Evolving the Community Health Ambassador Model: From Emergency Response to an Integrated and Community-based Care in Peel Region (2021–2024)

Hameed Shaheer[1], Cilia Mejia-Lancheros[2], Ian Zenlea[2], Elaine Kwee[2], Dianne Fierheller[2], Priyanka Sheth[1].

1. Dixie Bloor Neighbourhood Centre, Mississauga, ON, Canada.
2. Institute for Better Health, Trillium Health Partners, Mississauga, ON, Canada.

DBNC
Dixie Bloor Neighbourhood Centre
Building Stronger, Progressive Communities

1 The Background & Context

- The Peel Region (Ontario) is highly socio-culturally and economically diverse. Over 50% of residents have an immigration background.
- Peel people experience pronounced socio-economic and health inequities and was among the Canadian jurisdictions most severely affected by the COVID-19 pandemic.
- The Peel Community Health Ambassador (CHA) Model was launched under the High Priority Communities Strategy to support immediate response and recovery efforts during the COVID-19 pandemic.

2 The Program Evolution

- The CHA at Dixie Bloor Neighbourhood Centre (DBNC-CHA) has **three main phases** of evolution: **Emergency Response → Recovery → Integration.**
- Model adaptations guided by the social and health needs of local communities.

3 The DBNC-CHA: Success's Enablers & Reach

Success Enablers

- Strong leadership and adaptive management.
- Culturally & linguistically diverse workforce.
- Deep community partnerships.
- Flexible, trust-based outreach model.
- Responsive & effective social support and healthcare pathways.

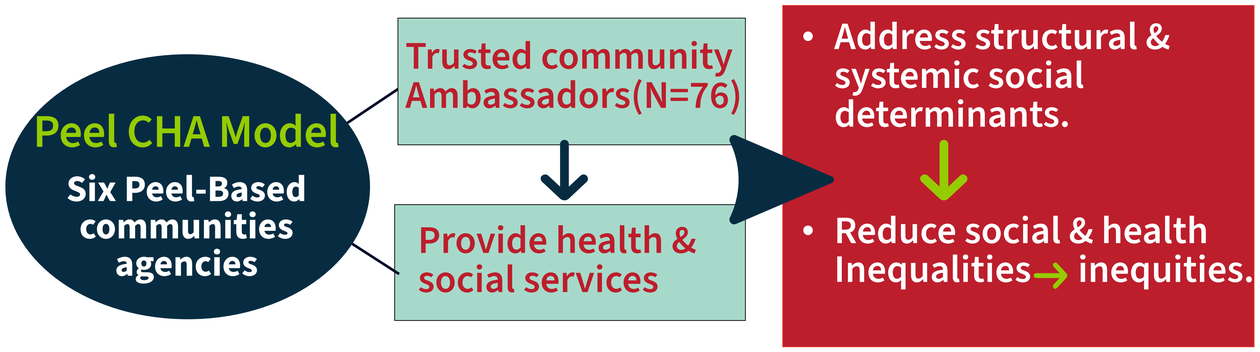
4 The DBNC-CHA's Broad Community Impact

- Improved access to care and truthful health information.
- Increased health prevention and safety knowledge.
- Overcome system barriers and meet resources needs.
- Enhanced mental health awareness.
- Stronger social networks & belonging.

5 The DBNC-CHA's Challenges

- Limited funding & resources.
- Language/digital barriers.
- Misinformation and stigma.
- Complex social determinants.

The Peel Community Health Ambassador (CHA)



DBNC-CHA Model: Phases

The DBNC-CHA'S Reach Figures

Response phase Reach = 58,475 people	Recovery Reach = 104,000 people
• **COVID-19 outreach Activities, *n=58,07(99.32%)*:** PPE, safety & health promotion education, vaccination, testing, support basic needs • **Other Support Services, *n=396 (0.38%)*:** Connect to specialized health services	• **Community Engagement & Collaborations, *n=52,277 (50.06%)*:** • **COVID-19,*n=28,247 (27.05%)*:** Safety & Screening. • **Service Connections, *n=6,217 (5.95%)*:** Navigation & Referral, • **Social-Related Services, *n=6,217 (5.95%).*** • **Mental and physical Healthcare delivery, *n:7,761 (7.43%).*** • **Facilitated Access to Primary Care and preventive care, *n=5,204 (5.33%):***

The DBNC-CHA's Impact in the Community's Spoken Words

"Since the pandemic, I have been receiving information about various vaccination and health seminars, such as hearing tests." (Community member)

"DBNC helped me applied for emergency assistance and financial support. It also helped me apply for Ontario Drug Benefit program". (Community member).

"They helped me find a family doctor and understand my health." (Community member)

Recommendations for Broader Impacts & Adaptation

Sustain and expand the DBNC-CHA model within local health systems.
Invest in workforce training and retention.
Strengthen digital and language inclusion.
Secure multi-level, long-term funding.
Foster cross-sector partnerships (health + settlement + social).

Acknowledges: Funded by the Government of Canada, Ontario Health, and Trillium Health Partners – Institute for Better Health.
With deep gratitude to all Community Health Ambassadors, DBNC team members, and partners across Peel Region.

Read the full paper here:
https://www.dixiebloor.ca/about/