Brock Community Health Centre
Strategic Plan
2012-2015
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Message from the Board Chair & Executive Director

This spring Brock CHC’s Board of Directors embarked on a strategic planning process. As a dedicated group of community volunteers who have taken on the responsibility of the governance and stewardship of our local CHC, we know there are many challenges and opportunities before us. We believe that if we are to continue to work towards meeting the health care needs of this rural township, then a robust, forward-looking plan is needed to help guide our way.

From the outset, our board believed it was essential for us to gather input directly from stakeholders. As we move toward our new facility, it’s especially important that our strategic plan is built on really listening. So we engaged clients, residents, partners and staff, across the communities that we serve in Brock. We asked the pertinent questions: How are we doing? What do we do well? What could we improve upon? What are your health care concerns? Are there health care delivery gaps that we need to fill? Do stakeholders need to know more about us and what we do?

The goal was to develop a three-year strategic plan based upon real engagement. We began with a critical analysis of the health care environment locally, regionally within the CE LHIN, and provincially. We then assessed our own organization’s capacities and opportunities and, together, mapped out five new strategic directions to pursue.

We are pleased with the outcome and excited about our future—one that will see health care access continue to be available to local residents close to home. It will be delivered in a model that is based on evidence and is rooted in the promotion of health and enriching the community’s overall wellness. We thank everyone that took the time to participate, share ideas and give suggestions. Together, we’re building a healthier community.

Sincerely,

Ted Foster
Board Chair

Ron Ballantyne
Executive Director
Executive Summary

Following a robust and engaging planning process, the Board of Directors of Brock Community Health Centre have shaped the following five strategic directions.

These strategic directions will serve to focus our work over the next three years. They are driven by our mission, vision and values, and speak directly to the challenges and opportunities before us. The board believes these directions signal to all stakeholders invested in the success of our CHC that this organization is ready and able to meet its future head on. The spirit on which Brock CHC was founded, that of a sincere and deep desire to bring much-needed primary health care and health promotion to our township, is alive and well in these new directions. Further, this is a plan that meets our rural
community’s desire to retain responsibility for the oversight and delivery of high quality, affordable primary health care close to home.

The five directions build upon our successes to date. They envision a future for our CHC that is strong and client-focused\(^1\) and connect us with others at every turn. They seek collaboration. The directions give the 12,000 residents of our township a voice in the health care they need, expect, contribute toward, and deserve.

Brock CHC has a bright future. Our strategy is to maintain our firm and unwavering commitment to local care. Our new directions are generous in spirit, rooted firmly in serving the needs of our residents, our neighbours, our friends, our loved ones—which, we know, is a reflection of Brock Township itself.

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\(^1\) This strategic plan will refer to those whom we serve as “clients” for the sake of simplicity. Our different programs, services and professional disciplines use terms such as “clients”, “patients”, or “participants” depending on the context.
Brock CHC Planning Context

Context One: Understanding Brock CHC Today

Brock Community Health Centre (Brock CHC) is a non-profit organization committed to providing high quality, primary health care and related services to the residents of Brock Township (pop. 12,000). We began serving this township in 2007, and provide services in Cannington, Beaverton, Sunderland and vicinity. We serve approximately 20% of the township's residents through our programs and services.

Our organization has four program areas:

- primary health care
- diabetes education
- community development and health promotion
- geriatric assessment

This range of community-based health services are provided by a multi-disciplinary team including:

- physicians
- nurse practitioners
- registered nurses
- registered dietitians
- health promoters
- community health workers
- social workers
- other allied health professionals

Since our inception in 2007, we have recruited two full-time physicians and three full-time nurse practitioners. We have also recruited registered nurses, diabetes educators, health promotion and community health workers, a social worker, and clinical and administrative support staff. In total, Brock CHC has added 20 (net new) health sector employees to Brock Township. We have established strong, working partnerships with local and regional organizations to enhance the services we can offer locally.

Our volunteer Board of Directors consists of local leaders, professionals and other representatives from the community. Our funding is provided by the Ontario Ministry of Health and Long-Term Care (MOHLTC) and the Central East Local Health Integration Network (CE LHIN) as well as periodic one-time grants from other agencies and funding bodies.
Context Two: About the CHC Model of Care

Brock CHC is one of 73 CHCs in Ontario that follow the CHC Model of Care. CHCs are designed to deliver primary health care to individuals and families who have often had difficulty accessing the care they need. A special feature of a CHC is our multidisciplinary approach to care. We focus both on the individual’s health and well-being, as well as the overall health of the community. By addressing the broader social determinants of health through wellness programming we can target high-need groups and provide illness-prevention services, such as: reducing rural isolation (e.g., exercise programs for seniors), increasing life and health-based skills (e.g., healthy cooking for teens), or working in partnership with other agencies (e.g., North House or VON) to target those most in need (e.g., providing services for clients with housing needs, mental health or addictions, or frail elderly individuals.)

Context Three: Towards a New Facility

Our goal is to have a state-of-the-art clinical facility built in Cannington in the next two to three years so that all of our clients can benefit from a consolidated location. Significant strides have been made toward this goal in the past year: we have demolished the abandoned building on land owned by Brock CHC at 39 Cameron St. West in Cannington and completed site remediation. Indeed, our cleanup of the "brown field" site further demonstrates our deep commitment to the health of our community. In August 2011, the MOHLTC approved the next phase of planning for our new building.

Context Four: Rural Care

We are very pleased with the progress we have made in improving access to primary care. The reality for those living in Brock Township was that for many decades a high proportion of residents had to leave our community to access primary health care services. While there were—and still are—private-practice physicians providing valuable medical care in Beaverton and Sunderland, these practitioners could not roster and meet the needs of all residents.

Of course, travelling long distances simply to access care can compromise health outcomes. The significant extra cost in time and money inevitably acts as a disincentive for clients to access basic care. Once issues of rural isolation, chronic disease, poverty, mental health, addiction, frailty are involved—to name just a few social determinates of health that negatively affect a person’s ability to access care at a distance—all too often medical attention is not sought until the situation has worsened or a hospital visit is required.

More residents of Brock township now have primary health care in their own community than ever before. Brock CHC’s first established program was Diabetes Education in late 2007. This was followed by the Community Development-Health Promotion Program in 2008, the Primary Health Care Program in
2009 and the Brock Geriatric Assessment Clinic in 2009. Together, these programs are now serving over 20% of the residents of Brock Township. It’s a story of success: this is how a community-based, non-profit initiative—launched by volunteers from across Brock Township—can establish an effective, affordable health care organization to provide quality services to many residents.

Context Five: CE LHIN Integration Process

On February 22, 2012, the Board of Directors of the CE LHIN passed a motion supporting a Community Health Services Integration Strategy. Implementation of this strategy will result in a facilitated integration of Community Health Centres and Community Support Services across the CE LHIN.

The integration process will commence in April 2012 and will be completed by 2015. It will proceed according to the three cluster-based groups within the CE LHIN—Durham being the cluster in which Brock CHC resides, and it is scheduled to be the first group to go through the process.

The CE LHIN integration has the following stated aims, as outlined by the motion of the CE LHIN's Board of Directors:

...design and implement a cluster-based delivery model for CSS and CHC agencies by 2015 through the integration of front-line services, back office functions, leadership and/or governance to improve client access to high quality services create readiness for future health system transformation and make the best use of the public's investment.

Given the context of this CE LHIN process, the Board of Directors of Brock CHC felt that its own strategic planning process was now more timely than ever. Brock CHC's board was able to incorporate not just the strengthening of partnerships but the prospect of broader system integration into its own planning.
Overview of the Planning Process

Planning Scope

The Board of Directors of Brock CHC commissioned the strategic planning process within their roles as governors and stewards of the organization. The planning scope was set to embark upon a process that would lay out the organization's priorities and position it to evolve in its pursuit of meeting the health and wellness needs of the community.

In order to effectively draw stakeholder input, ensure confidentiality of responses, and encourage all opinions and views, through an open tendering process the Board engaged the services of an independent firm to facilitate the process.

The Vision, Mission and Values of Brock CHC were in scope, and were reviewed. Recommendations around amending these, and the timing of such were, are included in the plan.

The Planning Process

![Planning Process Diagram]
Planning Principles

The following planning principles were agreed upon by the Board to lead their thinking and inform their decision making:

**Client-focused**
- Place the needs of clients and their families first
- Establish partnerships or pursue integrations with community or regional providers to ensure needed, local service offerings exist for clients
- Plan for the organization our clients need us to become

**Engaged**
- Encourage active participation by stakeholders
- Discuss issues, challenges and solutions with our stakeholders

**Honest and Accountable**
- Accept there may be no simple solution, and that we cannot be "all things to all people"
- Know that while constraints exist, stretch objectives will be pursued
- Stay in scope, focus on things for which we are responsible
- Plan for services within available (or reasonably obtainable) resources

**High-Quality and Safe**
- Incorporate best-practice standards into our planning framework
- Offer or plan for programs where quality and sustainability can be achieved given our community and context
Stakeholder Consultations

The Brock CHC Board of Directors embarked upon the strategic planning process with the explicit intent of reaching out to those individuals and organizations that have a stake in the success of our CHC. Three broad-based stakeholder groups were engaged: staff and board, partners, and clients and public. A number of different engagement strategies were used to solicit input and feedback. These included focus groups, an online survey, and an open house in each of our three community centres (Cannington, Beaverton and Sunderland). Each engagement strategy provided an opportunity to draw in stakeholders and learn where they see our opportunities and challenges. Their feedback was weighted strongly in the deliberations of the Board. The following is an overview of the themes, ideas and compliments and concerns identified by each stakeholder group.

Staff Engagement

- **Two focus group** sessions, each two hours in length, were held on Wednesday, April 11, 2012.
- **Total of 18 staff** (of possible 20) attended, including both physicians on staff.

Themes

- **Measure Quality of Care**: develop additional capacity (IT, people) to track health outcomes and efficacy of CHC model of care, especially as it pertains to a rural setting. Set new Brock CHC goals and targets and align CE LHIN and Ministry priorities.
- **Be a Leader in Building Community Partnerships**: harness the energy and goodwill found in the community to better serve patients, increase access, and collaborate (on needs that fall beyond the scope of a CHC.)
- **Increase Communications and Marketing**: communicate to internal and external audiences (including partners) more clearly and market services and programs more frequently. Be a leader in co-communicating or marketing community-wide services and offerings.
- **Build the New Facility**: move forward on the new building because so much service delivery depends upon it. Being co-located in one building will also improve intra-agency communications and community understanding of our CHC’s work and mandate.
- **Enhance Capacity to Address Social Determinants of Health**: partner with others in the community to tackle systemic issues such as access to affordable housing, improving rural access to health care, poverty reduction, mental health and addictions services, and improved transportation options.
- **Seniors Care**: Improve capacity at our geriatric assessment unit and improve intra-agency referrals to it so frail seniors can be better supported and remain in their own community.
Quotes

- "Something we do well is taking a look at regionally available services and resources (e.g., Health Unit or CMHA programs) and helping them be successful here. We make it happen."

- "I hear from my patients regularly about the monthly calendar of activities that our community workers and health promoters put together. It's a very popular flyer; we have to keep reprinting them. Patients tell me that: before you were here, we didn't have any of this; it's just great."

- "From having worked in different settings, the CHC is an ideal model. We have time to talk to our patients. We have a team approach, and can therefore start to address the psycho-social needs/issues our patients face." - Brock CHC Physician

- "The CHC philosophy of health promotion, disease prevention drives our practise." - Brock CHC Physician

Figure 3. Brock CHC community garden initiative
Partner Engagement

- A focus group, 90 minutes in length, was held on Wednesday, April 11, 2012.
- Representatives from VON, CE-CCAC and Community Care Durham -Mental Health Program/Community Care program were in attendance.

Themes

- **Complete the New Building**: the new purpose-built facility will be wonderful for patient care. A centralized hub of care in the region will allow partnerships to flourish.

- **LHIN Integration process**: engage partners through the upcoming CE LHIN process to develop new strategies to manage partnerships and leverage strengths to bring more service to Brock township.

- **Encourage Specialist or Specialized Partnerships**: consider exploring partnerships with acute care institutions or family health teams in other clusters of the CE LHIN to bring specialists or specialized care to the region (monthly clinics, group sessions, etc.) so local residents can be followed and managed closer to home.

- **Address Service Gaps**: youth and seniors are admirable population-based priorities, but with so many gaps in service in Brock, addressing any gaps that exist can only help health outcomes in the region.

Quotes

- “Maintain the core concept of the CHC, looking at the whole person, not just providing primary care."

- “You need to continue to build on your ability to pull services from other agencies here (from South or East) by doing outreach and the legwork to fill up programs.“

- “Ensure the new building gets built. It will make it really easy for the client. One stop is really more client-focused service, especially in a rural area where distances are large and transport is difficult for many."
Online Survey

- The online survey was live from April 5 to April 22
- A total of 86 individuals responded to the survey
  - 47 respondents were "community members"
  - 19 were "former or current patients, clients, or program participants"
  - 16 were "staff or board members"
- It was promoted heavily through press releases, media pick up, posters in the community, and email. It was accessible via a link off the home page of the Brock CHC’s website.
- Aims of the survey were:
  - To gather data and anecdotal feedback from stakeholders and public
  - To educate stakeholders on services
  - To engage stakeholders and public

Findings and Analysis

Question 1
Question 1 (cont)...

- By allowing respondents to choose "all that apply" the results tell a local story of "access". Many people in Brock Township either do not have a family doctor, or they must drive some distance to visit the doctor. The high results for primary care access reflect this. The narrowest choice, "diabetes education" was seen as the least pressing need—possibly because it is a narrow choice compared to the "improve access" choices, or it may indicate it requires further emphasis or explanation in terms of its serious impact on health outcomes.

Questions 2, 3 & 4

The next three questions tested the depth of awareness of Brock CHC's programs and mandate. Embedded in the questions and answers were explanations of the services—meeting the dual purpose of collecting data and educating the community at the same time.

Question 2: Primary health care services
- When presented with a description of primary health care services, more than 90% of respondents reported that they were "well aware" or "somewhat aware" that Brock CHC provided these services.
- Eight individuals responded they were "unaware".
- Clearly there is a deep understanding that Brock CHC provides this core service in the community. Notably, the depth of awareness does not significantly decrease when staff and Board (who were 100% "well aware") are removed from the sample.

Question 3: Diabetes education services
- 86% of respondents were "aware" of this service being offered in the community by Brock CHC.
- Again, this represents a deep awareness of the existence of the service.

Questions 4: Specialized services to assess frail elderly individuals while supporting them to remain in their homes
- 55% of respondents were aware of this service.
- When staff and board are removed (again, 100% aware), only about 40% of community members and clients are aware.
- Given that this program has not been at capacity over the past year it stands to reason that the awareness is far softer than the other program areas.
**Question 5**

This question tested the resonance of, and support for, the Board’s strategic priority groups (youth and seniors). The question asked: "What should be our focus? Currently, we have two priority groups: youth and seniors. In the next three years, should this change?"

- 82% of respondents agreed, "I think you've got it right: youth and seniors should remain the focus."
- Those remaining who disagreed had the opportunity to "write in" what their suggested priority should be. Almost without exception, the theme was "everyone" or "all ages" should be the focus.
- While having a focus is agreeable to community members, the issue around access again resonates as a pressing one for many in this community.

**Question 6**

This question asked the respondents to describe/identify their relationship to Brock CHC (results mentioned above).

**Question 7**

Respondents were asked to rate their overall impressions of Brock CHC, then space was provided for written feedback.

- With about 80% of respondents holding an overall "excellent or good" impression of Brock CHC, clearly the organization has a strong brand and is well regarded in the community.
- 100% of staff and board responded either "excellent or good."
Community Members - Key Issues and Comments

- Increased access for some services to reduce need for travel for non-roster clients.
- More doctors so more patients can be accepted and thereby lessen wait lists.
- More services: labs, X-ray facilities, flu shots, physiotherapist, complementary and alternative medicine access or partnerships, mental health services.
- Better publicity of offerings, consistent communications, a need to better explain mandate, initiate a regular media column to increase communications.
- Build the new facility, some expressed frustration about it taking too long.
- Partner with existing services and medical clinics.

Staff and Board Members - Key Issues and Comments

- Many kudos and much praise.
- Better communications and articulation of purpose, mandate, and to initiate a regular media column for communications
- Lack of transportation is a barrier to care for residents—a desire was expressed to tackle this issue with partners in the community.
- Brock Geriatric Assessment Clinic needs strengthening.
- A need to improve partnerships locally and in regions further away to increase access to services in Brock.
- Fill staff vacancies created by current space limitations.
- Complete new building project.

Clients - Key Issues and Comments

- Many kudos and much praise in comments.
- Addictions counselling.
- Better access to seniors' activities between the three communities in Brock Township.
- Increased access to complementary and alternative medical care.
- Recruitment of medical human resources.
- Complete new building.
Open Houses

Brock Community Health Centre reached out to local residents and asked them to take part in helping to design the organization’s future by participating in its strategic planning process. Beyond responding to the survey online, three open houses were held to engage the community and listen to their ideas, suggestions and health care concerns. Open houses were held on Saturday, April 21 at the following times and locations:

9:00 - 11:00 am    Cannington Community Centre
12:00 - 2:00 pm    Brock Geriatric Assessment Clinic (720 Simcoe Street, Beaverton)
3:00 - 5:00 pm    Sunderland Community Centre

Hosted by members of the Board, attendees had an opportunity to speak openly with Directors about health issues that mattered to them. They also could fill in a paper copy of the online survey (which were added to the online data.) Anecdotally, the effort to engage and listen was well received by those in attendance, and the day’s dialogue was rich and worthwhile according to board members.

Key issues and themes that emerged from the day were:

- The need for a blood clinic in the township.
- The need for physiotherapy services in the township.
- Access to family doctors and nurse practitioners remains acute for many.
- The new building is very much on the minds of community members and the need to complete it.
- An increased communications flow would help residents understand the work of the CHC and assist it in meeting its goals.

Figure 4. Open houses were held in Cannington, Beaverton and Sunderland

Figure 5. Left, board member, Kim Bouwmeester, speaking with members of the public
Board’s Strategic Planning Retreat

The Board of Directors met at the CHC offices in Beaverton on Saturday, April 14 for a strategic planning retreat. Through a series of presentations and facilitated discussions, the strategic issues, data, financial picture, and overall environmental situation was identified. The key issues were mapped along with the opportunities and challenges that needed to be addressed in the new strategic plan.

The Board was then able to distil the information collected from the focus groups as well as the emerging findings from the online survey and apply these to the earlier evidence. Together, themes emerged.

Finally, the day culminated in the unanimous agreement of five draft strategic directions.

Vision, Mission and Values

A “mission-driven” organization needs, from time to time, to ensure its mission (as well as its vision and values) still accurately reflect those of the organization, its leaders, staff, clients, and its newest strategic plan. Taking guidance from feedback given in staff focus groups, the Board identified the need to review and revise the vision, mission and values. While important, given the current operational pressures (new building, CE LHIN integration process, etc.,) it took the decision to table this process. A proposal that was met with provisional agreement was that a rebrand, including the re-fresh of the vision, mission, and values could be done and ready for unveiling to coincide with the opening of the new building.
Our Strategic Directions

1. **Excellence in Rural Primary Health Care**
   As a CHC serving clients across a rural community, we will aim to increase local access to high quality care and in-demand services by working to remove barriers, promoting health and wellness, and always putting the client's needs at the centre of everything we do.

2. **Infrastructure and Capacity**
   We will complete the new purpose-built facility in Cannington to enable the efficiencies, adjacencies and service delivery requirements needed by residents in our township. The new facility will act as a hub for primary care services locally. This consolidation will improve health outcomes by ensuring Brock CHC is a stable, locally-accountable organization providing access to primary care for years to come. We will leverage the new infrastructure to house, attract and retain the best health human resources available to us. We will continue to deliver services and be a presence in all the towns and surrounding rural areas and will complement existing private practitioners.

3. **Partnerships and Integrations**
   To improve client access to high-quality health care services that are either under- or un-available locally, Brock CHC will strengthen existing partnerships and forge new ones. New integrations with other organizations will create efficiencies and leverage existing expertise already in place in the health care system. Using our local knowledge and resources to draw in rural or hard-to-serve clients, we will make service delivery in Brock both possible, and successful, for our partners and our community members.

4. **Communications**
   Building upon our successful outreach and health promotion work to date, a strong, measured focus on communications will increase access, improve wellness, and bolster partnerships by encouraging co-referrals and stimulating new programming for our clients and the community as a whole. We will take a leadership role in coordinating health-based communications in Brock Township and vicinity.

5. **Collaborative Workplace Culture**
   Our staff are the heart of our organization's success. Driven by our mission, we will support their work delivering high quality patient care by ensuring a safe, professional and trusting work environment that encourages the multidisciplinary teamwork environment inherent in the CHC model, and support each staff member to grow in their careers thereby benefiting every client for which they provide care.
Next Steps

Our new strategic directions provide Brock CHC with strategic focus and a clear framework to drive change and progress. The Board has committed to the following next steps:

- Organization's goals and objectives will be developed that align and drive each direction.
  - A first year goal package with targets and measurements will be set and developed with management.
- A board-level balanced scorecard will be developed to track progress towards the targets.
- The strategic directions will be communicated internally and externally.
- Progress on the directions will be reviewed and strategies amended as the situations and circumstances change over the next three years.

Conclusion

The Board of Directors and management are both proud of the success to date of the Brock CHC. While our future is bright, the health care service needs in our community remain serious and present. Our new strategic directions will help to keep us focussed on improving everything we do for clients, and for the people in our township.

We thank all those who lent their voices, by contributing ideas, suggestions and feedback. We have listened.

The Board of Directors looks forward to reporting back on our progress over time and to a strong track record of performance over the next three years.
Appendix One: Vision, Mission and Values

Our Vision

To maximize the health and well-being of Brock Township residents through continuous pursuit of accessible, exceptional, integrated and sustainable health care resources, services and programs. Services are provided by a collaborating multi-disciplinary team supported by committed community partners.

Our Mission

The Brock Community Health Centre exists to optimize the health of Brock Township residents through access to quality primary health care services, health promotion, education and illness prevention with timely service delivery.

Our Values

Confidentiality – We respect the clients’ right to have all information held in confidence and strive to ensure that client confidentiality is maintained at all times.

Compassion – When addressing health or social challenges, individuals and families are often vulnerable. We strive to respond in a compassionate, caring and holistic manner.

Excellence – We are committed to excellence in all aspects of health care provision.

Respect – We believe that every individual is entitled to be treated with respect at all times.

Partnership – We believe partnerships strengthen the community’s ability to support clients where they live.

Education – We believe continuous learning is essential for promoting healthier communities.
Appendix Two: Brock CHC Board of Directors

Ted Foster  Chair
Shirley Wheatley  Vice-Chair
Nancy Parliament  Secretary
Larry O’Connor  Treasurer
Peter Elliott  Member At Large
Anne Kewley
Erin Lambert
Peter Prust
Kim Bouwmeester
Elizabeth van der Loo
Ted Smith
Beth Ann Kenny

Appendix Three: List of Partner Organizations / Stakeholders

Beaverton-Thorah Medical Centre
Bon Air Nursing Home
Brock High School
Central East Community Care Access Centre
CE LHIN
CMHA Durham
CMHA Kawartha Lakes
Community Care Durham
Community Care Durham - Brock
Community Employment Resource Centre
Durham Farm & Rural Family Resources
Durham Hospice
Durham Region Health Department
Durham Region Police Services
Durham Region Social Services Department
Family Services Durham - Brock
John Howard Society
Lakeview Manor
Markham Stouffville Hospital
North Durham Homelessness Prevention
North House Shelter
The Nourish and Develop Foundation
Ontario Telemedicine Network
Regional Municipality of Durham
VON Canada - Peterborough, Victoria, Haliburton and Durham Sites