



sherbourne HEALTH

Better. Bolder. CHANGE.

**Strategic Plan
2022–2026**

the context

Twenty years ago, Sherbourne Health was established to provide care and support to populations whose needs were not being adequately met by traditional models of health care. From primary care and community programs to chronic disease management including Hep C and HIV treatment, our work has evolved and gained strength over the years. Services to 2SLGBTQ communities, newcomers to Canada and people underhoused or experiencing homelessness set us apart and have provided a laser focus on the issues affecting these communities. It has allowed us to expand our services provincially to build competence in clinicians around 2SLGBTQ health, create a satellite clinic and community supports in St. James Town—a hub for many new immigrants and refugees—and revamped our Health Bus to provide clinical programs and supports at shelters and drop-ins.

Sherbourne Health has always valued innovation and responsive programming. From early on, programs like Supporting Our Youth and the Parenting Network (now called Parenting and Families, 2SLGBTQ Communities) brought a strong community element to our work and connected us immediately to the issues impacting 2SLGBTQ communities. The Acute Respite Care program continues to be a unique in-patient unit for people experiencing homelessness recovering from a hospital stay or undergoing pre- and post-surgical interventions.

As we celebrate a two-decade milestone in our development, we will always remember the path that established this dynamic organization, as well as the advocates, community members, staff, physicians, volunteers, and donors who helped us to work towards our vision: Healthy People. Healthy Communities.

This history and our desire to grow, learn and respond to community needs provides a starting point for this new four-year Strategic Plan. Building on the foundation of our previous plan that emphasized the importance of access, population health outcomes and a strong organization, our new strategic directions are intentional and focused on improvements that foster new collaborations, promote system transformation, improve health outcomes and health equity, and keep our organization resilient now and for the future.

At the heart of our programs and services are our clients and service users. Their input and engagement have been an integral part of our strategy planning. Our commitment to our community and to those who reach out for our services will always be our core priority. Our roots are planted in community and our future is shaped by their needs and how we can enable those needs to be met.

We want to do **BETTER**: Delivering our services to those who need them most; to anticipate future challenges and be responsive; to reduce waitlists for services and enhance programming; to adopt quality improvement measures across our organization so we can strengthen all aspects of what we do.

We want to be **BOLDER**: Creating innovative programs and services that prioritize collaborative partnerships and respond to the pertinent needs of our communities.

We want to embrace **CHANGE**: Embedding equity in the work we do at all levels by creating change where it is needed; and being a strong advocate for health system change that benefits our staff and the communities we serve.

John Rider

Board Member

Co-Chair, Strategic Planning Working Group



Hazelle Palmer

President & CEO

Co-Chair, Strategic Planning Working Group



the engagement

Three hundred stakeholders—service users, our staff and physicians, community members, volunteers, health care partners and funders—provided input into this strategic plan. Through focus groups, interviews and surveys, each stakeholder provided feedback that helped us to prioritize issues, focus on client needs, and anticipate and manage healthcare changes.

As this process unfolded during an unprecedented pandemic, we are grateful for those who found the time to fully participate in our process—virtually and in person.

“ I am happy to participate in a practice with medical and nursing students—I like being part of their learning. ”

—feedback from engagement process

What we heard:

Population Change

- Increasing **gentrification and population growth** of the neighbourhoods surrounding Sherbourne Health
- **Aging population** and need for long-term care support

Isolation/Belonging

- Inequities in **digital access**
- Increased **health surveillance** of vulnerable clients
- Increasing **intolerance and hostile environment** (health care/trans care)
- Disruptions for people **uprooted from community** during the pandemic
- Deep levels of **social isolation and loneliness** due to the pandemic, gentrification, socio-economic and health factors

Determinants of Health

- Increased **poverty**—low incomes, unemployment/precarious work, high social assistance
- Increased **housing instability** due to lack of affordable housing and gentrification
- Increased **food security issues** related to pandemic, climate change and other issues

Health

- **Lack of sufficient primary care** and disparities in health care access and quality for vulnerable populations (i.e., racialized, immigrant, uninsured populations)
- **Unaddressed or delayed prevention** (i.e., screening) and treatment during the pandemic
- Increase in **toxic drug supply** and limited harm reduction and addiction supports
- Increasing mental health challenges and **lack of trauma/mental health services**

the environment

Five neighbourhoods surround Sherbourne Health: North St. James Town, Moss Park, Regent Park, Church-Yonge Corridor and Cabbagetown (South St. James Town). In conducting our environmental scan, we looked at the socio-demographic and health data from these five communities. Although the data is from 2016, it still provides a snapshot of what are key concerns and where there are opportunities for improvement and change. Beyond the geographic and socio-demographic information, this plan was developed during transformational change in the health care sector. With the introduction of Ontario Health Teams in 2018 and new provincial Connecting Care legislation, health service providers are being invited to consider new ways of providing care that is mindful of technology, efficient, prioritizes client and provider experiences, and results in positive health outcomes. Overall, Ontario Health Teams require new thinking in service integration and emphasize the importance of collaborative and co-designed initiatives that improve the quality of care offered. Sherbourne's own work in the Downtown East Toronto Ontario Health Team has already provided new opportunities to partner with other OHT members to achieve positive outcomes for our populations.

What the data shows:

Compared to the City of Toronto, the five neighbourhoods surrounding Sherbourne Health have **higher** rates of:

- **Adults** (age 25–54 years)
- **Seniors living alone**
- **Single family households** and/or **women-headed** lone parent families
- People with a **bachelor's degree**
- People receiving **social assistance**
- People living below the **low income cut-off** (LICO-AT)
- People **renting** and living in **subsidized housing**
- **New immigrants** in St. James Town (most common countries: India, Philippines, China and Iran)

Poor health in comparison to the City of Toronto:

All five neighbourhoods:

- Higher rates of **premature mortality**
- **Mental health challenges**
- **Preventable hospitalizations**

North St. James Town and Regent Park:

- Higher rates of **blood pressure and diabetes** in population over the age of 20
- **Lowest colonoscopy** among cisgender men and women ages 50–74

Moss Park and Regent Park:

- **Higher rates of COPD** in population over 35 years old
- **Emergency care visits overall**

North St. James Town and Moss Park:

- **Lowest mammograms** among women 50–59 years old and **colorectal screening** ages 50–74 years old

Moss Park, North St. James Town and Church-Yonge Corridor:

- Low levels of **primary care continuity**

who we serve

Three priority populations continue to be the focus of our work. Although our doors are open to everyone, we have a particular interest in ensuring that 2SLGBTQ communities, people experiencing homelessness and newcomers to Canada receive barrier-free, competent health care.

Our new internal integrated care model, launched in 2021, recognizes the intersectionality of the people we serve. The model not only breaks down the silos in our work, but empowers our clients to choose where and how they wish to receive services based on their needs, not solely on their identity. That said, our focus on population health and health disparities enables the opportunity to concentrate on the unique issues facing those priority populations and to create services and pathways to enhancing their overall health and wellness.

“ I value the sense of community, the diversity, how welcoming everyone is, and the level of respect that Sherbourne Health provides no matter which program or service you attend. ”

—*feedback from engagement process*

“What health and wellbeing issues are you most concerned about?”

- **Poverty**
- Deep **social isolation**, loneliness and lack of connections
- **Mental health**
- **Physical activity** and **supports for children**
- Lack of **support and resources for those learning English**

“What programs and services should Sherbourne Health offer to help improve health and wellbeing?”

- **Mental health, therapy and counselling** services and **group programs for diverse populations**
- **Enhanced harm reduction** programs and supports
- **Increase investment in community ambassadors**; local employment opportunities
- **Primary care** services and supports
- **On-site pharmacy and lab** to reduce costs for clients
- **Trans health** and services and **supports for 2SLGBTQ+ families**
- **Leverage technology** in service delivery and communications with clients
- **Inclusive programming**—all age groups, people of diverse faiths and racialized populations
- **Off-site programming** (The Corner)

our plan

Three new strategic directions have been identified to guide our work over the next four years. These directions build on the accomplishments from our former plan which ended in March 2022. However, in some areas, like population health, it allows us to continue to dive deeper by focusing more on analyzing population data to inform current and future programming and to highlight disparities. These directions strengthen our commitment to working collaboratively with other partners, through Ontario Health Teams and other network partnerships to create new ways of coordinating and integrating services to better serve our populations. After extensive efforts, we've been able to eliminate our financial deficit, and we are now able to focus on diversifying our funding to develop an evergreen fund, to invest in new ideas that grow our organization and its capacities, and to focus on creating a sustainable and healthy workforce to support the work we do.

Our new strategic directions allow Sherbourne Health to:



Contribute to population health by influencing and improving health outcomes for our priority populations



Build and advance strategic collaborations and partnerships that support health system transformation



Foster a high performing, resilient and sustainable organization

“

I'm really grateful that Sherbourne Health exists. The pandemic has highlighted for me the critical importance of accessible and competent healthcare, not to mention the social determinants of health.

”

—feedback from engagement process

Strategic Direction 1

Contribute to population health by influencing and improving health outcomes for our priority populations

<p>We will achieve this by:</p>	<p>Improving health outcomes for our priority populations by delivering equity-informed services and programs</p>	<p>Providing clients with streamlined access and comprehensive care by strengthening internal communications, collaboration, and integration</p>	<p>Being a champion on public policies that address the health equity issues impacting our priority populations</p>
<p>Through initiatives that allow us to:</p>	<p>Develop data collection targets</p> <p>Implement a system for collecting and using equity data to improve programs and services for populations facing barriers/disparities</p> <p>Develop targets and implement strategies to reduce barriers and improve specific health outcomes for identified populations</p>	<p>Leverage the new organization structure design to strengthen internal communications and collaboration processes and platforms</p> <p>Improve internal processes for streamlining access, referrals, and care pathways</p> <p>Strengthen internal capacity for providing trauma informed care</p>	<p>Inform and influence public policy on issues of greatest relevance to our priority populations, for example, poverty reduction, harm reduction, food security, affordable housing and digital equity</p>
<p>With outcomes that result in:</p>	<p>Data collection targets being met</p> <p>Equity-informed interventions developed for identified populations</p> <p>Improved access and health outcomes realized for identified populations</p> <p>Improved client experience and satisfaction</p>	<p>New organization design fully implemented</p> <p>Improved internal communication and collaboration</p> <p>Reduced waitlists for Sherbourne programs</p> <p>Streamlined internal referral pathways</p> <p>Clients report that they receive the services that they need at Sherbourne</p>	<p>Increased contribution to population health through research, knowledge sharing and engagement at policy tables</p>

Strategic Direction 2

Build and advance strategic collaborations and partnerships that support health system transformation

<p>We will achieve this by:</p>	<p>Enhancing access to needed services and supports for clients and priority populations through collaboration with service providers and health system transformation and/or planning tables</p>	<p>Extending our impact by sharing our knowledge, service models and expertise with service providers and policy makers</p>
<p>Through initiatives that allow us to:</p>	<p>Develop and maintain a real-time inventory of community resources and pathways in collaboration with integrated care partners</p> <p>Improve access and care pathways to services for clients in collaboration with integrated care partners</p>	<p>Develop and implement a communication strategy to demonstrate the impact and value proposition of our service models with key audiences</p> <p>Strengthen knowledge transfer through student placements and research</p> <p>Leverage our organizational experience to improve access and supports for 2SLGBTQ+ people across the province</p>
<p>With outcomes that result in:</p>	<p>Improved communication and collaboration among integrated care providers</p> <p>Reduced waitlists</p> <p>Streamlined referral pathways</p>	<p>Increased education opportunities for the next generation of health practitioners</p> <p>Increased knowledge among provincial service providers regarding 2SLGBTQ+ health</p>

“ Sherbourne Health has been a great support for me over the many years I have been a client. The services you provide are outstanding. ”

—*feedback from engagement process*

Strategic Direction 3

Foster a high performing, resilient and sustainable organization

<p>We will achieve this by:</p>	<p>Enhancing our capacity to improve access, care and service continuity for our priority populations</p>	<p>Creating opportunities for everyone at Sherbourne to work and contribute to their full potential</p>	<p>Increasing and diversifying revenues through robust strategies that build up the organization’s core and infrastructure as well as service delivery</p>
<p>Through initiatives that allow us to:</p>	<p>Implement an Equity Diversity and Inclusion Strategy and embed EDI in our policies, Human Resources program, service delivery and public policy work</p>	<p>Implement a People Strategy encompassing the recruitment, retention, and development continuum</p> <p>Develop and implement activities that promote staff wellness and connections</p>	<p>Undertake a fund diversification and growth strategy</p> <p>Strengthen our infrastructure—systems, processes, and physical facilities—to maximize access, ensure safety, improve the client experience, and increase staff connections</p>
<p>With outcomes that result in:</p>	<p>Clients and community members report feeling welcome at Sherbourne</p> <p>Our Equity, Diversity and Inclusion Strategy outcomes are achieved</p>	<p>An improved and streamlined recruitment process</p> <p>Regular activities that foster relationships and socialization among staff</p>	<p>Diversified funding that enables Sherbourne Health to undertake innovative and responsive programming</p> <p>Strengthened infrastructure as required to deliver the highest quality programs and services</p>

Thanks and appreciation to our service users, board members, staff, management, community members, community partners and funding partners for taking the time to provide their input on the development of this strategic plan.

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Sonja Nerad

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- David Fry
- Kelsey Goforth
- Van Horne Lum
- Hazelle Palmer
- Nalini Pandalangat
- John Rider
- Athavarn Srikantharajah
- Verlia Stephens
- Alison Terpenning
- Melisa Torres
- Chris Tremeer

“ Love you all and thank you so much for everything,
I am here today because of you folks. ”

—*feedback from engagement process*

Our Vision

Healthy People.
Healthy Communities.

Our Values

At Sherbourne We Care.

We warmly welcome everyone. We passionately do our best while we listen to, care for, and work with each other and our communities.

We inspire each other to be...

BOLD.

- We challenge oppression and discrimination.
- We forge new paths and create new ways to serve our communities.
- We create change by asking thoughtful questions, finding answers, then taking action.

REAL.

- We say what we mean.
- We own our commitments.
- We constantly bring hopefulness to the work.

Our Mission

A dynamic provider of integrated health services, community programs and capacity-building initiatives that enable people and diverse communities to achieve wellness.

KIND.

- We affirm each other's lives and hopes.
- We treat ourselves and each other with respect.
- We learn from our perspectives, strengths and challenges.

OPEN.

- We meet each other where we are.
- We break down silos.
- We work together knowing we are greater than the sum of our parts.



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