governance

Reporting

- The Taylor-Massey Healthy Communities Steering (TMHC) Committee was responsible for providing guidance and oversight on project evaluation, engagement, implementation and recommendations.
- The TMHC Steering Committee reported to the ETHP Operations Committee.

Scope

- The TMHC Steering Committee developed a project charter outlining the vision, objectives, rationale, target population and initial plan for deliverables for the project: https://drive.google.com/file/d/1FcewsumjmH2t00biUMisVz1M9vhqElBc/view?usp=sharing

Membership

The TMHC Steering Committee:

- **Barb Cawley**, Vice President, Client Services, VHA Home HealthCare
- **Kathleen Foley (project support)**, Director, Quality Improvement and Evaluation, South Riverdale CHC
- **Nancy LaPlante** (Project Facilitator), South Riverdale CHC
- **Ashnoor Rahim**, Vice President, Community Care Seniors and Wellness, WoodGreen Community Services
- **Shannon Wiens**, Vice President, Strategy and Systems, South Riverdale CHC
- **Catherine Yu,** Medical Director, Engagement and Systems Design, Heatlh Access Thorncliffe Park

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Taylor-Massey Health Communities: Project Design

Data – Gaps in Service and Health Impacts

Determinants of health

Community health profile and health inequities

Access to primary care

Community engagement

Key informant interviews

Group engagement

- Primary care
- Home and Community Care
- Neighbourhood agencies
- Residents

Community Assets

Collaborative readiness survey

Inter-agency and community planning

Responding to COVID and opportunities

Information Informs Model, Implementation Plan and Recommendations

Taylor-Massey Healthy Communities Framework : Outcomes

Process	Description		
Consultation	**Community Members** • 10 interviews	**Primary Care/ Service Providers** • 6 Primary care interviews • 7 Home and Community Care interviews • 13 community agency interviews • 8 CHC interviews (non –primary care) • 4 grassroots community agencies • 8 other interviews	**Collaborative Readiness Survey** • 35 individuals completed survey
Engagement	**Primary Care** • 3 primary care planning sessions (ETCHC Network & EasT-FPN,) with focus on HHR planning for Taylor-Massey **Home & Community Care** • 1 planning session with Home and Community Care Agencies **East Toronto CHC Network** • 2 sessions with East Toronto CHC Network to focus on data availability **Neighbourhood Organizations** • 1 session with Neighbourhood Agency leadership **Front Line Worker and Community Member Co-design** • 1 co-design workshop to ensure learnings align with participants' experience and knowledge of the neighbourhood and identification of priority next steps and definition of success		
Environmental Scan	• Qualitative thematic analyses of key informant interviews and group sessions • Quantitative data from a variety of sources: census, ICES/Ontario Community Health Profiles, WoodGreen, CHC and Home and Community Care data • Cross-validation between anecdotal evidence of strengths and gaps; and quantitative data		

Taylor-Massey Healthy Communities Framework Project Activities & Milestones: Dec 2020 to March 2021

DECEMBER	JANUARY	FEBRUARY	MARCH	April
• Project launch • Creation of Steering Committee • Develop Project Charter & workplan • Begin data collection • Develop framework for key informant interviews and begin outreach to community partners	• Finalize project evaluation framework • Present CHC Taylor Massey data (demographics, services provided etc.) to East Toronto CHC leadership • Data collection (OCHPP, ICES, TC LHIN) and literature review • Primary Care Engagement re: Health & Human Resources (HHR) strategy • Key informant interviews ongoing	• Collaboration survey planning, implementation and results analysis • Begin engagement with residents • Primary Care Engagement re: HHR strategy (cont'd) • Surge reporting mid-project submission • SPO Home and Community Care engagement • Key informant interviews ongoing	• Grassroots and faith-based organizations' engagement • Co-design with front-line staff and community residents re: model and year 1 & 2 priorities • Neighbourhood Agency engagement	• Submit final report to ETHP • Surge reporting final evaluation report submitted

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Review of Key Findings

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DEFINITION OF HEALTH

World Health Organization

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

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Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

Overview

The Taylor-Massey community is impacted by the determinants of health and there are multiple challenges with access to culturally appropriate services/ supports that need to be addressed by the Taylor-Massey Healthy Communities Network. The following section provides an overview of:

Environmental Scan

- Findings that describe the history of health planning in Taylor-Massey community.

Health Analytics and Key Informant Interviews

- Provides a summary of system challenges and health outcomes that need to be addressed and improved in the community.

Community Planning: Identifying Neighbourhood Strengths and Assets

- An overview from engagement sessions that highlight the assets and learnings from the COVID-19 pandemic that can be leveraged as we move towards recovery and the implementation of the Taylor-Massey Healthy Communities Network.

Opportunities for Improvement

- Results from the collaboration readiness survey suggest that although there is a history of agencies working to provide services in the neighbourhood, there is a lot of competition and communication challenges. There are opportunities to build trust, transparency and shared accountability if the Taylor-Massey Healthy Communities Network is to evolve and thrive.

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Taylor-Massey Healthy Communities
Summary of Findings (Data & Key Informant Interviews)

Issue

Challenges accessing community-based health and social services; higher emergency department visits for mental health issues; and people in the hospital for chronic conditions that would be better taken care of in the community.

Access Challenges

- Limited access to family doctors
- Limited access to community-based mental health supports
- Limited access for more home-based services for seniors
- Limited access to social services supports
- Limited access to culturally appropriate services

Determinants of Health Challenges

- Low Income, loss of jobs
- Systemic Racism
- Housing (high rents, evictions, etc)
- Food Security
- Education & Information sharing
- Physical Space
- Settlement

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Collective Impact model: Taylor-Massey Healthy Communities Project

Environmental Scan:
History of Health Planning In Taylor-Massey

- Results of environmental scan indicate that over the last few decades, there were numerous reports about the health and well-being of the Taylor-Massey community
- Reports and needs assessments analyzed from 2007 and 2020 have consistent themes
- However, there have been challenges with implementing improvements in health outcomes in the neighbourhood.
- A summary of these reports can be found here: https://drive.google.com/file/d/1p1OGzjB70yB3pMWsbsYEKYnsKmm839qX/view?usp=sharing
- For demographics, see East Toronto subregion profile: https://drive.google.com/file/d/1z6qatcBLutONLD9Fn3p_2XjWRFj-zO93/view?usp=sharing

Systemic Racism and Planning

"The Taylor Massey community is an example of systemic racism in health planning. The collaborative impact work of the OHT is an opportunity to make real change in this community."

(Senior Leader)

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Environmental Scan: Key Themes

- The City of Toronto designated Taylor-Massey as a priority neighbourhood.
- Taylor-Massey is a gateway community where many newcomers land when they first arrive in Canada.
- Reports begin in the mid-2000s and run to recent years; they consistently identify the same themes and issues as identified in this project's consultation and engagement work.
- Given the longstanding nature and complexity of challenges identified, there is a need to adopt a collective impact approach when implementing the Taylor-Massey Healthy Communities Network.

Community Strengths

- Taylor Massey is culturally diverse with a high proportion of new immigrants, primarily from South Asia
- Highly educated population with many residents having post-secondary university degrees
- High proportion of young children and youth
- Residents enjoy access to public transit, nearby parks and green spaces

Community Challenges

- Housing - high rents, building maintenance issues and evictions before and during COVID pandemic
- Low income community with need for improved access to meaningful employment
- Food security challenges
- Language barriers and need for more ESL programming
- Health care access and wait times
- Mental health and wellness supports needed related to multiple stressors
- Need for youth programming
- Supports for isolated seniors
- Transient community, challenges with social connections and accessing information about programs & services

Taylor-Massey:
Community Health & Well Being Profile

Review of Health Analytics Data

Premature Mortality

- Taylor-Massey premature mortality rate ratio is 2.17, double the city of Toronto average (2nd highest of 140 neighbourhoods)

Mental Health

- Taylor-Massey had the highest volume (493 visits) of mental health visits and rate (91 per 1,000) – this was 8 times higher than Thorncliffe Park (another priority neighbourhood) (lowest – 11.8 per 1,000)

Complexity

- High rate of 4+ chronic conditions, linked to higher rate of health care use

- **For specific and additional data, see Appendix 2 (p. 66)**

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Community Engagement:
Mental Health Supports
What we heard about Taylor-Massey neighbourhood

Trauma-Informed Settlement

'Taylor-Massey requires settlement workers with experience in trauma and mental health.' (frontline worker)

Low Barrier Access

'There is no organization who offers a walk-in clinic for counselling. It would be very helpful; there is imminent need for mental health services...in my own language.' (resident)

Mental Health Impacting Physical Health

'They might go to the doctor for a stomach ache and get medication and an x-ray, hoping it will go away, but the doctor needs to ask why they have these symptoms...what is going on in this person's life?...sometimes they just need to talk to someone about their problems.' (community organization leader)

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Taylor-Massey:
Access to Primary Care & Health Impacts

Access to Primary Care

- A high percentage of residents not enrolled in primary care and those who are enrolled have low continuity of care. This was validated in key informant interviews. (For details, see Appendix 2)
- In last year, it was reported that there has been a decrease in the number of family practice physicians practicing in community.

System Impacts & Health Outcomes

- Higher rates of hospitalizations for chronic conditions (COPD, diabetes, CHF, asthma)
- Higher rates of lower urgency visits to emergency room (CTAS 4,5)
- Lower rates of preventative cancer screening
- Data can be found in East Toronto subregion profile at this link:

https://drive.google.com/file/d/1z6qatcBLutONLD9Fn3p_2XjWRFj-zO93/view?usp=sharing

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Community Engagement:
Primary Care Access
What we heard about Taylor-Massey neighbourhood

Team-based Care: Mental Health

'Taylor-Massey requires settlement workers with experience in trauma and mental health' (frontline worker)

Team-based Care: Primary Care

'What I feel is, when we were in Mississauga, we felt our family doctor was caring for us...She was caring, and she followed up with us for annual checkups...we miss this connection here.' (resident)

Home-based Primary Care

'There is a clinic with long wait times; and with COVID, they only do virtual visits which is a big problem for seniors. If seniors had the face-to-face visit, they would not now be falling through the cracks and revolving through the emergency department.' (frontline worker)

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Readiness for Collaboration: Survey Introduction

- A key enabler of integration is collaboration.
- Assessing the amount and quality of collaboration with service providers working in the Taylor-Massey provides a guide to improving collaboration activities as well as helps set a baseline for ongoing future improvements.
- A validated survey instrument was used to assess the amount and quality of collaboration that has occurred among healthcare and social service organizations in the last two years in Taylor Massey.
- The survey was adapted and distributed in February 2021 to approximately 50 individuals who were asked to distribute to their respective staff that work in Taylor-Massey.
- By deadline, 35 responses were received.

Link to the survey instrument: https://drive.google.com/file/d/1qwr5XH3mNFoQx1quK-fUmwQpwc95Rds4/view?usp=sharing

A full copy of the results is available here: https://drive.google.com/file/d/1kwJY5RV-y6etSYNzFM_JyMWJUiqZVfOq/view?usp=sharing

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Definition of Collaboration

Two or more different partners (e.g., individuals, organizations, networks) coming together from various sectors, groups and/or neighbourhoods to work toward common goals.

Collaborations are about people and organizations building, nurturing and maintaining mutually beneficial relationships in order to achieve shared goals that will benefit all ....

***(Graham et al, 2010) https://ignitenps.com/wp-content/uploads/2017/05/OTF-CollaborationReport-Final-July-16_Final-2.pdf**

Readiness for Collaboration Survey: Key Findings

Collaboration Strengths

Agreement that organizations:

- Get a lot accomplished by working together (82%);
- Work together to identify unmet needs in the community (79%); and
- Work toward a common goal (71%).

Opportunities For Improvement

- Communication (64%);
- Addressing competition between organizations (65%);
- Access to resources that support collaboration (54%);
- Developing formalized collaboration with service agreements/MOUs between partners.

Opportunities for Improvement

Readiness for Collaboration: Comments from Survey respondents

Competition Impacts Working Together

'Some partners work well together, others seem to be uninterested in working together, but instead in competing and controlling the flow of resources without consultation and collaboration. When we work together, it is clearly much more effective for the community.'

Leadership is Key to Success

'When there is leadership available for programs that are run across organizations, the organizations work well together. However, there needs to be consistent and dedicated leadership and not something that is added on to someone's existing portfolio so it is a 'side of their desk' project.'

Communication & Co-location

'...Even when working together on projects, some organizations still don't share everything they are doing so it can be difficult to collaborate and help each other. There needs to be more information given to staff that by collaborating, jobs aren't going to be lost..... Most staff in organizations are willing to work together and when co-located, they work well together ... There just needs to be more resources dedicated to ensuring the partnerships have the leadership and equipment / resources they need to be successful.'

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COVID 19 & Planning for Recovery

Crescent Town Health Centre Flu Clinic &

Mask Delivery

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Leveraging COVID Response in Recovery Planning

The COVID-19 pandemic provides a unique opportunity for the Taylor-Massey Healthy Communities Network. Throughout this process, there was lot of feedback and reflection that should guide this work moving forward. The following framework has been developed by Ontario Health to guide planning for COVID recovery. The following section examines how this could be applied in Taylor Massey.

RESTORE	SUSTAIN	TRANSFORM
Restore services in areas where the pandemic adversely affected patients, clients, residents (e.g. group based program, screening programs, chronic disease management etc.).	Sustain and leverage learnings, positive momentum and keep new processes, care pathways, and structures that have been effective in addressing the needs of the community.	Transform and focus on the work that needs to be done to adopt new processes, care pathways and structures in areas where fundamental change and improvement is required to address population health, reduce inequities and improve health outcomes.

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COVID Recovery in Taylor Massey:
Restore, Sustain & Transform

Sustain: The Strengthened Partnerships

- Pandemic prompted quick responses among partners e.g. COVID response team provides education, food and PPE distribution

Sustain: Community Ambassador Role

- Outreach
- Community connections to information
- Trusted members in neighbourhood
- Cultural and language fluency

Restore & Transform

- **Primary Care Access**
  - Virtual care is inadequate for residents with complex social and medical issues as well as for those without access to devices or understanding of technology
- **Health Promotion and Community Connection**
  - Rebuild & coordinate group activities (such as exercise, diabetes education, cooking classes)
  - Include programming for specific populations such as seniors, youth
- Strengthen the informal supports that have disappeared due to need to remain in lockdown and engage faith- based communities who have provided significant levels of support to community members

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COVID 19: Sustain

Build positive momentum, keep new processes, care pathways, and structures that have been effective in addressing the needs of the community

Planning & Advocacy

'...Ideally we are trying to move away from traditional emergency food programs such as food banks. We are hoping to have greater capacity to engage in more advocacy work to address policies that impact income and systemic racism.“ (Front line worker)

Outreach

'Grassroots group outreach can get a fresh perspective and deeper understanding of concerns in the neighbourhood. The trust-building process is a sensitive and delicate one at times.'
(Front line worker)

Community Ambassadors

'Community ambassadors are the eyes and ears of the community. Embedded in the community, they do outreach and share information about programs. I believe it is a step in the right direction, having ambassadors.'
(Front line worker)

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COVID 19: Transform

Build positive momentum, keep new processes, care pathways, and structures that have been effective in addressing the needs of the community

Determinants of Health

'Because of poverty and the impact of Covid 19 conditions, domestic violence escalates: parents to children, children to parents, men to women, inter-generational…community organizations have capacity to make a place…so healing can happen.' (Grassroots organization member)

Address Funding Inequities

'The way partners are funded impacts the level and type of collaboration. Turf battles still exist. Seems to be a great partnership during COVID.....'
(Survey respondent)

Access & Space

'There is a need to connect with faith-based community agencies... they foster inclusivity which will have a long-term impact...healthcare organizations could meet up in religious settings and clinically partner with these trusted groups.' (Front line worker)

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Pre-Covid Workshops and Social Activities in Taylor-Massey

FITNESS

WORKSHOPS

DINING

DANCE

Taylor-Massey Healthy Communities Network

Framework & Implementation Plan

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Taylor-Massey Healthy Communities Network

Overview

The following section provides an overview of a model, governance structure and proposed priorities that should guide work in Taylor-Massey over the next two years.

Model Development

- This model was developed based upon practices identified in the literature review as well as needs/ gaps/opportunities identified in data, group and key informant interviews.
- In March, we held a co-design session with community residents and front-line staff. At this session, the focus was on addressing priorities for implementation over the next two years. https://drive.google.com/file/d/1I9K4R9oN6zICEDlmkSpz-j4gmlmmKAM7/view?usp=sharing
- Also at the co-design session, a draft of the model was introduced where teams reviewed and refined the structure, outcomes and principles.

The section provides:

- A review of how collective impact principles can inform the work of Taylor-Massey Healthy Communities Network (TMHCN);
- An outline of transformative change principles that will guide the work of TMCHN;
- A proposed model for TMCHN that outlines vision, operational functions, roles in integrated teams and high- level outcomes;
- An implementation road map that outlines how the TMCHN will align with the ETHP structure and the priority projects (FY21/22 & FY 22/23) and;
- An overview of priority activities, based on feedback from key informants, survey responses and co-design sessions.

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Taylor-Massey Healthy Communities Network :
Collective Impact & Transformative Systems Change

Collective Impact Approach

- To address the needs of the Taylor-Massey Community, the Network will need to embrace a collective impact approach. See Five Conditions of Collective Impact: https://docs.google.com/presentation/d/14LZcnerCXdqlJ4omGFgFAj62krhop2GA/edit#slide=id.p1
- Collective impact is an intentional way of working together and sharing information for the purpose of solving a complex problem.
- "The emphasis is on reforming (even transforming) systems where improvements alone will not make a difference. Movement-building leaders bring together a diverse group of stakeholders, including those not in traditional institutions or seats of power, to build a vision of the future based on common values and narratives. Movements 'open up peoples' hearts and minds to new possibilities,' and create the receptive climate for new ideas to take hold." (Etmanski, 2016).

Structural and Organizational Culture Change

- This work will include working on structural change (explicit and implicit) but more importantly facilitators and leaders need to shift deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk. During the COVID pandemic, these shifts have started to occur and as we move to recovery this is an ideal time to support transformative change.

Leadership & Transformative Change

'Collaborative decision-making among leadership with front-line staff leads to collective transparency and the capacity to resolve issues quickly and to be nimble. We need to make time for this and nip issues in the bud....We have to come to an honest mapping on what is going on.' (Organization leadership)

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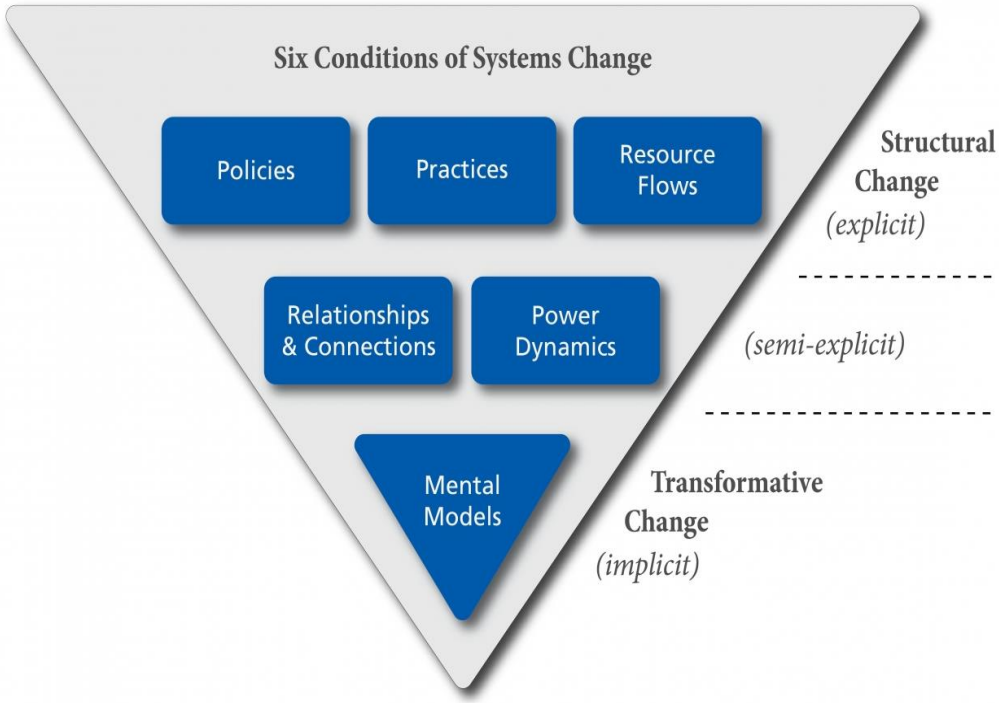
Taylor-Massey Healthy Communities Network: Transformative Systems Change



https://www.fsg.org/publications/water_of_systems_change

SYSTEMS CHANGE CONDITIONS

STRUCTURAL:

Policies: Government, institutional and organizational rules, regulations and priorities that guide the entity's own and others' actions.

Practices: Espoused activities of institutions, coalitions, networks and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines or informal shared habits that comprise their work.

Resource Flows: How money, people, knowledge, information and other assets such as infrastructure are allocated and distributed.

Relationships & Connections: Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.

Power Dynamics: The distribution of decision-making power, authority and both formal and informal influence among individuals and organizations.

Transformative:

Mental Models: Habits of thought—deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do and how we talk.

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Taylor-Massey Healthy Communities Network: Transformative Change Principles

Leadership	• Clients and community will drive system co-design. • Our leadership model will focus on relationship-building among organizations to build the trust needed to achieve positive collective impact in the Taylor-Massey community.
Access	• Everyone will know how to and be able to access and navigate care in Taylor-Massey. • Everyone will have timely access to culturally safe primary and interdisciplinary team-based care, and dedicated coordination when and where they need it.
Team-Based Care	• Every provider will be connected as one system of care. • In addition to provider groups, teams include clients, caregivers and people with lived experience. • As part of a learning system, team members will be jointly committed to continuous improvement and working collectively to improve care across the social determinants of health. • Staff will be supported to provide culturally safe services and supports.
Accountability	• Clear and transparent accountabilities to the community and across organizations. • Investment and resources will be targeted to meet neighbourhood need. • Collection of race-based data to assess impact.

Taylor Massey Healthy Communities Network: Overview of Framework

Vision

Taylor-Massey Healthy Communities Network is a collaborative community-led initiative that will improve health outcomes by addressing health inequities.

Interventions: Core Approach

- Client-centred
- Peer support / health ambassadors and outreach
- Coordinated Pathways and Interdisciplinary Care

Determinants of Health: What Issues Need to be Addressed

- Education and resources; food security; built environment; decolonization and anti-racism; housing; income and employment

Integrated Team: Who

- Primary care, health professional services, mental health and wellness, harm reduction, wellness and health promotion, settlement, specialized supports, personal support workers, clients, caregivers and people with lived experience

Operations: How We Work

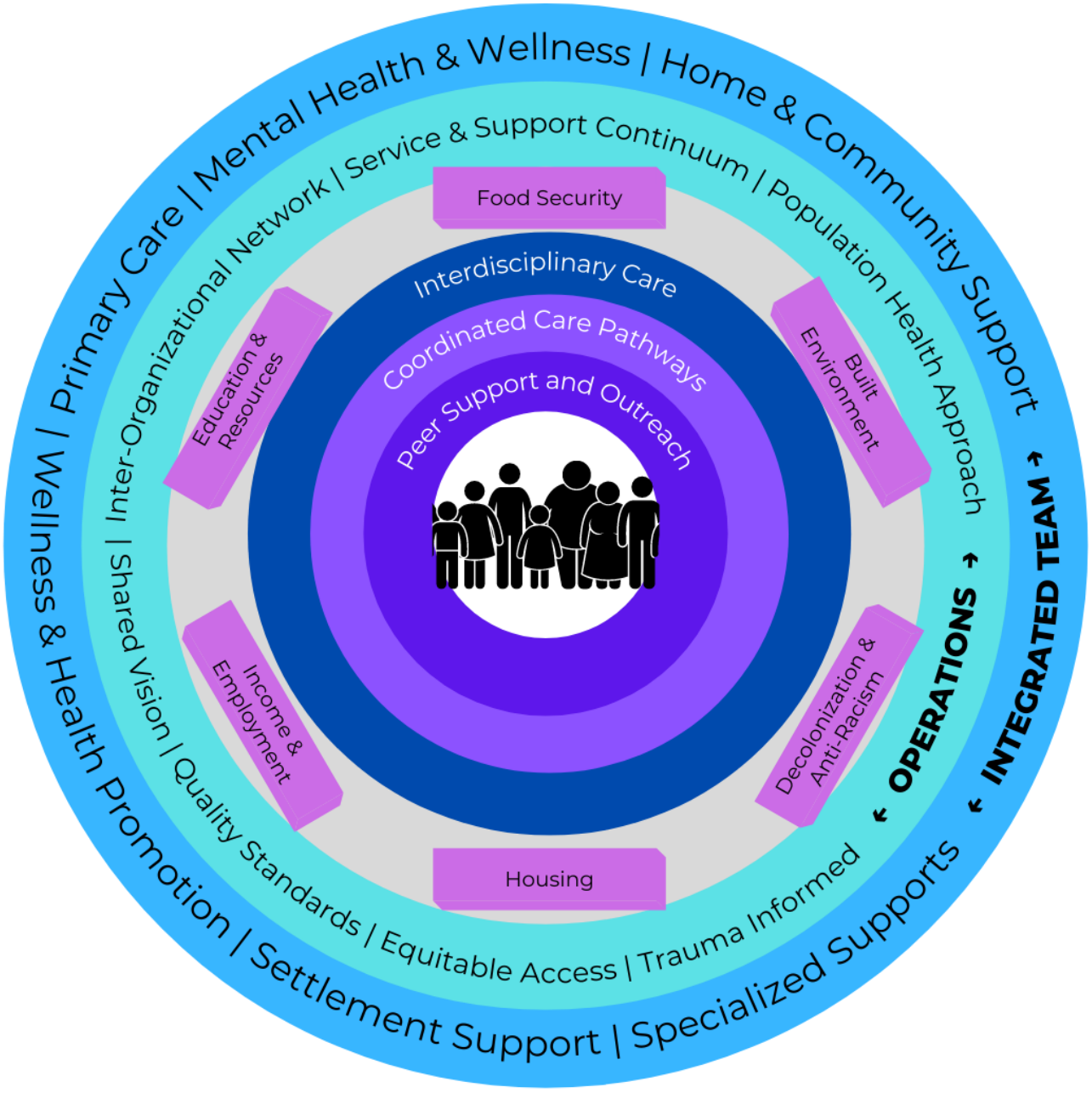
- Inter-organizational network, service and support continuum, population health approach, shared vision, quality standards, equitable access, trauma informed

Outcomes: How We Measure Change/ Impact

- Increased community engagement; increased access to coordinated supports; shared accountability, reduced service duplication and increased efficiency; reduced health inequities; demonstrated equitable health outcomes; improved client experience; improved provider/staff experience

Collective Impact: How We Support The Work

- Supports for: collaborative leadership; change management; shared communication/ data / digital solutions; formalized accountability; evaluation framework, quality improvement; dedicated resources for project management; and health and human resources strategy.



VISION

Taylor-Massey Healthy Communities Network is a collaborative community-led initiative that will improve health outcomes by addressing health inequities.

OUTCOMES

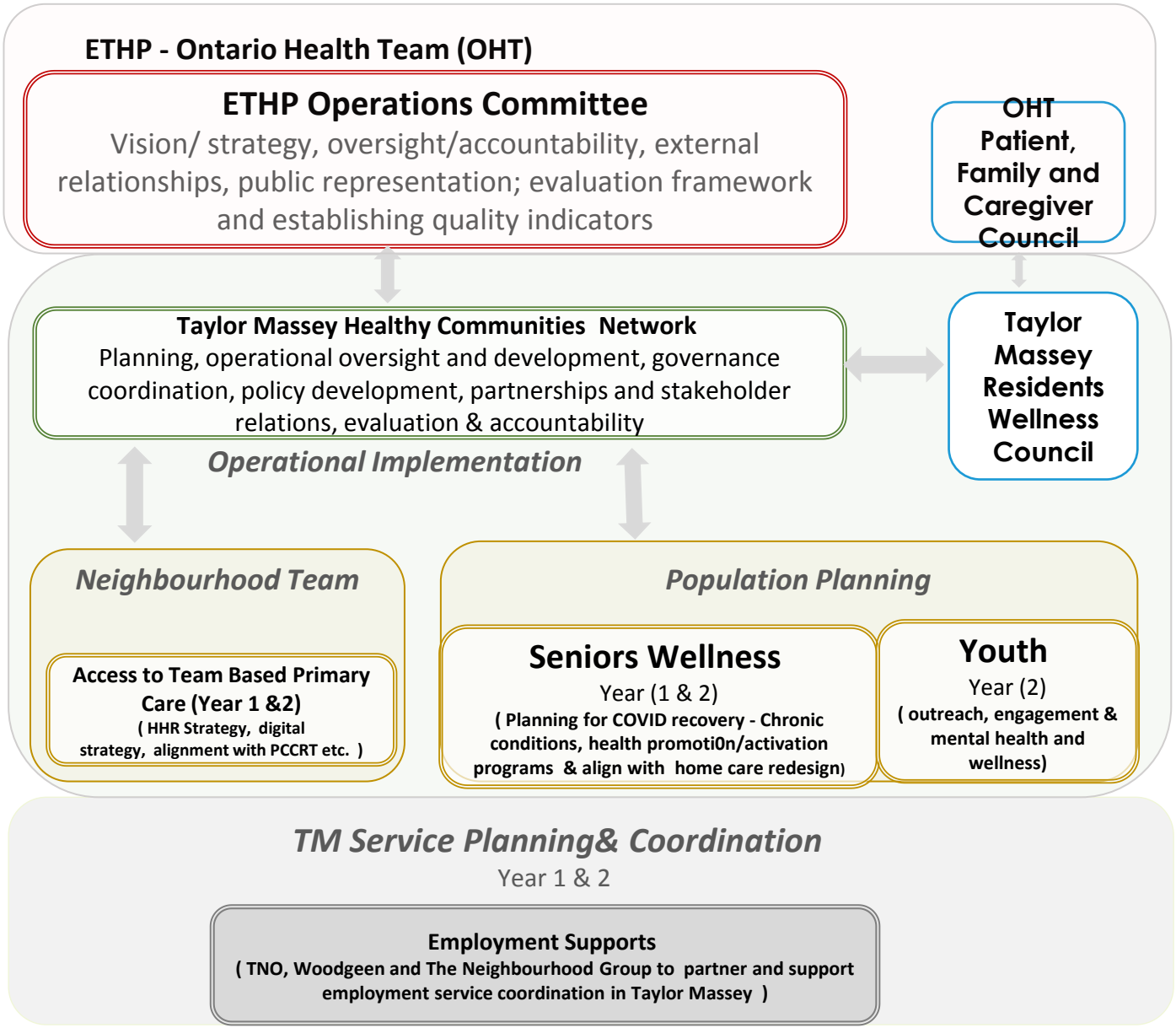
- Increased community engagement
- Increased access to coordinated supports
- Shared accountability, reduced service duplication and increased efficiency
- Reduced health inequities
- Demonstrated equitable health outcomes
- Improved client experience
- Improved provider experience

COLLECTIVE IMPACT

Supports for:

- Collaborative leadership
- Change management
- Shared communication / data / digital solutions
- Formalized Accountability
- Evaluation Framework
- Quality Improvement
- Dedicated resources for project management
- Health & Human Resources Strategy

Taylor Massey Healthy Communities Framework: Proposed Implementation Structure



Taylor-Massey Healthy Communities Network Implementation Plan

April 2021

Architecture Role:

- Operations Committee to review TM final report & scope out priorities, role, job description, reporting relationship & hiring process for ETHP Project Lead: Taylor-Massey Healthy Communities Network
- Report back to partners re: next steps for implementation (May 2021)

May 2021

Creation of TM Healthy Communities Network

Lead: ETHP Manager TM Network

Work with Anchor and Engaged partners to establish Taylor-Massey Healthy Communities Network

Creation of TM Residents Council: May 2021

Lead: ETHP Manager Client & Caregiver Engagement

Develop engagement strategy, scope out function, membership and workplan for Residents Wellness Council

June 2021

Establish Neighborhood Care Team Work Group
Lead: ETHP Manager TM Network with support from PCCR Team Lead

Establish Seniors Wellness Work Group

Lead: ETHP Manager TM Network

Establish Employment Services Work Group
Lead: TBD

Implementation Phase One: Taylor-Massey Healthy Communities Network: Steering Committee

The TMHC Network will be responsible for:

Planning:

- Developing operational plan, strategy and milestones to implement priority projects
- Recruiting members and aligning/coordinating with other planning tables in Taylor-Massey community (Crescent Town Services Council, Taylor-Massey Oakridge Neighbourhood Action Partnership and COVID Response Team)

Developing Collaborative Approach:

- Developing collaborative principles, protocols, process and policies that define how the Network functions

Coordinating Implementation :

- Network will oversee implementation activities of all work groups and aligns and engages ETHP structural committees (digital, evaluation, anti-racism and quality improvement)

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Implementation Phase One: Taylor-Massey Healthy Communities Network: Steering Committee

The TMHC Network will be responsible for:

Securing Resources:

- Ensuring that resources and supports are available for teams to support change management

Managing Conflict:

- Managing and mediating conflict among partners / members

Reporting/ Accountability

- Working with ETHP Operational Committee and developing project charter, accountability structure and evaluation framework and signing off on work plans for year one and two priorities
- Priorities identified for year one and two include:
  - Enhancing Neighbourhood Care Team
  - Population Health - Seniors Health and Wellness, Youth Health and Wellness (year 2)
  - Service Coordination – Employment Services

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Implementation Phase One: Taylor-Massey Residents Wellness Council Steering Committee

Taylor-Massey Residents Wellness Council will be responsible for:

Co-design

- Responsible for supporting planning, co-designing, and implementation of projects
- Members of the Council will sit of the TM Healthy Communities Network and Work Groups
- Existing community led initiatives such as the Crescent Town Community Response team would be engaged as a foundation for building this larger TM Residents Wellness Council

Community Engagement

- The TM Residents Wellness Council will support community engagement, recruitment and mentoring for new members
- The Wellness Council will support activities that promote communication, information sharing and ensure that residents are at the centre in the planning for delivery of integrated healthcare and social services

Reporting/Accountability

- Membership would report and link with ET PFAC

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Workplan Development: Support Neighbourhood Care-Team Work Group

Priority Areas of work for the Neighbourhood Care Team Work Group Include:

Health & Human Resources Strategy

- East Toronto Family Practice Network and East Toronto CHC Network looking at strategies to increase access to primary care providers for residents. There is a shortage of family physicians in the community and part of this strategy will include looking at the role of MDs and NPs in the community
- Need to look at the IPC team's RN role to ensure how this role could align with priorities.

Coordination of Primary Care System Navigation Resources

- WoodGreens's IPC Team is partnering with primary care in the neighbourhood to provide links to social services and system navigation supports. Access Alliance is also looking at expanding navigation supports and services for non-insured in the community and coordinating and aligning this work. Finally, Primary and Community Care Response Teams' work has identified the need for linkages to home-based primary care for isolated seniors.
- (WoodGreen's IPC Team presentation: (https://drive.google.com/file/d/1CMbmwfFfoJBcXPL68UeaBpib26Kq4Vii/view?usp=sharing); and report https://drive.google.com/file/d/1661W2MOv2nLAlHxdukG2XoXvbhKq2l02/view?usp=sharing
- Access Alliance's Proposed Service Expansions: (https://drive.google.com/file/d/1V2MOwisOa-zOEby-RKYLAaPxAlCehA5B/view?usp=sharing)

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Workplan Development: Support Neighbourhood Care Team Work Group (cont'd)

Home & Community Care

- Leverage opportunities to develop a dedicated neighbourhood home and community care team in Taylor-Massey
- Look at opportunities to extend the basket of services available for home care clients, in particular services such as activation, restoration, mental health assessment / support and caregiver support
- Work should align with PCCR Teams and other home care reform work in the OHT

Care Pathways

- Work in Taylor-Massey needs to be coordinated and linked with other OHT projects that are standardizing pathways to support (Primary & Community Response Teams, Harm Reduction services, Transitional Care Coordinators etc.) and Best Practice Clinical Pathways (e.g. Home2Day)

Mental Health Supports

- Neigbhourhood Care Team Work Group needs to look at strategies to improve access to specialized, trauma-informed mental health supports for adults

Digital Solutions

- Align with ETHP Digital Committee to determine tools to support inter-organizational service models

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Workplan Development: Seniors Wellness Work Group

Seniors Wellness Supports

There is an active network of wellness services for seniors in the community. During COVID, many of these services have moved to 1-1 phone-based supports or virtual group programs.

As the community moves to COVID recovery, the Seniors Wellness group should assess which "upstream" elements of support promoting health and wellness should be sustained as virtual and which others can open up for in-person.

This group will link into the ETHP Seniors with Chronic Disease Steering Committee.

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Implementation Phase Two: Employment Services Work Group

Currently there are different organizations providing employment programs to the communities living in the neighbourhood.

Inventory of Programs

The work needs to begin by developing an inventory of services, their targeted populations, details of services, including hours of operation, and outcomes. In this way, areas of duplication can be identified.

Coordination

By bringing together the organizations that provide these services, decisions can be made about division of tasks with change management to support increased collaboration around these services.

Areas of specialization for these services should be considered; in particular, programs for newcomers, as well as programs to support youth and young adults.

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Implementation Phase Three: Youth Wellness Work Group

Youth Wellness Supports

- Coordination of youth supports first requires an inventory of what is currently being offered by neighbourhood and grassroots community organizations.
- Once the inventory is developed, collaboration would entail identifying and reducing duplications and meeting gaps including but not limited to: mental health supports; physical activity programming (e.g. sports); and employment programs.
- Youth Wellness Work Group should learn and build upon what is currently happening in other neighbourhoods
- This working group would align with and include a liaison to the Youth Mental Health project as well as having participants report to the Residents Wellness Council.
- Youth wellness work would be scheduled for Year 2.
- This group will link into the ETHP Youth Advisory Council.

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Taylor Massey Healthy Communities

Recommendations

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Taylor-Massey Healthy Communities Project: Recommendations

The final section of the report provides high-level recommendations that should inform the implementation of the TM Healthy Communities Network. The recommendations cover six key areas:

- Resident engagement;
- Planning and collective impact;
- Accountability structures;
- Support for front line workers;
- Health Ambassadors and;
- Assessing and identifying space to provide programs and services.

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Recommendations: Resident Engagement

Resident Engagement: ETHP supports the creation of Taylor-Massey Residents Wellness Committee (TMRWC) that should link with ETHP Patient, Family and Caregiver Committee. The TMRWC will support communications, outreach, resident engagement and inform all planning and co-design activities.

ETHP would consider creating a TM Healthy Communities Ambassador, a paid position that would be responsible for supporting resident engagement, leadership development and mentoring for residents engaged in committees and co-design activities. This work should be aligned with the ETHP client and caregiver engagement strategy.

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Recommendations: Planning and Collective Impact

Planning Structure:

- ETHP anchor and engaged partners work with residents and local organizations / faith groups to strike the Taylor-Massey Healthy Communities Network (TMHCN).
- The Network will work collaboratively to plan and implement solutions that address priority needs; neighbourhood care teams, seniors' wellness, youth wellness & employment supports.
- Membership needs to include broad organizational representation and draw membership from ETHP engaged and anchor organizations, community grassroots and faith-based organizations.

Resources to Support Collective Impact:

- Early in the implementation phase, training and supports are developed for leadership and frontline staff from engaged and anchor partners to address the differing organizational histories, narratives and viewpoints that are a barrier to transformative change. This will help improve inter-organizational communication, problem solving and readiness for engaging in collective impact work.
- The ETHP provide back bone support and invest in a project management position to coordinate the development and implementation of the TMHCN and work groups.

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Recommendations: Accountability

Accountability:

- The Network's impacts and activities should be guided by an accountability and evaluation framework. Integral to this work is a commitment to collect race-based data to demonstrate equitable health outcomes. In addition, client experience data needs to measure access to culturally safe services/supports.

- The TMHCN should report on a quarterly basis to the ETHP Operations Committee and the TM Residents Wellness Council.

- The TMHCN should work with ETHP Communications Team on a format for reporting on milestones and impact to the Taylor-Massey residents.

- As service changes are made, the Network needs to develop a standardized MOU template and ensure that accountability reports are shared with all partners.

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Recommendations: Support for Frontline Staff

Neighbourhood Teams:

- ETHP needs to invest in supports and funding to strengthen cross-functional teams that provide culturally safe services and supports.

- Aligning with ETHP Anti-Racism committee's work, ETHP needs to develop inter-organizational team-based training to enhance understanding of and competency in serving Black, Indigenous and other racialized populations and addressing anti-racism.

- Training and structures should also support the design of high-performance work-processes, referral pathways and communication tools/systems that support integrated care.

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Recommendations: Health Ambassadors

Health Ambassadors:

- The pandemic has illustrated the value of engaging local residents as health ambassadors. Peer ambassadors, individuals with lived experience, need to be integrated into teams to support community outreach, engagement and health education/promotion.

- ETHP needs to work with engaged and anchor partners to support the development of a strong and coordinated program for health ambassadors in the Taylor Massey Community.

- This includes providing standardized training and HHR strategy for ambassadors (income, health benefits and other supports).

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Recommendations: Space

Space

- Much of the available and potential program space is in Crescent Town but the focus for looking at existing and potential space includes all of Taylor-Massey neighbourhood.

- Engagement would include but not be limited to: Toronto District School Board; City of Toronto, Crescent Town Club, Pinedale Condo Board etc.

- Leverage potential existing spaces for quick implementation of pre-COVID group-based programming

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Next Steps

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Summary and Next Steps

- Report will be submitted to OHT and decisions will be made regarding steps to implement the recommendations outlined in this report
- Summary of the report to be broadly distributed to the community

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Appendices

- Appendix 1: Logic Model (62-64)
- Appendix 2: Data summaries (65-67)
- Appendix 3: Links to Background Reports (68)

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Appendix 1

Taylor Massey Healthy Communities: Logic Model

Resources/Inputs	Activities/Strategies	Outputs	Outcomes	Impact
What resources will enable the set of activities?	In order to address the issue, we will conduct the following activities. These activities are required to achieve our desired outcome.	These outputs should help monitor progress towards outcomes. Once completed or underway, the activities will produce the following evidence of service delivery.	We expect that if complete or ongoing, these activities will lead to the following changes in 1-3 years then 4-6 years.	What is the goal of the program? What issue are you trying to address? We expect that if complete or ongoing, these activities will lead to the following changes.
Human Resources • 1.0 FTE Project Facilitator • In-kind time and relationship-building from community partners **Leadership** • IPCNC Steering Committee to guide design and implementation of project. **Surge Funding**	1. Consulting and engaging with: • Primary Care Providers • Service providers • Residents 2. Environmental scan to identify gaps and opportunities to inform creation of the wellness and primary care frameworks.	**Consultation** # &characteristics of: - Primary Care Providers - Service Providers - Residents **Engagement** # & Characteristics of service planning groups with whom we had engagement sessions **Environmental Scan** #&type of services identified (inventory) List of gaps identified Type of data collected by programs and primary care in the community (e.g. service utilization data, primary care access)	**CREATION OF A WELLNESS FRAMEWORK AND A PRIMARY CARE ACCESS FRAMEWORK**	**Strengthened engagement and collaboration with a view to creating a healthier community in Taylor Massey**

Community : Community networks for system design; front line service providers and resident associations to develop a neighbourhood wellness strategy
Client population TM residents who are poorly attached to: PC or require access to CCTs; AND are poorly attached to SDOH services and/or need access to coordinated supports
Timelines: December 2020 to March 2021

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Evaluation Question

Type	Questions	Logic model
Outcome-focused	Change? Effects? Impacts?	Outcomes Impacts

Broad question	To	Specific
What are the key elements of a wellness and primary care framework for Taylor-Massey? How do the service planning and program structures that support the development of the ETHP OHT wellness and primary care framework link to sub regional (e.g. HUBs) and regional OHT services/programs?		What are the service planning and program structures that can support the development of an ETHP OHT Wellness and Primary Care Framework?

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Measurement

Activity / Output / Outcome	Identified Measures	Data Source	Data Capture Approach	Reporting Frequency & Audience	Associated Actions & Responsibility
CREATION OF A WELLNESS FRAMEWORK AND A PRIMARY CARE ACCESS FRAMEWORK	• The Wellness Framework • Primary Care Access Framework **Consultation** # &characteristics of: - Primary Care Providers - Service Providers - Residents **Engagement** # & Characteristics of service planning groups with whom we had engagement sessions **Environmental Scan** #&type of programs and services identified (inventory) List of gaps identified Type of data collected by programs and primary care in the community (e.g. service utilization data, primary care access)	Environmental Scan Expert perspectives	• Consultation interviews • Engagement sessions • Document analysis	IPCNC Steering Committee every 3 weeks until March 31, 2021 Leadership Report back to participants MGH Mid-Feb and End of March	Project Facilitator

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Appendix 2

DATA
Opportunities for Collective Impact: Determinants of Health

High rates of:

- Poverty & unemployment
- Over-crowded housing
- Related to these barriers: transportation issues in the neighbourhood

East Toronto subregion profile:

https://drive.google.com/file/d/1z6qatcBLutONLD9Fn3p_2XjWRFj-zO93/view?usp=sharing

	TAYLOR-MASSEY	TORONTO
Low-income individuals (after tax - 2016)	27%	17%
Unemployment	11.5%	8.2%
% Visible Minority	70% (top 3: South Asian, Black & Chinese)	52%
Recent immigrant (within 5 years)	16.1%	7%
Private households not in suitable accommodation	29%	12%
Living in 5+storey apartments (2016)	77%	44%
Seniors living alone (2016)	32%	25%

Data Source; Health Analytics Branch, 2018; City of Toronto Neighbourhood Profiles, 2016; Ontario Community Health Profiles (OCHPP) (ICES, Census data 2016)

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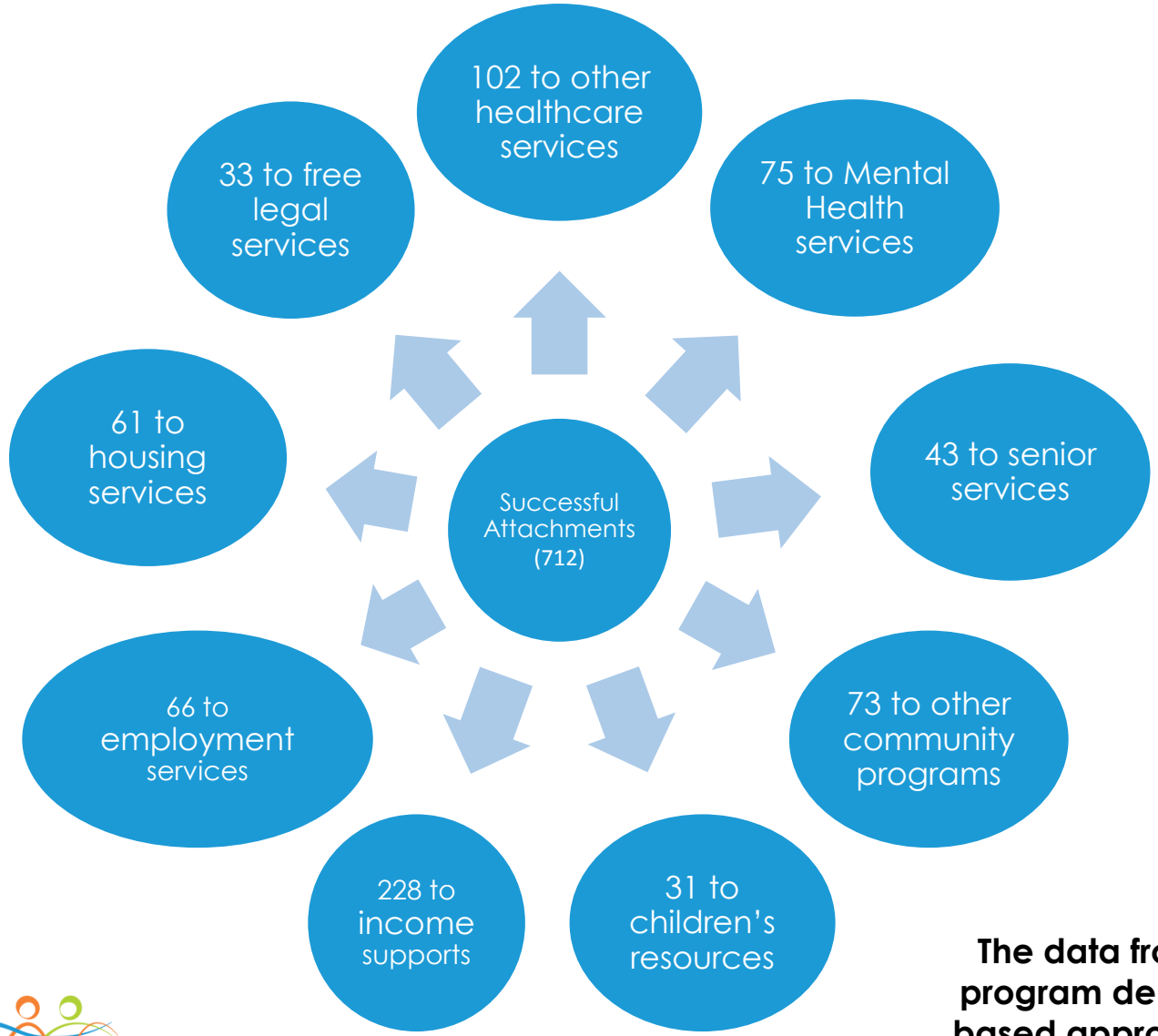
Opportunities for Collective Impact:
Access to Team-based Primary Care – Current Scenario (IPC data 2020-2021)



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The data from 2020-2021 IPC program demonstrates a team based approach and highlights the continuing need for attachments to critical supports.

Taylor Massey: Community Health & Well Being Profile

Mortality

- Taylor Massey premature mortality rate ratio is double the city of Toronto average. (2nd highest of 140 neighbourhoods)

Mental Health

- Taylor Massey had the highest volume (493 visits) of mental health visits and rate (91 per 1,000) – this was 8 times higher than that of Thorncliffe Park (lowest – 11.8 per 1,000)

Complexity

- High rate of 4+ chronic conditions, linked to higher rate of health care utilization

	TAYLOR-MASSEY	TORONTO / *TCLHIN
Premature Mortality Rate Ratio (ages 0-74)	2.17	N/A
MHA overall prevalence (per 100) Ages 20+	12 (H)	9
Mental health and/or Addiction ED visits (rate per 1,000, ages 20+)	98.9 (H)	*25.3
MHA-related hospitalizations (rate per 1,000, ages 15+)	20.5	*6.6
Youth MHA-related (ages 16-25) ED visits per 1,000	91(H)	*27.2
Injury, Children and Youth, Ages 0-24 ED Visits per 100	13(H)	*12
Diabetes (20 years or older)	14%(H)	11%
4+ chronic conditions (per 1,000)	11(H)	8
Caregiver Distress Long Stay clients withInterRAI-HC	48.6%	
Disability/activity limitation (ages 25-64)	20% (H)	15%
Living alone - long stay clients with interRAI-HC	28.9%	

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Data Source; Ontario Community Health Profiles Partnership, Extracted 2018, ICES, RPDB; HCC data MOH health analytics branch; CHRIS, 2019

DATA
Opportunities for Collective Impact: Access to Team-based Primary Care

Access to Primary Care

- High % of residents not enrolled in primary care and those who are enrolled low continuity of care.
- In last year, lower number of MDs practicing in community

System Impacts & Health Outcomes

- Higher rates of hospitalizations for chronic conditions (COPD, diabetes, CHF, asthma)
- Higher rates of lower urgency visits to emergency room (CTAS 4,5)
- Lower rates of preventative cancer screening

Data can be found in East Toronto subregion profile at this link:

https://drive.google.com/file/d/1z6qatcBLutONLD9Fn3p_2XjWRFj-zO93/view?usp=sharing

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	TAYLOR-MASSEY	TORONTO/ *TCLHIN
Non-enrolled	28.7%	26%
Low Continuity of Care	50.5%	45.5%
Low Urgency ED use (per 1,000)	116.4	*88
ACSC Hospitalizations (per 100,000)	302.7	*247.9
Mammogram past 2 years ('09-'11)	53% (L)	55%
Pap test past 3 years ('08-'11)	52% (L)	59%
Colorectal cancer screening	46% (L)	53%

Data Source; OCHPP, Health Analytics Branch, 2018; City of Toronto Neighbourhood Profiles, 2016; Ontario Community Health Profiles (OCHPP) (ICES, Census data 2016)

Appendix 3

Links to Background Reports and Presentations

Name	Link	Date
Project Charter (include membership)	https://drive.google.com/file/d/1Fcewsumjmh2t00biUMisVz1M9vhqElBc/view?usp=sharing	November 2020
Project Logic Model	https://drive.google.com/file/d/1ME-OsLU_61AmuhJigTX7syPj1ej0UehW/view?usp=sharing	Dec 2020 to January 2021
Primary Care Engagement (East Toronto Family Practice Network, Community Health Centres)	Jan 21st meeting (with CHC data) https://drive.google.com/file/d/1m8PzyYzeoRWfcxsPBZm-wx4xVvYumZ-U/view?usp=sharing Feb 11th meeting - https://drive.google.com/file/d/1cseCdFbbLWa3mh9A0_UGGHxYbqG-6dzR/view?usp=sharing	January to February 2021
Home and Community Care Service Provider Engagement	https://drive.google.com/file/d/11tx0761ft5GOwzVDzHdKIYLSosq6jIiN/view?usp=sharing	February 2021
Collaboration Survey Results	https://drive.google.com/file/d/1kwJY5RV-y6etSYNzFM_JyMWJUiqZVfOq/view?usp=sharing	March 2021
Neighbourhood Agencies (TNO, Woodgreen, The Neighbourhood Group) Engagement	https://drive.google.com/file/d/1wv_9aLzytVMQX2XGVNm3MEfRTeTn2DSI/view?usp=sharing	March 2021
Inter-professional Care (IPC) team year end report	https://drive.google.com/file/d/1661W2MOv2nLAlHxdukG2XoXvbhKq2I02/view?usp=sharing	
Pandemic Response Team Results	https://drive.google.com/file/d/1ymbHkdCeprAqBDWn8Rdur8Grwjd8s9UF/view?usp=sharing	
Co-design session with residents and front-line staff	https://drive.google.com/file/d/1I9K4R9oN6zICEDlmkSpz-j4gmImmKAM7/view?usp=sharing	March 2021