

AHC Model of Health and Wellbeing

The Alliance for Healthier Communities has developed an evidence-informed Model of Health and Wellbeing (MHWB) to guide delivery of primary health care.

The model defines health in the same way as the World Health Organization: *“a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”*

Like the World Health Organization, our goal is to achieve better health for all. To reach this goal, our model champions transformative change for people and communities facing barriers to health.

Guiding Principles

When a centre adopts our model, it commits to the following guiding principles:

The Highest Quality, People- and Community-Centred Primary Health Care

We commit to continuous improvement in the quality of services and programs with all efforts oriented to meet the specific needs of the people and communities being served.

Health Equity and Social Justice

We design services and programs to reduce health disparities and inequities. We also advocate for healthier public policy and against unfair practices and prejudices that harm people’s health.

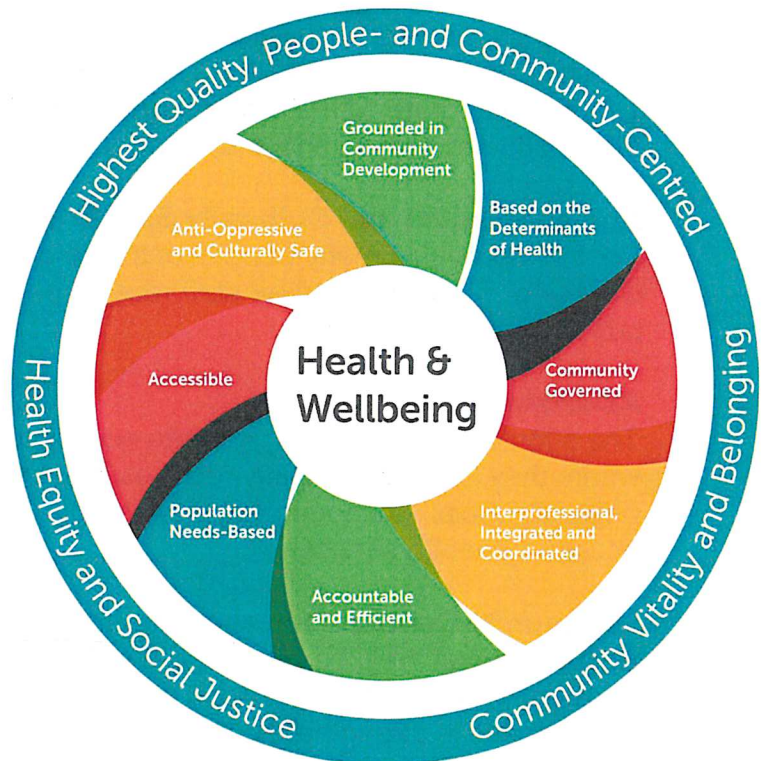
Community Vitality and Belonging

We partner with community members to build safe and caring communities where everyone is valued and feels like they belong.

Our Model’s Attributes

Population Needs-Based Planning

Centres strive to improve the health and wellbeing of the entire population in their catchment area. They assess the needs of different demographic groups and develop action plans to address them.



A Community Development Approach

Centres work with community members to develop solutions that support healthy living. For example: community gardens, affordable housing projects, and civic engagement campaigns enable community members to actively participate in public policy decision making.

A Strong Focus on the Determinants of Health

Centres mitigate the impact of the many non-medical determinants of health. For example, to serve people facing socio-economic challenges, centres provide additional supports: transit tickets to get to health appointments, counselling on how to secure employment or access to additional social services and peer support groups. Centres also advocate for healthier public policies that enable people to access a healthy environment and afford other basic necessities of life.

Interprofessional, Integrated and Coordinated

Membership in interprofessional teams extends well beyond clinical providers to include health promoters, social workers, outreach and community development workers. Teams collaborate with a wide range of primary care providers, as well as other parts of the health and social service system.

Anti-oppression and Culturally Safe Practices

Centres recognize many populations face discrimination that harms their health and wellbeing. They ensure their staff receive ongoing training in anti-oppression and culturally safe practices.

Accessibility

The priority is providing appropriate access to everyone, no matter who they are or where they live. Accessibility requires breaking down all racial, cultural, linguistic, physical, social, economic, legal and geographic barriers that prevent people from accessing health services.

Community Centredness and Community Governance

Based on what they learn through a wide range of engagement processes, centres constantly reorient their services to meet communities' changing needs. Community-centredness is strengthened by another defining feature of the model: community governance. It's community members who set the strategic direction of the centre that serves them.

Accountability and Efficiency

Community governance also ensures centres are accountable to their communities and their funders. In addition, centres develop and apply reporting indicators so funders can track their performance with respect to effectiveness and efficiency.