STRATEGIC PLAN 2024 – 2029

June, 2024

The establishment of the Gabriola Health Care Foundation and the construction of the Gabriola Community Health Centre in 2012 paved the way for ensuring the availability of primary and urgent/emergency stabilization care for Gabriolans.

Since 2012, we have seen a 20% population increase —with a median age of 63. This suggests that a significant proportion of the population may have more complex care needs. In addition, there is a national crisis in recruitment and retention of physicians and allied health care providers requiring governments to seek out new approaches to the delivery of primary care. To address these issues, the Foundation is actively engaged with the Ministry of Health, Island Health, Snuneymuxw First Nation, and local organizations in developing innovative and sustainable approaches to ensure we have the care services our community needs.

With our partners, we are engaged in the complex process of health systems transformation which may require changes in our operational structure and business model. At the same time, we are witness to the historic implementation of key commitments made in the 1854 Douglas Treaty with the Snuneymuxw people which has the potential to have a profound effect on our understanding of how culturally safe and equitable primary health care could be delivered. Moreover, this transformation is happening in the context of a global climate crisis which will have immediate and potentially longer-term effects on the provision of care.

The Foundation is committed to providing a Community Health Centre free from racism, patriarchy, and other systems of oppression and any form of abusive behaviour. We recognize the complex histories of colonialism and the impact they have on how healthcare is delivered in our community. We are committed to take action to dismantle practices that uphold the colonial legacy. We welcome the perspectives and learnings of all cultures.

The strategic plan that follows is our roadmap for ensuring we can provide access to the best possible care for all Gabriolans in a constantly changing environment. The development of this plan is underpinned by an updated vision, purpose, mission, and values statements that guide our efforts moving forward.

VISION: A healthy thriving community

PURPOSE: Take leadership to understand and improve the health & wellbeing of the

entire community

MISSION:

Driving change that results in an effective, resilient community-held, integrated system for the health and wellbeing of the entire community.

We achieve our mission by:

- Knowing, representing and acting on the community's health and wellbeing needs
- Convening and collaborating with our partners and Snuneymuxw First Nation
- Ensuring access to primary and urgent/emergency primary care facilities and services
- Advocating for a health and wellbeing system on Gabriola that effectively meets the needs of the community
- Striving for organizational and operational excellence

VALUES:

- **CRITICAL THINKING** We aim for the solutions that deliver the best results rather than only the ones that currently exist or that are presented to us.
- **DIVERSITY, EQUITY & INCLUSION** We care about all members of the community. Working with health care providers and allied community organizations, we seek to ensure that all community members have equitable access to quality health care services.
- **RESILIENCE** We are prepared to meet the challenges presented by the increasingly unpredictable threats to our community health and wellbeing and to our organization.
- **TRANSPARENCY** We are committed to providing open, honest, and timely information including rationale and context around the decisions that we make.
- **TRUST** We earn the trust of the community by:
 - making thoughtful and well-intentioned decisions informed by knowledge, evidence and best practices;
 - working in collaboration and partnership with organizations and agencies critical to achieving our objectives
 - following through on our commitments
 - ensuring all voices have the opportunity to be heard

The plan that follows focuses on five strategic priorities with associated goals and actions planned over the next five years.

The order of the priorities as presented in this plan should not be perceived in any way as an order of importance.

Strategic Priorities in Context:

1. Knowing, representing and acting on the community's health and wellbeing needs

The needs of our community are changing due to such factors as our aging population, the impacts of climate change, lack of affordable housing and the toxic drug crisis. The Foundations job is to represent the needs of our community with key influencers locally, regionally and provincially.

2. Convening and collaborating with our government and community partners

Providing access to needed primary healthcare services is challenging. The environment in which we work is also complex with many community partners and multiple layers of government. The Foundation will address this challenge by developing strong, respectful and collaborative relationships with organizations and individuals who can help us achieve our objectives.

3. Ensuring access to primary and urgent/emergency stabilization care facilities and services

All communities, including Gabriola, face financial challenges in providing access to needed primary care facilities. The Foundation will take action to understand these challenges and seek funding and partnership opportunities that can help us sustain our community health centre and address the future needs of our community.

4. Advocating for a health system on Gabriola that meets the needs of the community

As the healthcare landscape changes, we need to be able to define what the ideal health care system looks like for Gabriola and to be present at the right decision-making tables. The Foundation will participate in existing and new government and health authority partnership initiatives locally, regionally and provincially.

5. Striving for Organization and Operational Excellence

In this time of rapid change in the health care landscape, it is critical that we do the best we can with the resources we have available. Professionalism, accountability and good governance are essential.

Goals are identified for each strategic priority along with actions, each with associated timing, measures of success and responsible lead. In total, this plan has prioritized 48 actions. Each goal and action item is numbered using the following system -1.1.1, 1.2.1. The first number represents the corresponding strategic priority, the second number represents the corresponding goal and the third number represents the corresponding action.

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1.1.1 = strategic priority 1, goal 1, action 1
1.2.1 = strategic priority 1, goal 2, action 1
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Timing is listed as TBD in many of the goals contained in this document. Specific timing goals will be developed following the community consultation and engagement phase.

There are four appendices at the end of this document:

Appendix 1 – Terminology

Appendix 2 – Summary of Strategic Priorities and Goals

Appendix 3 – Timeline of Actions

Appendix 4 – Summary of Actions by Responsible Party

Strategic Priority 1: Knowing, representing and acting on the community's health and wellbeing needs

This priority depends on knowing the needs of all segments of our community, removing barriers that make it difficult for individuals to make healthy choices for themselves, and determining where collective action is most needed. To do this we must understand the inequities that exist in different parts of our population and take the needed steps to remove barriers that create an environment where access to information and services disempower people from making healthy decisions. Finding an effective balance between individual and collective responsibility will help us achieve the ultimate objective of better health outcomes for all our community.

Goal 1: The Foundation will understand the primary health and wellbeing needs of the community.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|---|---|---|--|
| 1.1.1 Develop a process for identifying and reporting findings of the primary health care needs of the community, including a gap analysis to examine the needs of those at risk of not being able to access needed services. | Annual report published on community health and health equity for specific populations. | Annually in conjunction with AGM | Community Wellbeing Committee |
| 1.1.2 Partner with Gabriola Medical Clinic to identify critical community health & well-being needs from the Clinic's perspective | Complementary support systems identified and implemented | TBD; Ongoing check-ins at Clinic Liaison Committee meetings | Community Wellbeing Committee/Clinic Liaison Committee |
| 1.1.3 Develop a communication plan with key community partners to disseminate information that identifies community needs. | Information is made available to the community through a variety of media (online, print) and locations (e.g., PHC, Library). | 1 ^s year; Ongoing | Community Wellbeing & Communications Committees |
| 1.1.4 Develop appropriate responses to address health equity gaps | Responses developed & supported by | Ongoing | Community Wellbeing Committee |

| identified in 1.1.1. and | partners across the | |
|--------------------------|---------------------|--|
| 1.1.2. | community | |

Goal 2: Support community members to make healthy choices.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|--|---|--------|--|
| 1.2.1 1.2.1 Define the concept of individual responsibility for health using a health equity lens and articulate how it differs from current concepts of healthcare. | Community members understand the importance of health equity and the concept of individual responsibility | TBD | Community Wellbeing Committee |
| 1.2.2 Using a health equity lens, articulate the range of options individuals can draw on to take individual responsibility, determine availability of resources and identify resource gaps. | Community members understand the full range of options available to support individual responsibility Options are available to address identified gaps Gaps are eliminated &/or positively change over time | | Community Wellbeing Committee; interdependency with Clinic Liaison committee |

Goal 3: The Foundation will understand the implications of climate change on the health of community members, particularly those most vulnerable.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|-----------------------------|----------------------------|--------|------------------------|
| 1.3.1 In collaboration with | • Produce a <i>Climate</i> | TBD | Community Wellbeing |
| key community partners, | Change Health | | Committee |
| identify the climate | <i>Impacts Report</i> for | | |
| changes that will have the | Gabriola. | | |
| greatest impact | | | |
| on community members, | | | |
| particularly those most | | | |
| vulnerable and the health | | | |
| implications of those | | | |
| changes. | | | |

| 1.3.2 Work in | Host a planning | TBD | Community Wellbeing |
|---------------------------|------------------------------------|-----------------|------------------------|
| collaboration with | forum co- | | Committee |
| community partners to | sponsored by | | Committee |
| develop strategies to | Sustainable | | |
| address anticipated | Gabriola, the | | |
| • | Collaborative and | | |
| impacts. | | | |
| | the Foundation to | | |
| | develop strategies | 5 | |
| | to reduce health | | |
| | risks. | | |
| | Participate in | | |
| | larger community | | |
| | forums/initiatives | | |
| | to address impact | | |
| | of climate change | | |
| | on our Gabriola | | |
| | community | | |
| 1.3.3 Climate action plan | Climate action | End of 2024 | Committee of the whole |
| developed for the | plan for facility | (facility plan) | |
| facility. | developed | | |
| | Collaborative | 2024 | |
| | discussions | (collaborative | |
| | initiated with | discussions) | |
| | health service | | |
| | providers | 2025 | |
| | (including fire, | (communication) | |
| | ambulance, clinic, | | |
| | labs) to develop a | | |
| | climate action pla | | |
| | for the | | |
| | community | | |
| | Climate action | | |
| | plan for the | | |
| | Facility | | |
| | communicated to | | |
| | membership & | | |
| | community at | | |
| | large | | |
| | large | | |
| | | | |

Goal 4: The Foundation understands the resources & capacity needed to participate at key external healthcare tables.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|---------------------------|------------------------------------|---------|------------------------|
| 1.4.1 The Foundation | A lead person | Ongoing | Health System |
| develops a clear | and alternate has | | Transformation Lead |
| understanding of the | been identified | | |
| necessary resources | for each planning | | |
| required to effectively | table. | | |
| participate at healthcare | Board receives | | |
| planning tables. | regular reports | | |
| | from health | | |
| | system | | |
| | transformation | | |
| | lead on planning | | |
| | & impact on | | |
| | Gabriola | | |

Goal 5: The Foundation has a clear sense of what it wants to accomplish at external healthcare tables.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|--------------------------|-----------------------------|--------|------------------------|
| 1.5.1 The Foundation has | Mandate | TBD | Health System |
| established mandates | statements have | | Transformation Lead |
| outlining our objectives | been developed | | |
| for each planning table. | for each planning | | |
| | table. | | |
| | Mandate | | |
| | statements are | | |
| | reviewed | | |
| | annually or as | | |
| | needed. | | |

Strategic Priority 2: Convening and collaborating with our government and community partners

Providing access to needed primary healthcare services is challenging. The environment in which we work is also complex with many community partners and multiple layers of government. The Foundation will address this challenge by developing strong, respectful and collaborative relationships with organizations and individuals who can help us achieve our objectives.

Goal 1: The Foundation will have a strong working relationship with the Gabriola Medical Clinic to enhance joint planning capacity and achieve mutual objectives.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|---|--|--|--------------------------|
| 2.1.1 Relative roles of Gabriola Medical Clinic staff (physicians, nurse practitioner, Chapter coordinator and medical office staff) and the Board are defined, and joint planning occurs on a regular basis. | There is a clear understanding of the roles of the Gabriola Medical Clinic staff and the Board regarding Gabriola Medical Clinic operations and facility management. Process in place to ensure Gabriola Medical Clinic staff have opportunity for input into Board policies that affect their practice. Communications between the Board and Gabriola Medical Clinic staff are streamlined, appropriate and timely. Alternative operational structures that may better support the interests of both organizations evaluated | Ongoing; The Clinic Liaison Committee will meet quarterly with Clinic representatives. | Clinic Liaison Committee |

| 2.1.2 Recruitment and | • | Effective strategies | Ongoing | Recruitment and Retention |
|---------------------------|---|----------------------|-------------|---------------------------|
| retention activities and | | implemented to | | Committee |
| policies are in place to | | address barriers to | | |
| ensure Gabriola Medical | | recruitment and | | |
| Clinic staff have the | | retention | | |
| supports they need to | • | Recruitment efforts | | |
| recruit and retain staff. | | result in timely | | |
| | | placements | | |
| 2.1.3 The Foundation will | • | Clinic Liaison | Ongoing; as | Clinic Liaison Committee |
| have a clear | | Committee will | needed | |
| understanding of the | | update Board | | |
| work being done in the | | regularly (in | | |
| Rural and Remote | | partnership with | | |
| Division of Family | | Chapter Coordinator | | |
| Practice. | | as needed) | | |

Goal 2: The Foundation will take steps to engage in respectful relationship building with Snuneymuxw First Nation and Indigenous community members

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|--------------------------|--|-----------------|------------------------|
| 2.2.1 Board members | Board has identified | Ongoing; annual | Board Development |
| develop the appropriate | training objectives, | training | Committee |
| skills and knowledge to | determined suitable | objectives | |
| build strong, respectful | training, and | | |
| relationships with | established a | | |
| Snuneymuxw First | timeline for all | | |
| Nation and Indigenous | board members to | | |
| community members. | complete the | | |
| | training. | | |
| | Cultural training | | |
| | completed by all | | |
| | Board members | | |
| | New Board | | |
| | members and | | |
| | external committee | | |
| | members are | | |
| | enrolled in training | | |
| | as they join the | | |
| | board. | | |

| 2.2.2 Understand | • | The Board can | Continuous | Health System |
|--------------------------|---|---------------------|------------------|---------------------|
| Snuneymuxw First | | articulate a clear | process; ongoing | Transformation Lead |
| Nation aspirations and | | understanding of | | |
| objectives related to | | the Snuneymuxw | | |
| delivery of health | | First Nation's | | |
| services. | | objectives and | | |
| | | specifically, its | | |
| | | healthcare | | |
| | | objectives on | | |
| | | Gabriola | | |
| 2.2.3 Identify | • | A working | Continuous | Health System |
| opportunities to work on | | relationship has | process; ongoing | Transformation Lead |
| shared objectives with | | been established | | |
| Snuneymuxw First | | with the | | |
| Nation. | | Snuneymuxw First | | |
| | | Nation Manager of | | |
| | | Health Services and | | |
| | | their staff. | | |
| | • | The Foundation has | | |
| | | a clear | | |
| | | understanding of | | |
| | | the areas where | | |
| | | Snuneymuxw First | | |
| | | Nation wishes to | | |
| | | collaborate. | | |

Goal 3: The Foundation will build and maintain positive relationships with healthcare providers and authorities.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|----------------------------|--|---------|------------------------|
| 2.3.1 Strengthen/Build | Our MLA, RDN Director, | Ongoing | Committee of the whole |
| relationships with primary | and Island Trustees | | |
| care providers and | understand the role of | | |
| Gabriola Medical Clinic | the Foundation in the | | |
| staff. | community, and its short | | |
| | and long term | | |
| | objectives | | |

| 2.3.2 Build/Strengthen relationships with government & elected officials at a leadership level –Snuneymuxw First Nation, RDN, Island Trust. | • | and Island Trustees understand the role of the Foundation in the community, and its short- and long-term objectives | Ongoing | Committee of the whole |
|---|---|---|---------|-------------------------------|
| 2.3.3 Build/Strengthen relationships with government & Island Health authority staff, Snuneymuxw First Nation, RDN, and Islands Trust. | • | Foundation understands appropriate policies and mandate of government and health authorities For each initiative involving government staff, the Board has identified key staff, understands their area of responsibility and has taken steps to ensure they understand the mandate of the Foundation and the services it provides. | | Board/Committee as a whole |
| 2.3.4 The Foundation has a strong and supportive relationship with the Gabriola Health and Wellbeing Collaborative. | | The relationship between the Foundation and the Gabriola Health and Wellbeing Collaborative is formalized – a protocol is in place | | Community Wellbeing Committee |
| 2.3.5 The Foundation will maintain direct relationships with community organizations on Gabriola as appropriate. | • | Identify potential partners with shared interests | Ongoing | Committee of the whole |

Strategic Priority 3: Ensuring access to primary and urgent/emergency stabilization care facilities and services

All communities, including Gabriola, face financial challenges in providing access to needed primary care facilities. The Foundation will take action to understand these challenges and seek funding and partnership opportunities that can help us sustain our community health centre and address the future needs of our community.

Goal 1: The Foundation will have the financial capacity to ensure that current and future primary health care service needs are met.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible |
|---|--|--------------------------------------|------------------------------------|
| | | | Party |
| 3.1.1 Board understands the medium and long- term facility & program requirements and resulting funding implications. | Medium and long-term GCHC requirements identified Long-range facility plan developed | TBD; Dependent on PCN discussions | Facilities Management Committee |
| 3.1.2 Funding plan developed to address the Foundation's medium and long- term needs. | Funding/fundraising plan developed & implemented encompassing facility, health service needs, program development, donor programs and administration | TBD | Fundraising Committee |

Goal 2: Work with Collaborative Services Committee & PCN Working Group to leverage the investment in health on Gabriola

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible |
|------------------------|--|--------|---------------------|
| | | | Party |
| 3.2.1 Develop Board | PCN planning | TBD | Health System |
| awareness of PCN | implications are | | Transformation Lead |
| planning implications; | assessed against | | |
| adjust plans to | current facility | | |
| accommodate new | capacity | | |
| developments. | Funding implications | | |
| | identified | | |

| Clear direction provided for negotiating for Foundation needs | |
|---|--|
| | |

Goal 3: The Foundation will take action to address priority community health and wellbeing needs.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|---|--|--------|---|
| 3.3.1 Collaborate with local physicians and community partners in health services planning and development. | • | cited | Community Wellbeing Committee |
| 3.3.2 Distribute existing funds and actively seek additional resources to develop or deliver | to replenish our health appl promotion grant occu | • | Community Wellbeing Committee |
| programs to meet community health needs. | Work with other community organizations to acquire funding to address unmet needs. | | Work with the Fundraising Committee to replenish funds |
| | Grants, through designated funds, are prioritized to address priority community health care needs. | | |

Strategic Priority 4: Advocating for a health and wellbeing system on Gabriola that meets the needs of the community

As the healthcare landscape changes, we need to be able to define what the ideal health care system looks like for Gabriola and to be present at the right decision-making tables. The Foundation will participate in existing and new government and health authority partnership initiatives locally, regionally and provincially.

Goal 1: Articulate a clear vision of a Gabriola health and wellbeing system that includes the desired health and wellbeing outcomes.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|--|---|---|---------------------------|
| 4.1.1 Identify and address issues of accountability, responsibility, oversight and control to deliver an integrated system to ensure long term viability & presence of health and wellbeing system on the island, with an understanding that social determinants are critical indicators for both health and wellbeing that are much better addressed through an integrated approach (rather than what currently exists). A cornerstone to this system will be of collective responsibility – where there is an understanding that we as a community are collectively responsible for our health and wellbeing. | Define a process for designing the community system Organizations across the community understand and support the development of the system System is defined and broadly supported and a clear plan is developed to realize the system | 2024 (process) 2024 (engage partners) 2025 (system defined & implementation plan) | Committee of the whole |

| 4.1.2 Define the concept | Community members T: | BD | Community Wellbeing |
|---------------------------|---|--------|---------------------|
| of collective | understand the | | Committee |
| responsibility for health | concept of collective | | |
| and articulate how it | responsibility and are | | |
| differs from current | aware of the ways | | |
| concepts of healthcare. | they can exercise that | | |
| | responsibility | | |
| 4.1.3 Define the | Gov't decision makers O | ngoing | Health System |
| healthcare outcomes | provide increased | | Transformation Lead |
| desired for the | supports for needed | | & Community |
| community. | services | | Wellbeing Committee |
| | The Foundation is | | |
| | successful at | | |
| | attracting more | | |
| | funding | | |

Goal 2: Increase our effectiveness at various healthcare tables.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|---|---|-----------------|--------------------------------------|
| 4.2.1 Establish a plan outlining the objectives we intend to achieve in PCN discussions | Identified and achieved annual objectives | Annual; ongoing | Health System Transformation Lead |
| 4.2.2 Identify external supports to enable the realization of a Gabriola healthcare system (i.e., discussions with Health Excellence Canada; Tamarack; New Horizons grant). | Our work on health system transformation is informed by best practices nationally and internationally | Annual; ongoing | Health System Transformation Lead |

Strategic Priority 5: Striving for Organizational and Operational Excellence

In this time of rapid change in the health care landscape, it is critical that we do the best we can with the resources we have available. Professionalism, accountability and good governance are essential.

Goal 1: The Foundation will have the governance capacity to plan, execute and evaluate strategies.

| Action(s) | N | Measure(s) of Success | Timing | Lead/Responsible Party |
|---|---|--|---|-----------------------------------|
| 5.1.1 Recruit Board and Committee members who reflect the diverse needs of the community (e.g, demographics, Indigenous representation) with the appropriate skills and capacities to fulfill GHCF mission (e.g., financial, legal, health policy, operations, etc.). | • | committee members with the necessary skills and knowledge to implement the organization's long term goals. | Ongoing; New board members will have been recruited by the 2024 AGM, and prior to subsequent AGMs as needed. | Board Development Committee |
| 5.1.2 Develop a board succession plan. | • | Succession plan developed with clear objectives to ensure diversity and capacity needs are met | Updated annually | Board Development Committee |
| 5.1.3 Board develops appropriate policies to guide planning and decision-making - updated to reflect current mission and mandate/purpose. | • | comprehensive set of governance policies, that are reviewed annually and adjusted as required. | Policy gaps will have been identified by end of 2024; out of date policies reviewed and new policies created by TBD | Governance Committee |
| 5.1.4 Board identifies potential risks to organization and operation and identifies actions to address risks. | • | Risk management plan developed | TBD | Governance Committee |
| 5.1.5 Board assesses various models of operating and governance | • | Decision made and implemented on operating model for Foundation that supports effective delivery | TBD | Committee of the whole |

| and aligns on a future | | of administrative and | | |
|---------------------------|---|----------------------------|----------|------------|
| direction. | | operational activities | | |
| 5.1.6 Strengthen/Build | • | Process defined for annual | Ongoing; | Facilities |
| relationship with current | | survey of tenant | annual | Management |
| & future tenants of | | satisfaction | | Committee |
| Healthcare Centre. | | | | |

Goal 2: The Foundation will have the human resource capacity to plan, execute and evaluate strategies.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|---|--|--------|--------------------------------|
| 5.2.1 Identify necessary executive administrative needs; identify avenues for funding; attract & hire candidate | Executive administrative needs clearly articulated Identified viable funding options Qualified candidate(s) attracted and hired HR Committee formed | TBD | Committee as a whole |
| 5.2.2 Ensure that HR policies are in place for paid staff. | Personnel policies developed, approved by board and part of new employee on- boarding | TBD | HR Committee |
| 5.2.3 Develop and implement volunteer recruitment and retention plan. | Plan developed Volunteers recruited to meet Foundation priorities | TBD | Board Development Committee |
| 5.2.4 Develop and implement policies that govern volunteer engagement. | Volunteer policies developed, approved by board and part of new volunteer on- boarding | TBD | Board Development Committee |

| 5.2.5 Membership | • | Members | TBD (engagement | Communications & |
|---------------------------|---|----------------------|-----------------|---------------------|
| engagement plan developed | | understand the | plan & baseline | Community Relations |
| (as a component of the | | value of | metrics) | Committee |
| engagement/communications | | membership | | |
| strategy). | • | Members | | |
| | | understand the | | |
| | | opportunity to | | |
| | | participate | | |
| | • | Measurable active | | |
| | | participation in all | | |
| | | foundation | | |
| | | activities (voting, | | |
| | | volunteering, | | |
| | | advocating for | | |
| | | Foundation, | | |
| | | contributing | | |
| | | financially) | | |

Goal 3: The community will know about and support the Foundation's work.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible |
|-----------------------------|-------------------------------------|--------------------|---------------------|
| | | | Party |
| 5.3.1 Develop a | Deliver regular | Communications | Communications & |
| communications strategy | communications | strategy to be | Community Relations |
| outlining communication | with key partners | complete by end of | Committee |
| objectives, key messages, | and the broader | fiscal 2024. | |
| target audiences, and | community. | | |
| communication tools. | | | |
| 5.3.2 Foundation builds and | Website | Q4 2024 | Communications & |
| maintains an attractive and | refreshed for look | | Community Relations |
| easy to navigate on-line | and ease of | | Committee |
| presence. | navigation | | |

Goal 4: Efficient management and operation of the Gabriola Community Health Centre.

| Action(s) | Measure(s) of Success | Timing | Lead/Responsible Party |
|--|--|-------------------|------------------------------------|
| 5.4.1 Regular and ongoing monitoring of building operations including maintenance and repairs, and supplier contracts. | Tenant satisfaction with building & facilities; responsiveness to issues as they arise Green initiatives deployed with service contracts where available and cost effective | Ongoing, annually | Facilities Management Committee |
| 5.4.2 Regular and positive engagement in tenant relations | | Ongoing, annually | Facilities Management Committee |

APPENDIX 1: TERMINOLOGY

CHAPTER COORDINATOR: Our physicians are part of the Rural and Remote Division of Family Practice (RRDFP). The Division is divided into regions and chapters; our clinic is a Chapter. The Chapter's work is supported by a Coordinator funded by the Division.

COMMITTEE OF THE WHOLE: All members of the Board meeting as a committee.

GABRIOLA COMMUNITY HEALTH CENTRE: Located on Church Street, the Gabriola Community Health Centre is home to many medical professionals and services in addition to the Gabriola Medical Clinic. Professionals and services include Public Health Immunization clinics and Mammogram Screening clinics; Life Labs Medical Laboratory Services; a registered massage therapist; a dental clinic; an urgent treatment facility and telehealth services.

GABRIOLA MEDICAL CLINIC: A family practice, currently with a nurse practitioner, three doctors along with locums and administrative staff, is located on the main floor and in many ways is the heart of the Community Health Centre.

HEALTH SYSTEM TRANSFORMATION LEAD: Acts as the key conduit on behalf of the Foundation to ensure understanding and appropriate involvement in Health System Transformation activity on Gabriola, in BC and nationally. Works to identify opportunities to inform transformation work, to provide input and leadership and to promote Foundation participation in programs, projects or strategies that support its strategic goals. The Health System Transformation Lead represents the Foundation at Collaborative Services Committee, PCN Steering Committee, Gabriola Clinic Liaison Committee, BC Association of Community Health Centres, Island CoP and other committees. The Health System Transformation Lead acts as a key contact for all Health System Transformation activities.

PRIMARY HEALTH CARE: Primary health care includes all services that play a part in health, such as income, housing, education and environment. Primary care is the element within primary health care that focuses on health care services, including health promotion and illness and injury prevention, as well as the diagnosis and treatment of illness and injury

PRIMARY HEALTH PROVIDER: Primary care is usually provided by a nurse practitioner, general practitioner or family physician. Nurses, dietitians, physiotherapists and social workers may also provide primary health care.

PRIMARY CARE NETWORK (PCN): A PCN is a clinical network of local primary care service providers located in a geographical area. A PCN is enabled by a partnership between the local division of family practice and health authority, along with local First Nations and Indigenous partners. In a PCN, physicians, nurse practitioners, nurses, allied health care providers, health

authority service providers, and community organizations work together to provide all the primary care services a local population requires. Together, they:

- Enhance patient care using a team-based approach to care.
- Support each other and work to their own strengths
- Ensure patients are linked to other parts of the system, including the health authority's specialized community services programs for high risk and vulnerable population groups.
- Collectively work to increase access and attachment to primary care.

URGENT TREATMENT FACILITY (UTF): Located on the main floor of the Gabriola Community Health Centre. Within the UTF there are the supplies and equipment necessary to service three triage and urgent medical treatment beds. The doctors from the Gabriola Medical Clinic share the responsibility of on-call urgent care.

APPENDIX 2: SUMMARY OF STRATEGIC PRIORITIES & GOALS

Strategic Priorities:

- 1. Knowing, representing and acting on the community's health and wellbeing needs Goals:
 - i. The Foundation will understand the primary health and wellbeing needs of the community.
 - ii. Support community members to make healthy choices.
 - iii. The Foundation will understand the implications of climate change on the health of community members, particularly those most vulnerable.
 - iv. The Foundation understands the resources & capacity needed to participate at key external healthcare tables.
 - v. The Foundation has a clear sense of what it wants to accomplish at external healthcare tables.
- 2. Convening and collaborating with our partners and the Snuneymuxw First Nation Goals:
 - i. The Foundation will have a strong working relationship with the Gabriola Medical Clinic to enhance joint planning capacity and achieve mutual objectives.
 - ii. The Foundation will take steps to engage in respectful relationship building with Snuneymuxw First Nation and Indigenous community members.
 - iii. The Foundation will build and maintain positive relationships with healthcare providers and authorities.
- 3. Ensuring access to primary and urgent/emergency stabilization care facilities and services Goals:
 - i. The Foundation will have the financial capacity to ensure that current and future primary health care service needs are met.
 - ii. Work with Collaborative Services Committee & PCN Working Group to leverage the investment in health on Gabriola.
 - iii. The Foundation will take action to address priority community health and wellbeing needs.
- 4. Advocating for a health and wellbeing system on Gabriola that meets the needs of the community

Goals:

- i. Articulate a clear vision of a Gabriola health and wellbeing system that includes the desired health and wellbeing outcomes.
- ii. Increase our effectiveness at various healthcare tables.

5. Striving for Organizational and Operational Excellence

Goals:

- i. The Foundation will have the governance capacity to plan, execute and evaluate strategies.
- ii. The Foundation will have the human resource capacity to plan, execute and evaluate strategies.
- iii. The community will know about and support the Foundation's work.
- iv. Efficient management and operation of the Gabriola Community Health Centre

APPENDIX 3: TIMELINE OF ACTIONS

| ACTION TIMING |
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APPENDIX 4: SUMMARY OF ACTIONS BY RESPONSIBLE PARTY

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