

REACH Community Health Centre

Community Health in Community Hands

ANNUAL REPORT 2019



REACH
Community Health Centre



REACH ANNUAL REPORT 2019

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PRESIDENT'S REPORT

JANE TURNER

During the 2018-19 year the Board approved, initiated and supported a number of innovative and important endeavors at REACH. All the Board's deliberations and decision-making was framed with the social determinants of health at the forefront.

The following are highlights of the Board's actions from the year:

- the Urgent and Primary Care Centre;
- a team-based approach to medical care;
- a community/board/staff committee on Indigenous health care;
- continued outreach within and to our community;
- an IT upgrade; and
- a staff benefits review.

In addition to developing programs and plans for REACH, the Board celebrated and will continue to celebrate the 50th anniversary of REACH as a Community Health Centre. Thanks to Bill Hood for organizing our very successful 50th Anniversary dinner in April, where Health Minister Adrian Dix, Drs. Carol Herbert and Sandi Witherspoon and Executive Director Nicole LeMire spoke so lovingly and eloquently about REACH and what it means to our community.

In addition, Bill organized a community meeting in June at Britannia Centre where members could find out about our plans for the future and ask questions about REACH. Thanks to Esther Hsieh, ED of Umbrella Community Health Centre in New Westminster for presenting at our meeting, along with Nicole LeMire.

The Board also decided to develop a five-year strategic plan to help guide us for the next few years. A central part of the plan is the achievement of a global funding model for REACH. This would provide the flexibility to enable expansion of our services to our community.

Again this year, the Board thanks the dedicated staff who tirelessly and effectively serve our Centre and the community. Without such an amazing staff to activate and carry out the policies and directions set by the Board, all of our deliberations would amount to nothing but wishes in the wind.

I want to thank the elected members of the Board of REACH: Danielle Birch, Daniel Cook, Colleen Fuller, Ruth Herman, Bill Hood, Neal Jennings, Emma Macklem, Piotr Majkowski, Alice J. Munro, and Una Walsh. The staff representatives on the Board have been Maria Botero/Andrew Ho (dental), Patricia Dibiri (MFC), and Lloyd Purdy/ Wendy Redhead (medical) with Nicole LeMire, Executive Director. It has been a real pleasure working with such a dedicated, wise and respectful group of people.

This was Nicole LeMire's first full year as Executive Director. On behalf of the Board, we thank her for her wisdom, work ethic and vision for REACH. Everyday she proves that last year's search committee made the right decision when it chose her to lead REACH as our Executive Director.

We said good-bye mid-way through the year to elected board member Scott Clark. We thank him for his excellent work on the Board and wish him well in his role as President of the Britannia Board. We also thank Ambrose Williams for running for the Board in 2018. It is unfortunate he was not able to finish out his term.

Finally, we owe a huge debt of thanks and offer our deep gratitude to Ruth Herman who will not be returning to the REACH board next year. Ruth has provided wise counsel and tireless energy throughout her tenure on the board. We wish Ruth well in her new role as a board member of the Portland Housing Society. Her wisdom, energy and enthusiasm will be a huge benefit to the PHS.

Respectfully submitted,

Jane Turner, President of the Board of Directors

"Again this year, the Board thanks the dedicated staff who tirelessly and effectively serve our Centre and the community. Without such an amazing staff to activate and carry out the policies and directions set by the Board, all of our deliberations would amount to nothing but wishes in the wind."

EXECUTIVE DIRECTOR'S REPORT

NICOLE LEMIRE

This year we spent considerable time developing and implementing plans to increase resources and services to better serve our community, patients and clients, and to better address the social determinants of health through health promotion and disease prevention services:

SERVICE PLAN FOR MEDICAL CLINIC AND MULTICULTURAL FAMILY CENTRE (MFC)

The service plan (SP) was developed with input from the Global funding proposal submitted to the Ministry of Health the previous year. A series of planning sessions were held with managers and staff to review the plan and to support its development and implementation. The plan was presented to the Program Planning and Evaluation Committee of the Board, and the full Board for feedback. In late January 2019, it was submitted to Vancouver Coastal Health (VCH) and the Ministry of Health (MoH).

This service development extends and improves our current but under resourced interdisciplinary team approach. Essentially, we propose to integrate services offered by our Medical Clinic and Multicultural Family Centre to act on three areas of intervention:

- Daily workflow in the Medical Clinic (TREAT);
- Planned Programming (SUPPORT); and
- Health Promotion and Disease Prevention (PLAN)

The Medical Clinic has already created a plan to improve on team-based care and is currently working towards that plan. We are still working with MFC, Basics for Health (B4H), counsellors and social workers to determine how to move forward with activities related to planned programming (SUPPORT). With the support of a Program Development Manager to start Fall 2019, it is expected that some activities related to health promotion and disease prevention will take place in this coming year; therefore, the PLAN activity was postponed to a later date.



SERVICE PLAN TO STRENGTHEN THE MEDICAL CLINIC

In partnership with the Vancouver Division of Family Practice (DoFP) and VCH, we submitted a successful proposal to strengthen our team-based care and develop programs to meet health needs of our community, based on activities proposed in our SP. The opportunity in this phase is for general practitioners and nurses (NP, RN and LPN) to facilitate attachment. There will be an additional phase which will look at ways to improve quality.

INDIGENOUS PROGRAMS

A new and exciting development this year is the formation of REACH's first Indigenous Advisory Committee created by MFC. With the guidance and direction of this committee, we have hired an Indigenous Health Promoter/Coordinator whose role is to facilitate the delivery of culturally relevant programs and services. The focus will be on program development, fundraising, and outreach to offer relevant programming, to build the Indigenous Health Promoter Team, and to strengthen REACH's community presence. Programs, activities and services will enhance the holistic-well being of Indigenous community members through cultural, educational and prevention-focused strategies to reduce inequities in the social determinants of health for Indigenous peoples.



EXECUTIVE DIRECTOR'S REPORT CONTINUED

URGENT AND PRIMARY CARE CENTRE (UPCC)

Late 2018, we submitted an expression of interest to operate an Urgent and Primary Care Centre (UPCC) within REACH. The UPCC will provide triage and delivery of urgent primary care services to any patient who presents themselves during the hours of operation. This will be delivered through face-to-face or virtual care by an inter-professional team of physicians, nurse practitioners, registered nurses, licensed practical nurses, social workers, and clinical pharmacist supported by medical office assistants. In addition, opportunities for attachment will be offered to patients who are not attached to a regular family physician. The UPCC is an additional service and should not interfere with regular operations of our Medical Clinic. Some renovations and modifications to infrastructure are required to accommodate the UPCC within our Centre.



Presentations were made to staff, Executive and the Board. Following December's Board motion, we continued to work on the establishment of the UPCC. A list of pros and cons associated to having a UPCC at REACH was prepared, based on discussions with staff, Board, VCH, DoFP and MoH. This has guided the development of REACH UPCC.

On January 18, 2019, we submitted a detailed proposal after receiving comments from members of the PPEC. A steering committee and leads for the different workstreams were created and we met on a regular basis since December 2018. On July 17, 2019, during a press conference held at REACH, Premier John Horgan and Health Minister Adrian Dix formally and publicly announced the launch of REACH UPCC. Operations of the UPCC (with a reduced team) will start on September 23rd and it is expected to open to the public and operate at full capacity later in Fall 2019.



DEPARTMENTS

During fiscal year 2018-2019, over 11,000 people received primary health care services at REACH, amounting to close to 65,000 visits and consultations with at least one health care provider and 684 group sessions that address Social Determinant of Health.

The Pharmacy, led by manager Afshin Jaber, continues to experience growth, processing over 51,000 prescriptions with a caseload of about 4,410 clients – more than a 50% increase in the number of prescriptions filled and 41% in the number of clients over the previous year. To support this growth, we hired a pharmacist and a pharmacy assistant in addition to our clinical pharmacist/manager and pharmacy technician. In the last quarter of fiscal year 2018-2019, the pharmacy was averaging close to 5,000 prescriptions per month. There was a real push in expanding services and increasing collaboration with other organizations: annual FLU clinic; establishment of a formal arrangement with the BC Center of Excellence to dispense Antiretrovirals medications and Pre-exposure prophylaxis kits; compliance packing operation and collaborative agreements with the Community Nursing Program at Robert and Lily Lee Centre; and Peggy's Place Transition House through The Kettle Friendship Society. This coming year the pharmacy will be working towards stabilizing its systems as we prepare for further expansion due to our UPCC.

The Pharmacy, led by manager Afshin Jaber, continues to experience growth, processing over 51,000 prescriptions with a caseload of about 4,410 clients – more than a 50% increase in the number of prescriptions filled and 41% in the number of clients over the previous year.

EXECUTIVE DIRECTOR'S REPORT CONTINUED

The Dental Clinic, led by manager Maria Botero, exceeded expectations again this year with another 10% increase in the number of patient-visits at the clinic. During the year, the clinic expanded its services by contracting a periodontist who offered periodontal surgeries to our patients on average once a month. Unfortunately, due to expansion and a need to dedicate time to his other clinic, we will not be continuing. We also contracted a general dentist who dedicates his practice to complex extractions and oral sedation, providing services to some of our patients twice a month. Again this year we were able to subsidize additional dental services, thanks to Greenshield Canada. Also, the dental clinic was granted some operating and capital funding by the Provincial government through BC Dental Association. Our Dental Clinic is experiencing staffing challenges mostly because our compensations are not truly competitive, despite the increase in most of the salaries this past year. That is, we will need to re-evaluate our compensation scheme if we want to attract and retain great staff that contribute to the health of the organization.

The Dental Clinic, led by manager Maria Botero, exceeded expectations again this year with another 10% increase in the number of patient-visits at the clinic

The Medical Clinic, led by manager Wendy Redhead, has shown an increase of close to 14% in the clinic panel size compared to previous year, from 4,531 in April 2018 to 5,141 in March 2019

After finalizing contract parameters, Vancouver Coastal Health (VCH) confirmed the renewal of existing contracts for a two-year period. **The Medical Clinic**, led by manager Wendy Redhead, has shown an increase of close to 1470 in the clinic panel size compared to previous year, from 4,531 in April 2018 to 5,141 in March 2019; panel size has remained above 5,140 since this time. In previous years, the total number of appointments has tracked consistently with appointments to physicians; during the 2018/19 period, there has been a widening gap as more appointments are facilitated by nurses. REACH has advocated for additional funding for non-physician staff, as many clients can be attended to by other professionals, freeing up physicians for more complex cases and treatment plans and much of the increase in panel size can be attributed to the realization of these funds.

professionals, freeing up physicians for more complex cases and treatment plans and much of the increase in panel size can be attributed to the realization of these funds.

The Multicultural Family Centre, led by manager Patricia Dabiri, is continuing to focus on promoting health and wellness and encouraging marginalized and vulnerable members of the community to play an active role in their own health. The mandate is to develop projects that empower communities who face cultural barriers to accessing health care to better identify and manage their own health needs. Our main funder, the VCH SMART Fund recognizes that communities are the experts at identifying their health needs and finding their own solutions. This evidence-based approach guides the MFC's overall program development and implementation, including those supported by other funders. Services and programs offered include:

- Drop-in information, service navigation, and brief counseling sessions: 4,766 individual service contacts; 927 individuals;
- Cross-cultural facilitation of medical and community agency appointments (enhanced interpretation): 1,881 sessions, 511 individuals;
 - 15 culturally specific groups, attended by 544 individual participants;
 - Basics for Health program run by student volunteers, assists our clients in navigating different community services. The program is led by a Volunteer Coordinator who is responsible for the recruitment and training of volunteers for the program.

It is with mixed feelings that I announce the retirement of Patricia Dabiri, Manager of the MFC for the past 22 years. We are in the process of hiring her replacement. However, she is not completely disappearing, as she will stay on one day per week to manage the grant program.



EXECUTIVE DIRECTOR'S REPORT CONTINUED

As always, **the Administrative** team supported all departments and provided structure and expertise. The team continued to assist all departments by providing administrative support, maintaining IT performance and reliability, delivering financial reporting to various funders and to the organisation, preparing staff payroll, balancing and processing MSP billing transactions, preparing quarterly HISCIS and WCB reports. Again, we experienced another successful audit, thanks to Henry Yuen and Eva Knapik. This year we standardized recruiting processes and performance reviews across the organization, thanks to the great work of HR coordinator Amanda Abrams. I am personally grateful for Yumi Sakamoto who provided administrative support while we search for a permanent full-time administrative assistant.

Changes In Our Infrastructure

The premises and the IT infrastructure at REACH could not support program expansion and we needed to organize several design meetings to build space capacity within our organization and to modify our IT infrastructure to accommodate the new initiatives.

Renovations: we started by undertaking renovations to host a temporary site for the UPCC. Later this fall, we will move the UPCC to the permanent site located in the Commercial Rental Unit, and the temporary site will be repurposed to offer specialized clinics – activity “PLAN” described in our SP.

Renovations for the temporary site were done on time with a minor increase of 4% in the initial budget. During the renovations, the MFC team moved temporarily to the Commercial Rental Unit and they are now back to their re-renovated space.

Renovations for the permanent site have already started. Our builders and architects have prepared a plan to minimize impact on clients and patients and on operations. All departments are expected to operate normally. Facility coordinator Dale Power has been fantastic throughout the entire process, assisting at meetings, coordinating work and dealing with builders and contractors.

IT infrastructure: Much time and attention were spent dealing with logistics and future needs of our IT infrastructure and services. After several discussions and meetings, we transitioned to a new IT service provider, Nucleus Network Inc., in early May 2019. Shannon Byrne assisted with the choice of the IT firm and helped support the transition.

COLLABORATIONS, PARTNERSHIPS AND COMMUNICATION

REACH continued to be involved in Community Health Centre activities at provincial and national levels and participated in several events organized by Ministry of Health; Canadian Association of CHC; BC Association of CHC; BC Health Coalition; Renfrew Collingwood Neighborhood House; Canadian Association of Public Health Dentistry; Conference for Dental Non-for profit Clinics; HomeVIVE Program; round table discussions on Universal National Pharmacare Program; Advisory Council on the Implementation of National Pharmacare.

REACH consulted with community and government partners to strengthen relationships or develop programs: First Nations Health Authority (dental therapists); Vancouver Native Housing Society; The Physio Shop (physiotherapy/chronic pains); Home Health at Robert and Lily Lee Family CHC; Britannia; Grandview Woodlands Food Connection; The Kettle; Three Bridges (trans care services); MCFD, Child and Youth Mental Health Team; NEMH; VACFAS; MOSAIC; NEW CHELSEA; VCH addictions; Dan's Legacy; BYRC; BCCH; UGM; WISH VAN; RAYCAM, NICISS; WISH, UNYA; GWAST; Rainbow Refugees; Division of Family Practice; World Elder Abuse Awareness and Reconciliation in Action.

Through partnerships, we have offered new programs and services. We have sponsored a suicide prevention workshop coordinated through the CWHWC network, specifically for the LGBTQ2 community; Peggy's Place of the Kettle; United Way to offer a leadership program for youth 15-24; started a group 'Keep Families Together' (received small amount of money from DTEW to provide weekly coffee and donuts); continued to engage with the elders (Asian, First Nation, Syrian, Indo-Canadian) in the community; Seniors group at RAYCAM to provide support.

EXECUTIVE DIRECTOR'S REPORT CONTINUED

MEMORANDUMS OF UNDERSTANDING / CONTRACTS

- Health Initiative for Men (HIM)
- Catherine White Hollman Wellness Centre (CWHWC)
- Vancouver Native Housing Society
- Battered Women Services Society
- Vancouver Coastal Health
- Ministry of Social Development and Poverty Reduction

PRACTICUM

Pharmacy was preceptor for the SFU Master's in Public Health Program and the UBC Community Pharmacy Residency Program.

Dental Clinic hosted two CDA students and one Dental Reception practicum students. In partnership with First Nations Health Authority, the clinic had a couple of days of free dental work that we have been able to offer patients who cannot afford treatment (March 5th and September 10th). On March 7-8-9, all dental staff attended the Pacific Dental Conference to fulfill registration requirements with the College of Dental Surgeons of BC.

APPRECIATED FUNDERS

Vancouver Coastal Health:
SMART Fund & Primary Care

City of Vancouver

Community Action Initiative

British Columbia Gaming Commission

United Way of the Lower Mainland

BC Council for Families

Service Canada

Immigration Refugees and Citizenship
Canada

Province of BC Community Action Initiative

BC Dental Association

Medical department were preceptors for 10 students: one IT, counselling and social work students, two 2nd year general family practice students from UBC, five nursing from BCIT and Douglas colleges, and two counselling students.

MFC supervised the practicum placements of two 3rd Year Social Work students from the University of BC, and provided community placements for two students from the BCIT School of Nursing.

WARM THANKS TO:

- All staff at REACH for their resilience, cooperation, enthusiasm and dedication to their work.
- Managers, Afshin Jaberi, Maria Botero, Wendy Redhead and Patricia Dabiri for their support, dedications, ideas, advice, and skills. They are highly competent managers and I am grateful.
- Dr. Lloyd Purdy for his outstanding leadership abilities and his wisdom.
- Board members for their direction and their tremendous support, especially the Executive.
- VCH Operations Director Andy Day for his insights, trust and encouragement.
- Barinder Chauhan for her calm and willingness to assist with the development of the UPCC, and to the many staff at VCH: Marnie Gazankas, Ron Van Halen, Susan Lim, Johanne Douglas, and other members at the UPCC steering committee.
- MoH, especially Director Melissa Murdock and Assistant Deputy Minister Ted Patterson
- Architect Stewart Burgess and Intern Architect Mark Hosford from Carscadden, who both did an admirable job representing REACH during the renovations and preparing for the permanent UPCC site.



REACH
Community Health Centre

Celebrating nearly 50 years of community health in community hands.

TREASURER'S REPORT

NEAL JENNINGS, CPA, CA, TREASURER

This was another strong year for REACH from a financial perspective. We committed last year to use the surplus towards becoming a Living Wage employer and continuing our dental program subsidies despite diminishing grant revenues to cover such services. Happily, despite the fact that we achieved these goals, our excess of revenues over expenses for the current year only decreased by \$22,000 compared to 2018.

Much of this income stability was driven by yet another good year for dental and pharmacy, which both increased their bottom lines this year. Funds generated by these departments help REACH to maintain its other services, and cover overhead costs for the organisation as a whole, even in light of declining contribution through the other government-funded departments.

In addition, in 2019 REACH had a significant increase in rental revenues. This came from having a full year of income from our residential units (which are rented in an arrangement with Vancouver Native Housing Society), as well as the short-term use of our commercial rental unit by several tenants throughout the year as we sorted out longer-term plans for this space.

As with last year, we are pleased to have positive excess of revenue over expenses for the year, but the Board continues its work to ensure that every dollar that comes through the door is invested in our organisation, our staff, and our community. To that end, the Board has committed to using some of 2019's surplus towards upgrading REACH's IT systems which have become very outdated. In addition, the finance committee is currently working on a strategy to address restricted surplus amounts, which have not been reviewed in a number of years. Restricting surplus funds will ensure that REACH has sufficient funds on hand to cover staffing costs in harder times, and that it has access to capital funding when new equipment or building repairs are needed.

Finally, this year the finance committee spent some time updating REACH's risk management policy and establishing a process for tracking and managing risks, both financial and non-financial, going forward. I want to thank the Finance Committee members, Jill Kelly, Abbe Nielsen, and Ambrose Williams, as well as staff members Henry Yuen and Nicole LeMire, for all their commitment and effort through this year.

CONDENSED STATEMENT OF REVENUES AND EXPENDITURES AND MEMBERS EQUITY FOR THE YEAR ENDED MARCH 31, 2019

	2019	2018
Revenue		
Medical Grants	\$ 2,907,848	\$ 2,715,246
Dental Fees	2,038,965	1,859,619
Pharmacy Sales	1,481,232	1,071,292
Multicultural Family Services	411,835	486,706
Other	131,067	36,918
	6,970,947	6,169,781
Expenses		
Salaries and Benefits	4,582,081	4,050,225
Direct Services and Supplies	1,143,584	872,382
Administration	898,105	877,989
	6,623,770	5,800,596
Net Assets		
Net Revenue over Expenditures	347,177	369,185
Internally restricted for contingency purposes	500,433	500,433
Invested in property and equipment	1,860,925	1,491,740
Total Net Assets	\$ 2,708,535	\$ 2,361,358

COMMITTEE REPORTS

HUMAN RESOURCES COMMITTEE CHAIR UNA WALSH

Amanda Abrams (staff), Bill Hood, Nicole LeMire (staff), Emma Macklem, Jane Turner, Una Walsh (chair)

In support of its mandate to make recommendations and assist the Board on the effective implementation and application of sound human resource policies that align with the Organization's Values, Vision, Mission and Strategic Direction, the HR committee has engaged in a comprehensive review of all human resources policies. Together with staff representatives, the HR Committee is also undertaking an analysis of all non-salary benefits and will provide the Board with a summary of this review and a recommendation regarding its findings. On an ongoing and as-needed basis, the committee also assists in resolving any personnel issues which have been referred to it.

OUTREACH COMMITTEE CO CHAIRS BILL HOOD AND COLLEEN FULLER

At the beginning of the year, the Outreach Committee was focused on educational activities for residents of Grandview Woodland / East Vancouver area about the community health centre model and in particular about REACH. We have supported the work of the Board by profiling the REACH proposal for core operational funding (also known as global funding) which would enable us to expand our services to the community, including a deprescribing clinic, increased support for people with chronic conditions and services to address addiction and mental health issues among residents.

PROGRAM PLANNING AND EVALUATION COMMITTEE (PPEC) REPORT CHAIR RUTH HERMAN

This year the PPEC (Program Planning and Evaluation Committee) focused its discussions on the development of an Indigenous program in MFC and the evaluation of various programs with particular attention to the Pharmacy and the UPCC. The Service Plan for Health Care services, the Pharmacy business plans and the Service Plan for the UPCC were reviewed in depth. Thank you to the members of the committee for their commitment and hard work.

Committee members have participated in Our Place, Youth Matters and weekly meetings of health professionals and community activists the R.I.C.H.E.R table (Research In Intersectoral Child-Community Health Education and Research) held at Ray Cam Community Centre. A significant focus during the previous year has been on Truth and Reconciliation and our relationship with the Indigenous Community. We have participated in "Weaving our Community Together" (a reconciliation-focused community gathering at Britannia Community Centre's "55+ Centre"), an indigenous led drumming circle at Britannia Community Centre, as well as other groups to learn about issues that are important to the people in our community. This work helped to both inform our understanding of the state and needs of our community, and to establish deeper links with people and groups active in East Vancouver. We also have participated in the BC Association of Community Health Centres and other organizations promoting the CHC model of health care.

In May, the Outreach Committee revised its mandate to focus more on strengthening the relationship between REACH and organizations in the

Grandview Woodland / East Vancouver area. We worked with Vancouver Community College (VCC) to develop educational material for the community about the CHC model. Sarah Sletten, a VCC student and member of the Committee, reviewed all of the literature on community health centres in Canada, helping the Board and our Executive Director identify and present evidence to support this model of care. We continue to work with VCC on projects that support students who are interested in CHCs and progressive models of primary health care. The collaboration between REACH and VCC has enabled us to support students who are learning about primary health care, population health promotion, health and social policies that impact

COMMITTEE REPORTS CONTINUED

health, leadership and change, and health care ethics. The involvement of VCC students has supported our efforts to build our relationship with our community and to develop effective educational strategies to build and strengthen support for the CHC model. A strong focus of this year's project with VCC was collaboration with families and organizations to address health issues and concerns and strengthen our understanding of the social determinants of health (for example, safe housing, adequate public transit, poverty and social justice). Community health promotion projects like this support community needs as well as student learning.

The Committee also worked with Vancouver Coastal Health to develop a communications strategy around the Urgent & Primary Care Centre which was launched this year. In June, we supported REACH's 50th anniversary celebration and later that month organized a successful public forum with guest speaker Esther Hsieh from the Umbrella Health Co-op in New Westminster.

As we head into the coming year, we look forward to continuing our work and involving more community members in the Committee.

FUNDRAISING COMMITTEE REPORT CHAIR JANE TUNER

Committee members: Colleen Fuller, Piotr Majkowski, Jane Turner (chair)

The committee met three times throughout the year: Discussions were held regarding the framework for fundraising. It was decided we would take whatever opportunities presented to fundraise from our community, members and corporations or agencies. However, funds from agencies or corporations that tied REACH to actions that were contrary to our mission statement would not be accepted.

A successful 50th anniversary dinner was held in April which acted as a small fundraiser to REACH. Donations from individuals and agencies are recognized in thank you letters sent from the Board.



APPENDIX 1: STRATEGIC PLAN

REACH COMMUNITY HEALTH CENTRE

STRATEGIC PLAN 2020-2025

PREAMBLE

This document provides a reference for the goals and ideals of the REACH Community Health Centre. It sets out the desired strategic goals as identified by the REACH Board of Directors. Its aim is to provide a unified direction over a five year period (2020-2025), however it may be adjusted as the need arises. The Board will revisit this document each year, including evaluating progress towards each priority.

VISION STATEMENT

A sustainable, healthy community.

MISSION STATEMENT

REACH Community Health Centre is a community-governed organization that believes that good health is a state of physical, mental and social well-being. We advocate for and provide innovative, high-quality primary health and dental care, and social and educational services to support the physical and mental health and well-being of our community and the individuals within it.

VALUES

ACCESS

We believe that all people, regardless of gender, race, ability, sexual orientation, ethnicity, age or other economic or developmental factors should have access to an appropriate and wide range of integrated health and social services.

QUALITY

We acknowledge that a person's health must be understood holistically, with an appreciation for the interrelationship of physical, social, emotional and spiritual aspects.

EQUITY

We recognize economic or developmental factors that affect access to health care, and we are committed to reducing health inequities through our programs, services, and advocacy.

COMMUNITY

We recognize the role that community plays in the health of its residents and the importance of developing community partnerships and engagement, encouraging community development, and providing community health education.

RESPECT

We believe in the dignity and self-worth of all people, where the client's autonomy, voice and right to informed consent is respected, and endeavour to support all cultural perspectives on health and healing.

COMMUNICATION

Recognizing the impact of social and economic health status on population health, we will take steps to educate our community and partners about the importance of addressing health inequities and support our service providers to provide proactive care.

STRATEGIC PRIORITY 1: INDIGENOUS HEALTH & WELLNESS

REACH operates on the unceded territory of the Musqueam, Skwxwú7mesh, and Tsleil-Waututh First Nations. We recognize a history of colonialism and its effects on wellbeing and health care. We will strive to challenge the oppression of Indigenous people in everything we do. The spaces and services we operate will be safe and inviting to all people.

To support this goal, we will:

- Engage with Indigenous populations in a way that is meaningful to them
- Support internal mechanisms for guidance, advice, and direction on Indigenous issues
- Tailor programs and services to reflect community voices and needs
- Build capacity among partners to promote resilience and mental wellness in our communities
- Work towards the implementation of the TRC Calls to Action, particularly numbers 18 through 24

STRATEGIC PRIORITY 2: ACCESS TO QUALITY HEALTH SERVICES

REACH provides high quality health services to thousands of residents of the Grandview Woodlands area. REACH strives to continually improve its services through further collaboration and expand them to more residents. We seek to provide the right care, at the right time, in the right place, by the right person. The following two key initiatives will help accomplish these goals.

Key Strategic Initiative A: Global Funding

We will advocate for a Global Funding Model to support Community Health Centres in BC. Global Funding will allow us the flexibility to allocate personnel and services to best meet the changing needs of our patients and community.

To support this goal, we will:

- Lobby the provincial government to provide a global funding model to CHCs
- Mobilize our members and community allies and partners to achieve global funding

Key Strategic Initiative B: A Collaborative, Team-Based Approach to care.

We will endeavour to meet the needs of the community by ensuring a broad variety of health services are available through REACH. We will ensure that these services are well coordinated and effective.

To support this goal, we will:

- Build on existing team based approach by explore, evaluating, and applying validated service models that are collaborative, and patient centred
- Explore potential to add targeted programming aimed at community needs
- Provide a wide range of services while maintaining navigability for community members

STRATEGIC PRIORITY 3: COMMUNITY ENGAGEMENT

Both as a community organization and a health care provider, we recognize that REACH is nothing without its community. In order to ground everything that we do in our community, we will engage with, listen to, and respond to our communities.

To support this goal, we will:

- Actively seek opportunities to listen to our communities
- Act on the knowledge we gain by listening, thereby ensuring that our programs and services are aligned with our communities' needs
- Strive to 'tell our story' so that our clients and communities are better informed about our programs and services

STRATEGIC PRIORITY 4: HEALTHY WORKPLACE

We recognize that acting with integrity means looking inward as much as we look toward the community around us. The work that is proposed by this plan, as well as the work that is done every day at REACH would be impossible without a highly trained, dedicated, and compassionate staff. We will create an environment where staff, volunteers, and Board feel valued.

To support this goal, we will:

- Support a culture of collaboration and respect, where everyone feels heard
- Promote a welcoming and inclusive environment that celebrates diversity
- Meet or exceed labour standards and requirements

STRATEGIC PRIORITY 5: STRATEGIC PARTNERSHIPS

We recognize that in order to achieve our goals, we will need to work together with other organizations, governments, and individuals. We will pursue purposeful partnerships and collaborations that will advocate for and improve our patients' experience and the overall performance and effectiveness of the broader health system.

To support this goal, we will:

- Build trusting relationships with stakeholders, including area residents, community agencies, groups, and initiatives, and governments
- Collaborate with agencies and communities to explore shared service opportunities and create a more efficient and culturally-sensitive service delivery model
- Strengthen our participation on provincial, regional and local advisory tables focused on system-wide solutions to access barriers

APPENDIX 2: MFC EVALUATION

MFC 2018/2019 EVALUATION DATA WAS COLLECTED THROUGH SURVEYS IN SPANISH, VIETNAMESE, TIGRINYA, AMHARIC, ARABIC, AND ENGLISH, INDICATING ACHIEVEMENT OF THE FOLLOWING SMART FUND MANDATED OUTCOMES:

- 94% of participants surveyed report having a safe space where they can connect with others to build healthy relationships
- 91% report feeling supported when they come to the programs
- 87% report gaining knowledge and skills for improving and maintaining their health and wellbeing
- 91 % report learning how to access community supports and/or programs
- 77% report participating in more community programs
- 88% report having made new friends/social connections
- 86% report feeling more connected to their community
- 87% report being better able to manage daily challenges
- 91% report feeling less stressed
- 81 % report being able to support other participants
- 85% report contributing to the program
- 89% report that supporting other participants and/or contributing to the program gives them a sense of purpose.

APPENDIX 3: DASHBOARD

DEPT	INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Medical	Physician Panel Size (D-74)	4,376	4,568	4,312	4,531	5,141
	Total Appointments (D-82)	27,324	28,072	23,961	24,161	30,135
	Physician Visits	21,593	21,786	18,603	19,379	21,738
	Nurse Visits	4,845	4,945	3,962	2,814	6,150
	Social Worker Visits	438	982	524	565	870
	Counsellor Visits	448	359	872	1,069	1,377
	New Patients (D-77)	649	554	441	531	801
Pharmacy	Caseload	No Data	2,480	2,547	3,132	4,410
	Perscriptions Filled	20,796	18,547	20,048	33,740	51,067
	Total Consultations	2,950	No Data	5,122	8,087	8,103
Dental	Total Visits	10,172	9,349	7,733	9,189	10,317
	Panel Size (in past year)	2,952	2,732	2,627	2,865	2,988
	# of Patients on Active Recall	1,078	1,069	1,555	1,553	1,574
	Total # of Recall Visits	1,230	1,183	1,067	1,142	1,191
	Subsidies granted to patients	\$235,155	\$246,764	\$305,714	\$366,875	\$427,993
MFC	Service Contacts	19,097	17,975	16,148	18,055	16,353
	Participants	2,444	2,589	2,333	2,382	928
	# of Group Sessions	765	756	503	528	684