



LAKE COUNTRY COMMUNITY HEALTH CENTRE FEASIBILITY STUDY

MAY 2019





Date: May 31, 2019

ATTENTION TO:

Corinne Remple
Executive Director, Lake Country Health
Planning Society
Lake Country Health Planning Society

PROJECT CONTACT:

Erin Welk
Social & Economic Inclusion
ewelk@urbanmatters.ca
250-215-5193

SUBMITTED BY:

Urban Matters CCC
304 – 1353 Ellis Street
Kelowna, BC
V1Y 1Z9

urban
matters



TABLE OF CONTENTS

SECTION 1 - Lake Country Health Planning – Journey To A Community Health Centre (CHC) 6

SECTION 2 -Developing the Community Health Centre Feasibility Study 6

SECTION 3 -Health in Lake Country 7

SECTION 4 -Responding to Community Needs through a Community Health Centre 10

SECTION 5- Community Health Centre Vision and Mission..... 13

SECTION 6- Community Health Centre and Social Enterprise 22

SECTION 7- Community Health Centre Scenarios..... 14

SECTION 8 -5-Year Planning: Scenario 2 24

SECTION 9 -Options for Incorporation Models..... 25

SECTION 10 -Partnerships and Implementation Considerations..... 28

SECTION 11 -Metrics for Impact Assessment 31

SECTION 12 -Recommended Next Steps 33

APPENDICIES

- APPENDIX A – Engagement Summary
- APPENDIX B – Social Enterprise Definition
- APPENDIX C – Incorporation Models
- APPENDIX D – BC Health Quality Matrix - Framework

This document is intended to be helpful grounding and serve as a foundation that reflects back the voice of key stakeholders and community members as we develop the Community Health Centre Feasibility Study.

EXECUTIVE SUMMARY

The Lake Country Health Planning Society (LCHPS) is a health promoting organization that has been connected to the community since its inception. Following several years of exploration and advocacy, in 2018 the LCHPS secured funding to complete a Feasibility Study for a Community Health Centre in the community. The journey to the feasibility study, as well as key milestones completed during the Feasibility Study work is highlighted below.



As illustrated in the figure above, the Lake Country Community Health Centre Feasibility Study was developed using a comprehensive assessment of community need, evidence based data and additional citizen, physician, and service provider engagement. The evidence strongly points to the need for a Community Health Centre that provides integrated and comprehensive health promotion and health services to the Lake Country community.

The Scenarios evaluated as part of the Feasibility Study represent various options for delivering a CHC. Scenario 2 is the preferred scenario. As a standalone purpose built Community Health Centre it will allow for the delivery of early intervention, promotion and community services along side integrated health services that include physicians, primary care providers, allied health, social service providers and other community organizations. As such, it aligns with the PCN and Patient Medical Home model. In this way the CHC could become a satellite location for services identified and provided under the PCN Planning and subsequent transformation process in the Central Okanagan.

The CHC operating as a satellite location goes beyond the PCN planning process and is extended to social service providers who operate in Kelowna and Vernon and serve some Lake Country residents who travel to access the services. These providers have expressed interest in expanding their services to deliver them as a satellite service directly in Lake Country if space was available. As such, CHC's flexible space is well suited to help facilitate greater access to a variety of services not currently available in Lake Country.

The Feasibility Study is a key step in gaining support and funding for LCHPS to move forward with detailed development and concept planning for a Community Health Centre. Key next steps include the following:

- Meeting with the Ministry of Health to review the Feasibility Study and discuss the community need, evidence and options for implementation.
- Meeting with the PCN Planning Committee (Central Okanagan) that has been pursuing Primary Care Network Planning in the region to align any Lake Country service changes in a way that supports the implementation of the Community Health Centre development and implementation.
- Explore additional funding sources for the Community Health Centre.

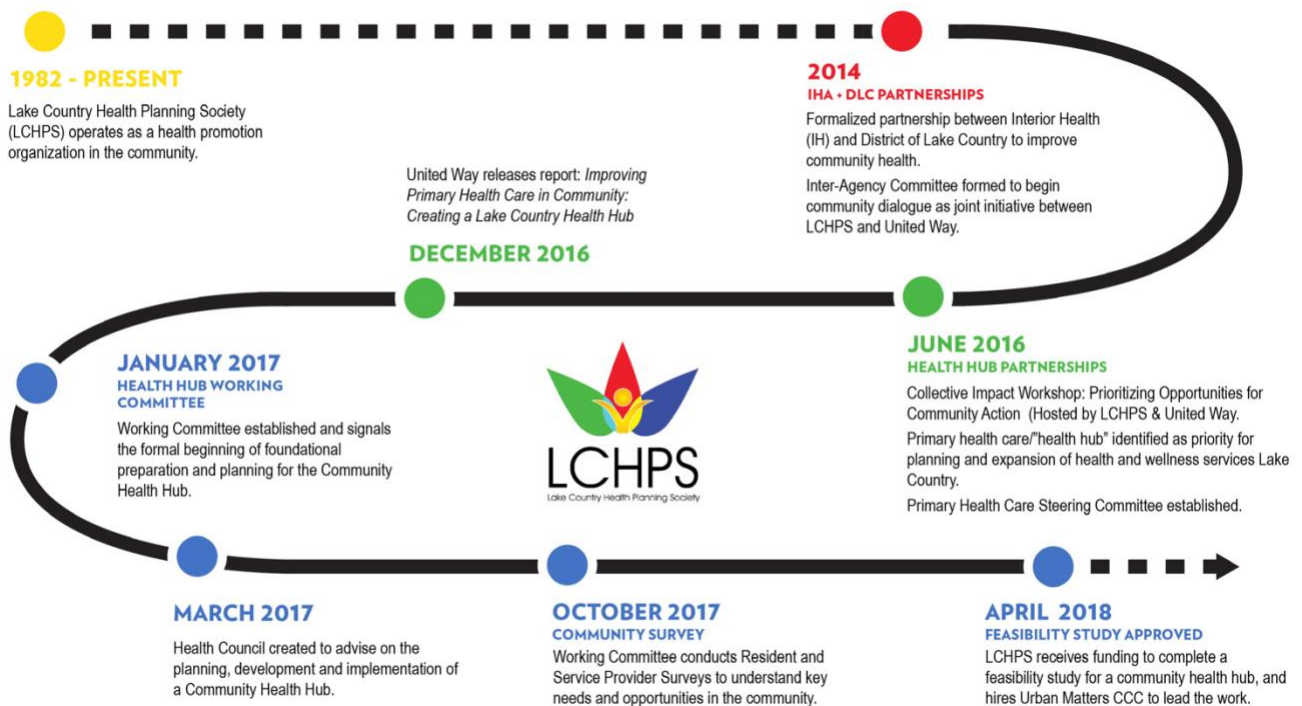
This engagement should allow the LCHPS to refine its preferred Scenario, connect with other community and regional partners, and develop a detailed timeline of activity for development (including land acquisition, detailed project development, operational considerations and more). Ultimately, developing a Community Health Centre will be a collaborative effort that involves multiple partners, funding sources (in particular for capital building costs), and service delivery.

SECTION 1

LAKE COUNTRY HEALTH PLANNING – JOURNEY TO A COMMUNITY HEALTH CENTRE

The Lake Country Health Planning Society (LCHPS) is a health promoting organization that has been connected to the community since its inception. Throughout the years, it has sought to foster community dialogue through different partnerships. Through its work, LCHPS recognized there is great potential in creating a Community Health Centre that responds to the communities’ needs. Urban Matters CCC was later engaged to assess the Health Centre’s feasibility. The LCHPS’ journey is mapped out in Figure 1 below.

Figure 1 : LCHPS Journey



SECTION 2

DEVELOPING THE COMMUNITY HEALTH CENTRE FEASIBILITY STUDY

LCHPS partnered with Urban Matters CCC in June 2018 to develop a Feasibility Study for a Community Health Centre in Lake Country. The first phase of work focused on engagement to:

- Explore the current state of health services in Lake Country
- Collectively develop a community and partner vision
- Understand the opportunities and constraints of various partners
- Build community ownership and trust

The second phase focused on identifying:

- Operating and business model options including opportunities for social enterprise components
- Financial model and investment requirements
- Partnerships and implementation considerations

ENGAGEMENT OVERVIEW

During the development of the Feasibility Study, it was important to gather the perspectives and voices of key stakeholders. These have informed the analysis and kept the engagement strategy grounded in understanding the communities' needs. The summary of engagement activities is as follows:

- Inter-Agency Working Group Workshop in October 2018
- Physician Survey in October 2018
- Health Providers Workshop with Interior Health in November 2018
- Citizen Workshop in December 2018
- Individual Partner Meetings from June to December 2018

For more information on the engagement process, please visit Appendix A.

SECTION 3

HEALTH IN LAKE COUNTRY

HEALTH AND COMMUNITY PROFILE

According to the 2016 Census, Lake Country has a population of 12,922, which represents a growth of 10.4% since the last census in 2011. In terms of population demographics, 5.8% of the population is Aboriginal, visible minorities represent 4.7% and new immigrants represent 0.9%. The average household income in Lake Country is \$101,243 compared to BC's average of \$90,354.

In terms of levels of education, the highest percentage of the population in Lake Country has a high school diploma representing 30.8%, which is comparable with the provincial average of 29.4%. In Lake Country, an estimated 24% has a college diploma and 16% has a university degree.

At the provincial level, 18.1% have a college diploma in BC and 24.6% have a university degree. The 7.5% unemployment rate in Lake Country is slightly higher than the provincial average of 6.7%.

Per 100,000 residents in the Central Okanagan local health area, there are 110 physicians and 100 specialists available compared to BC's averages of 112 and 94 respectively. Given that social supports and networks are key to maintaining health, it is worth mentioning that "in 2015-2016, 72.8% of Okanagan health service delivery area (HSDA) population (aged 12 and up) reported a somewhat strong or very strong sense of belonging to their local community." In terms of mental health, "in 2015-2016, 68.4% of Okanagan HSDA population (aged 12 and up) reported very good or excellent mental health."

When it comes to the youngest in the community, according to the Early Development Instrument (EDI), 27% of children in kindergarten in Central Okanagan LHA demonstrate vulnerability in one or more areas when it comes to communication, emotional, cognitive, physical, and social areas.

INSIGHTS FROM HEALTH DATA

This section offers a relevant summary of data provided by the Ministry of Health Analytics Department as part of the wave 2 Primary Care Network (PCN) Service planning. The data was obtained for the 2016/2017 fiscal year and informs the following:

1. An estimate of population without a general physician
2. An overview of the population health status within proposed PCN CHSA boundaries.

Disaggregated data in this analysis includes data specific to Lake Country. However, the disaggregation of data does not exactly align with municipal boundaries. Lake Country data also includes the region of Joe Rich as well as Black Mountain and potentially parts of Glenmore in Kelowna. At the same time, it provides the best possible base of evidence available related to population health status and physician attachment gap. The following highlights the data relevant to the need for a Community Health Centre.

Physician Attachment Gap

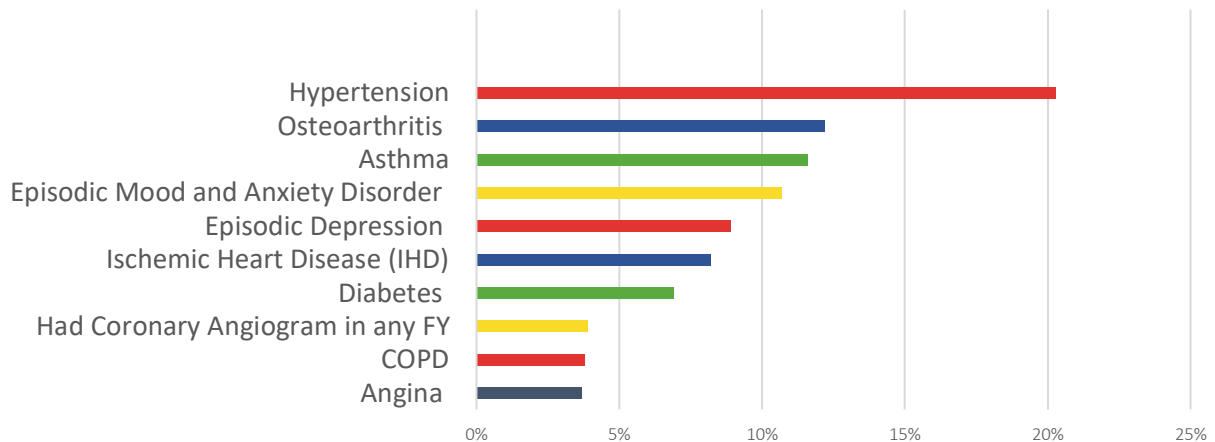
The physician attachment gap measures the number of people in any area that do not have a family physician. In Lake Country, this is equivalent to about 6,795 people representing 34% of its population. It should be noted that in the Central Okanagan region Lake Country has the second largest attachment gap, preceded only by the Kelowna-Rutland area that has a very large attachment gap of 19,362 people representing 52% of its population. Seeing as PCN service planning typically covers a 3-year window, data also examined anticipated family physician retirements in each region. Over three years, Lake Country is estimated to lose 3 out of its 7 GPs to retirements, of which 2 are expected over the the next six months, which will likely increase the existing attachment gap. 7 GPs currently care for 66% of the population. 4 GPs will likely only be able to care for an estimated 38%. The attachment gap in Lake Country can increase to an estimated 62% if there is no action in replacing GPs.

Of note, 58% of the population currently in care with a GP is characterized as having a chronic health condition, meaning they will require an increased number of visits and care.

Chronic Conditions

Based on the CHSA Health System Matrix counts of people with Chronic conditions, the top 10 conditions are presented below for Lake Country. Consistent with other regions in the Central Okanagan, the top chronic condition is hypertension with 20.3% of the population. The second most common chronic condition is osteoarthritis with asthma and episodic mood and anxiety disorder taking third and fourth place respectively.

Figure 2: Top Health Conditions in Lake Country



Health Population Segment

Available data shows utilization rates of services per patient, per year based on health sub-categories. Based on the data for Lake Country the following observations are relevant:

- Severe Mental Health and Substance Use has a high rate of hospital days, MSP GP encounters and MSP Medical Specialist encounters. This is consistent across the region.
- Lake Country in particular has a high rate of hospital days, and MSP GP encounters for individuals classified as both Frail in Community and Frail in Residential Care, higher than in the Kelowna-Rutland region.

COMMUNITY NEED - WHAT WE HEARD FROM ENGAGEMENT

Through our community engagement activities, we learned about what community members and physicians thought was working and what are some clear areas of improvement.

“Having multiple services under one roof will increase accessibility (no need to travel to bigger cities)”

- Resident

In terms of the services provided, respondents highlighted the need for:

- Offering **health promotion** services and wellness services
- Increasing accessibility to mental health services, chronic disease management, and paediatrics
- Providing prenatal care and education, as well as parenting supports
- Access to a **central spot** for learning about and accessing health promotion services
- Transportation is a barrier due to limited transit and long drives to Kelowna or Vernon

When asked about the most pressing health needs in Lake Country, physicians referred to the “increasing number of new patients needing family doctors.” When asked about the kinds of services that would help physicians better serve patients, physicians emphasized the need for after hours urgent care and identified general social services and addictions support. When asked about what should be improved, community members and physicians alike

mentioned concerns around service availability and lack of knowledge about services offered. Respondents also highlighted that there is a limited availability of services or resources, which leads to extensive wait times. There is also a lack of addictions and mental health support. Respondents recognized there is a need for **service provision on evenings and weekends**. When this is not available, patients must travel **longer distances** to/from services they need offered at hospitals in other cities, and access to transportation is a consistent barrier – public transit is limited. These issues are compounded by the fact that **patients are unaware** of all the services and resources provided.

When asked about what would help address these challenges, respondents offered different suggestions. In terms of increasing access to services, suggestions included increasing the **number** of doctors and nurse practitioners, **shortening wait times** to see family doctors and specialists, providing **longer hours of operation** including evenings and weekends, having a space to **house/host services** (such as by the social serving sector operating in Kelowna and Vernon), and improving service and accessibility to **labs and diagnostics**.

SECTION 4

RESPONDING TO COMMUNITY NEEDS THROUGH A COMMUNITY HEALTH CENTRE

WHAT IS A COMMUNITY HEALTH CENTRE?

Community Health Centres (CHC) deliver **integrated, team-based primary care, health promotion and social services**. “Community Health Centres are multi-sector health and healthcare organizations that deliver integrated, **people-centred services and programs** that reflect the needs and priorities of the diverse communities they serve. A Community Health Centre is any not-for-profit corporation or co-operative which adheres to all five of the following domains:

1. Provide interprofessional primary care
2. Integrates services/programs in primary care, health promotion, and community wellbeing
3. Is community-governed and community-centred
4. Actively addresses the social determinants of health
5. Demonstrates commitment to health equity and social justice.”¹

These have been in B.C. for almost 50 years. Often initiated by grassroots community, local community members and/or organizations have financed and built major portions of B.C.’s existing Community Health Centres. Community Health Centres are embedded in the community, which enables a clearer understanding of community needs and areas of opportunity for service provision. It also offers a space for holistic care and health promotion. It ensures a high quality of care by adhering to Canada’s Determinants of Health.

¹ <https://www.bcchc.org/what-is-a-chc/>



CASE STUDY

PROJECT NAME: REACH Community Health Centre

REACH Community Health Centre offers an example of a Community Health Centre with innovative funding mechanisms. REACH Community Health Centre is a community-governed organization that promotes the idea that good health includes physical, mental, and social well-being. REACH has been a part of the community for nearly 50 years. The Community Health Centre offers an interdisciplinary team that provides team-based primary health care, dental care, pharmacy services, counselling and social work services, a Multicultural Family Centre, groups and health education, among other services.

On the one hand, REACH receives operating funding for medical team members from the Ministry of Health. On the other, REACH also has its own pharmacy and Dental Centre. The pharmacy provides prescription and over-the-counter medications at affordable and competitive prices. This generates profit to be reinvested back to the Health Centre's operating costs. REACH's Dental Centre also operates as a social enterprise without depending on government funding. Instead, it relies on fees and private financial donations. Customers do not have to be patients at the CHC to have access to the pharmacy or the Dental Centre.²

Why is a Community Health Centre right for Lake Country?

For the purposes of this work, a new facility for Lake Country is referred to as the Lake Country Community Health Centre (CHC). The Community Health Centre offers solutions to many of the challenges expressed by Lake Country's residents with respect to the access to, type, and function of health care and health promotion services. The Lake Country Health Planning Society is well positioned to lead in the development and operation of a Community Health Centre. The Society and the community have outgrown the services currently provided at the 'health hub'. The LCHPS is ready to expand what it offers to the community within the community health centre model.

The CHC will help address the physician attachment gap that currently exists, and which is expected to worsen over the next several years, by providing additional access to nurse practitioners and family doctors. Additionally, engagement with residents has revealed that many individuals reluctantly travel into Kelowna or Vernon to access a family physician.

At the same time, the CHC can offer holistic care through access to social workers and alternative care professionals such as counsellors, dieticians or massage therapists, for example. Health promotion and holistic care can improve chronic illness management. Providing services in one location will make it easier to raise awareness about the services provided and facilitate access to them. Over time, effective health promotion activity can lower dependency on emergency and other public health services in hospitals, ultimately reducing overall health spending. The Community Health Centre will help the community flourish by becoming an integral part of its support network, functioning as a centre for community building and advocacy.

LCHPS is currently operating its CORE program (Community Overdose Response & Education). However, there are additional interventions needed within the community, including space for OAT therapy intervention, and the

² <http://www.reachcentre.bc.ca/>

distribution of harm reduction supplies. A CHC will help to facilitate the initiation of these types of overdose response services, a need that has been highlighted from citizens and family physicians alike.

The CHC will also facilitate expansions to the current ‘Better at Home’ program which provides simple, non medical support services to help seniors live independently for longer. Expansion of the program can help to alleviate system wide costs from hospital and MSP GP visits by individuals classified as ‘Frail in Community.’

The success of the Lake Country Community Health Centre depends on developing a financially sustainable model and establishing partnerships with local and regional actors. Being able to fulfill this role will be informed by having a clear communication strategy aimed towards the community, collaborators, and partners. At the same time, it will be necessary to recognize the Centre’s scope, limitations, and areas of improvement. Identifying those who can act as champions within the community and among partners will facilitate the Centre’s growth and efficient response to resident needs.

*The Community Health Centre model aligns well with the **Primary Care Network (PCN)** and **Patient Medical Home** models. The CHC would enable physicians (via a patient medical home), primary care providers, allied health care providers, health authority service providers, and community organizations to work together to provide all the primary care and health services required in Lake Country.*

In addition, the flexible space provided as part of the CHC will serve as satellite location for social service providers from Kelowna and Vernon to offer services and programming in Lake Country. These providers have expressed interest in expanding their services and require an appropriate satellite location within the community.

COMMUNITY NEED - WHO BENEFITS FROM A COMMUNITY HEALTH CENTRE



Through the Community Health Centre, citizens gain greater access to health promotion and health services close to the community, which lowers waiting times, transportation barriers, challenges resulting from disjointed care, and the dependence on hospitals in Vernon and Kelowna. It also allows citizens to better understand the services provided and have access to integrated holistic health services. This means that citizens from all backgrounds have access to a health promoting space that fosters a sense of community and belonging, which enables a healthier life.

“Health hub is a fine idea. I would like to see better access to GPs and nurse practitioners. I have used the Lake Country walk-in clinic but I am now old enough to be more concerned with these one-off relationships with doctors. I would very much like to get set up with a steady team of practitioners and specialists.”

- Resident



The CHC offers a multi-purpose space where service providers can readily access populations with different levels of service needs. The CHC can also act as an ally to other service providers



by participating in knowledge sharing and communication efforts. This kind of environment invites service providers to play an active part in strengthening the sense of community this space provides.

HEALTH PROFESSIONALS



At the CHC, health professionals facilitate health promotion, delivery of health services, and early stage intervention in a growing region with increasing needs. Health professionals are encouraged to work as a team and follow a holistic approach to care. Through their participation in the CHC, health professionals develop a sense of belonging and foster increased connections to the community.

SECTION 5

COMMUNITY HEALTH CENTRE VISION AND MISSION

The Community Health Centre’s vision and mission were determined through conversations with key stakeholders and partners, including members of the social serving sector, health professionals and community residents. Understanding the CHC’s vision and mission informed the development of its values. The vision, mission, and values are intended to guide the CHC’s overall strategy and implementation plan.

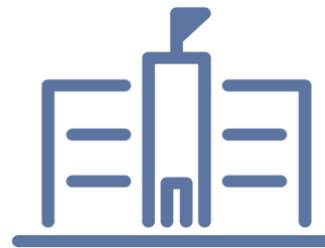
VISION AND MISSION

Having a clear mission and vision allows the Community Health Centre to stay connected and accountable to the community it serves.



VISION

Community health improves in Lake Country because everyone has access to effective health promotion and health services.



MISSION

The CHC promotes equitable health outcomes for people of all ages, abilities, gender identities, socio-economic backgrounds, ethnicities, and education backgrounds through a collaborative, and integrated health and social service delivery model. The flexible space serves multiple purposes and offers opportunities for services that establish a sustainable revenue model.

COMMUNITY HEALTH CENTRE VALUES

Health Promotion: the CHC is a space where community members can access excellent, health promotion and early stage health services.

Equity: The CHC is committed to promoting equitable health outcomes through low barrier programming and services that are responsive to the unique needs of all community members.

Community: The CHC enables community interactions that foster multi-generational and multi-cultural connections within a stigma free environment.

Accountability: The CHC is held accountable for providing effective services and for participating within and contributing to the social serving system.

Belonging: The CHC encourages a sense of belonging for patients, health professionals, service providers, and community members alike.

SECTION 6

COMMUNITY HEALTH CENTRE SCENARIOS

The following scenarios explore different possibilities in establishing the Lake Country Community Health Centre. They are intended to offer various perspectives of how a CHC could be introduced in Lake Country. It should be noted that these scenarios are not intended to represent all available options, but instead represent realistic options that demonstrate a range of investment requirements.

Scenario 1 explores a smaller scale and incremental start to the Centre while Scenarios 2 and 3 explore more significant investment and growth in services.

Each scenario adds a layer of complexity to the CHC and increases its scope of service. Scenarios 2 and 3 also incorporate a social enterprise component, which is meant to build in resilience and increase the CHC's financial sustainability. The logic behind adopting a social enterprise component recognizes that the CHC needs to be financially sustainable in order to provide services long-term. The social enterprise model aims to reinvest profits into the CHC. Further information on a potential social enterprise model is outlined in Section 7. Analysis of the preferred scenario and how the social enterprise might affect the operating costs of the CHC is discussed in Section 8.

SCENARIO 1:

INCREMENTAL GROWTH



- Incremental growth in LCHPS programming
- Can start almost immediately
- Facilitates better connections with health professionals

SCENARIO 2:

COMMUNITY HEALTH CENTRE



- Purpose-built CHC that offers multi-purpose space
- Inclusion of diverse health professionals and inclusion of health promotion and early intervention
- Social Enterprise complements the CHC

SCENARIO 3:

COMMUNITY HEALTH CENTRE & SUPPORTIVE HOUSING



- Supportive Housing is provided
- LCHPS, OKIB and other organizations provide health promotion and early intervention
- Social Enterprise complements the CHC

SCENARIO 1: INCREMENTAL GROWTH

Scenario 1 has been designed to grow the CHC incrementally from the services currently offered by LCHPS. Requiring only a modest increase in operating funds, Scenario 1 can begin almost immediately. In terms of the promotion and health services approach, this scenario is based on an incremental growth in LCHPS programming in health promotion and early intervention. The goal is to facilitate better connections to existing health professionals in the community and region. There may also be an increase in IHA services, which might include allied health workers, mental health services, and/or chronic disease prevention. In this scenario, the CHC rents out a space to allow it to expand its services.

Table 1 outlines some of the annual operation cost estimates. The total annual operation cost for this scenario is of \$358,300. This estimate includes staff, building operating costs, building supplies, community engagement, and technology. The staff represents the highest portion of the investment at \$245,500. The salaries outlined are based on average salaries offered at a Community Health Centre.³ The staff includes an Executive Director, a Program Coordinator, an Administrative Assistant, and a Social Worker. They are responsible for expanding services in Lake Country and for providing additional care, case management, and support to ongoing programs and gradually increasing health services. Specific program changes will depend on the size of the team. The building operating costs consist of rent, cleaning, and maintenance. At the same time, while part of these costs

³ https://www.payscale.com/research/CA/Employer=Community_Health_Centre/Salary

can be contracted out, these remain low since the CHC is growing gradually at this stage. The building supplies refer to a basic office set-up for a couple of employees. As can be observed in the

Table 1, community engagement will focus on raising awareness about the services provided and staying in touch with community needs. Finally, the estimate for technology is based on data management and IT equipment, as well as the cost of managing an online system.

Table 1: Annual Operation Costs for Scenario 1

Staff	Budget	Assumptions
CHC Director, Program Coordinator, Administrative Assistant, Other Administrative Staff, Social Worker	\$245,500	This estimate is based on average salaries at a Community Health Centre. These estimates will depend on the size of the team. Estimated, average salaries include: \$75,000 for a non-profit Executive Director, \$66,000 for a Program Coordinator, \$45,000 for an Administrative Assistant, and \$59,500 for a Social Worker.
Building operating costs	Budget	Assumptions
Rent, cleaning and maintenance	\$48,800	These costs are based on an estimated year of renting 1350 sq. ft. at \$28 per sq. ft. Actual costs will vary depending on the size of the space.
Building supplies	Budget	Assumptions
Office supplies	\$5,800	These costs include a basic office set-up for a couple of employees, a year's worth of office supplies, a couple of couches, and a table.
Community Engagement	Budget	Assumptions
Community Outreach and Marketing	\$15,000	Through outreach, the Health Centre is meant to raise awareness about services provided and the community's needs.
Impact Measurement	\$5,000	This estimate accounts for time and resources dedicated to impact measurement.
Technology	Budget	Assumptions
Data management and IT equipment	\$38,200	This estimate is based on a non-profit rate. It refers to the cost of managing the IT system that supports integration of patient information in a collaborative health services environment.
Total		\$358,300

Given that the space is leased, capital costs for start up could be as low as \$10,000 to \$20,000 or they can be more than \$100,000 depending on the space and the tenant improvements required. The space is intended to accommodate multi-purpose spaces available for service providers from Central Okanagan to use.

There is no social enterprise model in Scenario 1.

SCENARIO 2: COMMUNITY HEALTH CENTRE

Scenario 2 imagines a purpose-built Community Health Centre that is constructed from scratch. A social enterprise pharmacy operates within the CHC and over time provides funding to the health promotion programming. Further details about the social enterprise are outlined in Section 7 and estimates about revenue and available profit margin to be reinvested into the CHC are outlined in Section 8.

In terms of the health promotion and health services approach, LCHPS and other organizations (from Lake Country or the surrounding region) provide health promotion and early intervention. There is an opportunity for OKIB to provide services for Duck Lake band members or others. This scenario is centred around primary care workers – namely two or three family physicians – and may also incorporate a nurse or nurse practitioner. Other health professionals are assumed to work within the integrated care team including a social worker, counsellor, or other health professionals. In this Scenario, it is assumed that, with access to medical rooms and other spaces, Interior Health can offer additional public health services on a regular basis. These might include support with chronic disease management, immunization, and other services. Similarly, the flexible space will allow the social serving sector operating in Kelowna and Vernon to expand their programming to Lake Country. Through the CHC, the goal is to integrate services and programs in primary care, health promotion, and community wellbeing. The model offers a means of actively addressing the social determinants of health.

Table 2 outlines some of the annual operation cost estimates for Scenario 2. The estimated annual cost of operations for Scenario 2 is \$1,383,720. It builds on some of the assumptions from the previous scenario. For example, staff also represent the highest portion of investment at \$1,270,500. The increase in staff cost accounts for the fact that this scenario adds three Family Medicine Physicians, a Nurse Practitioner, and a Counsellor to the model. A contract model for physicians is used, and the average salary for each family physician is estimated at \$275,000 per year. Health promotion programs are then expanded given that there is greater capacity to respond to different needs. This is representative of the effort to offer comprehensive and inter-professional care through primary care, health promotion, and community wellbeing programs and services. Building operating costs can still be contracted out and building supplies are calculated for a regular team of 7. Community engagement continues to be an important means of staying connected to the community and technology expenses increase given that more IT equipment is needed for a bigger team. The costs are also higher because they represent IT needs for a system that supports integration of patient information in a collaborative health services environment.

Table 2: Annual Operation Costs for Scenario 2

Staff	Budget	Assumptions
-------	--------	-------------

CHC Director, Program Coordinator, Administrative Assistant, Other Administrative Staff, Nurse Practitioners, Counselor, Social Worker	\$445,500	This estimate is based on average salaries at a Community Health Centre. These estimates will depend on the size of the team. Estimated, average salaries include: \$75,000 for a non-profit Executive Director, \$66,000 for a Program Coordinator, \$45,000 for an Administrative Assistant, \$150,000 for a Nurse Practitioner, \$50,000 for a Counsellor, and a \$59,500 for a Social Worker.
Family physicians (3)	\$825,000	This estimate is based on an average salary of \$275,000 for a family medicine physician.

Building operating costs	Budget	Assumptions
Cleaning and maintenance	\$23,220	These costs depend on the size of the space and whether or not a space has been bought. If a space has been purchased, debt repayment may be considered.
Debt recover	N/A	This scenario assumes that the capital costs have been financed upfront. Debt financing might have to be considered.

Building supplies	Budget	Assumptions
Office supplies	\$9,100	Cost for 4 basic desks at \$1,600 and 4 standard office chairs at \$1,000, a year's worth of office supplies at \$1000 each, a couple of couches at \$1000 each, and a table at \$500.
Medical supplies	\$9,500	Estimate for a family medicine clinic. Based on estimates from Park Square Family Medicine.

Community Engagement	Budget	Assumptions
Community Outreach and Marketing	\$15,000	Through outreach, the Health Centre is meant to raise awareness about services provided and the community's needs.
Impact Measurement	\$10,000	This estimate accounts for time and resources dedicated to impact measurement.

Technology	Budget	Assumptions
Data management and IT equipment	\$46,400	It refers to the cost of managing the IT system that supports integration of patient information in a collaborative health services environment. This estimate is based on a non-profit rate. It also includes buying computers and monitors for a team of 4.

Total \$1,383,720

Note that it may be possible to reduce the annual staff costs by creating a full-time primary care team (consisting of family physicians and/or nurse practitioners), and contracting additional support services, such as youth navigators, access clinicians, family navigators, and substance use teams. These professionals could have regular service hours at the CHC on a part time basis. This is the model followed by The Foundry, a youth mental health

clinic operating in Kelowna. However, not having regular social worker support may impact the health promotion programming that can be offered at the Health Centre, and therefore should be considered carefully.

The capital budget for Scenario 2 is outlined in Table 3. In Scenario 2, the CHC is based on a 7,000 sq. ft. building with two storeys. The gross budget is estimated at about \$6.5 million. The capital budget incorporates site development fees including appraisals/studies, acquisition and servicing, municipal fees, consultants, construction, and contingencies. Investments for development consultants and architect/design consultants equal approximately \$764,000 and \$385,000 respectively. The greatest portion of the investment is for construction costs, which are estimated to be \$3,360,000, based on a medical building construction estimate of \$480 per square foot.⁴ Land Use bylaws will restrict the land coverage of the building to an estimated percentage of the total site. This means that a 3,500 sq. ft. footprint will likely need a site that is 8,000 – 10,000 sq. ft. The second largest portion of the investment is estimated to be approximately \$1.5 million in land costs for an estimated 9,000 sq. ft. piece of land.⁵

⁴ Altus Group 2018 Canadian Cost Guide - Medical Clinic/Treatment Centre category.

⁵ www.zoocasa.com

Table 3: Capital Budget for Scenario 2

Budget Description	Total Budget Amount	Assumptions
APPRAISALS/STUDIES		
Total Appraisals/Studies	\$8,000	Based on % calculation in BC, including appraisal and traffic study
ACQUISITION AND SERVICING		
Land Value	\$1,500,000	Land Use bylaws will restrict the land coverage of the building to a percentage of the total site. For example, a 3,500 sq ft footprint will need a site that is 8,000 – 10,000 sq ft. It is estimated that 3,000 sq. ft. costs \$995,000 on average in Lake Country. The cost of land is estimated for 9,000 sq ft.
MUNICIPAL FEES		
Total Municipal Fees	\$1,450	Includes municipal fees and added costs will vary based on potential in-kind distribution by the district
UTILITY FEES		
Total Utility Fees	N/A	Hydro connection feeds, cable connection fees, and telephone connection fees are to be determined depending on the site.
ARCHITECT/DESIGN CONSULTANTS		
Total Design Consultants	\$385,000	Represents an estimated 6% of total costs, which is standard across Canada. This includes architects/design consultants.
CONSULTANTS		
Total Consultants	\$764,000	This is a high level estimate representative of traditional development consultant costs that typically represent 10% of total capital costs.
MISCELLANEOUS SOFT COST		
Total Miscellaneous Soft Cost	N/A	To be determined. This estimate will include estimated costs for utilities pre IAD, course of Const. Insurance, title fees, and legal fees
BORROWING COSTS		
Total Borrowing Costs	N/A	To be determined. These will include interest pre IAD, mortgage insurance fee, and loan fee.
CONSTRUCTION		
Total Construction	\$3,360,000	This is estimated for a 7,000 sq. ft. building at \$480 per sq. ft. It includes landscaping. This estimate is based on Altus Cost Guide's Medical Clinic/Treatment Centre category.

BUILDING START-UP/COMMISSIONING

Total Building Start-up/Commissioning	N/A	To be determined. This estimate will include project commissioning, vacancy loss, marketing, lease-up period/start-up operating , and common dining/furnishing.
--	-----	---

CONTINGENCIES

Total Contingencies	\$504,000	Represents 15% of construction costs and includes project contingencies.
----------------------------	-----------	--

GROSS BUDGET	\$6,522,450	This is a high-level estimate based on Canadian Cost Guides and experience in other projects.
---------------------	--------------------	---

Throughout the engagement process, a participant expressed that “having multiple services under one roof will increase accessibility (no need to travel to bigger cities).” It was also highlighted that the CHC should prioritize accessibility and creating a sense of belonging. The Community Health Centre is to be accessible by being centrally located with transit access, being accessible to all levels of ability, mobility, and offering extended hours on weekend and evenings. It is meant to be an open space that allows service providers from Kelowna and Vernon to expand their services in Lake Country at a satellite location. It is intended to provide space for wrap-around service, as well as space for multiple health service providers and social serving agencies to use.

SCENARIO 3: COMMUNITY HEALTH CENTRE & SUPPORTIVE HOUSING

Scenario 3 imagines the purpose-built Community Health Centre described in Scenario 2 and adds Supportive Housing as part of the complex. A social enterprise model has been adopted and provides funding over time to the health promotion and health services. Scenario 3 follows the same operating cost model as Scenario 2 because it is recommended that the LCHPS partner with another organization to manage the housing.

Supportive housing is subsidized housing with onsite supports. Onsite supports range from life skills training to connections to health services, intended to help individuals gain emotional, physical, and financial stability. This housing would be intended to support low income individuals who require additional support. The supportive housing would be designed to serve the specific needs of Lake Country.

Table 4 offers a snapshot of the capital budget for the CHC's Scenario 3. In Scenario 3, the CHC is based in a 7,000 sq. ft. building at \$480 per sq. ft. and Supportive Housing is added. The gross budget is estimated at about \$16 million. These estimates include large expenses that are part of the Scenario 3 investment. The capital budget incorporates site development fees including appraisals/studies, acquisition and servicing, municipal fees, consultants, construction, and contingencies. Total construction costs are estimated at \$10,860,000, which include construction costs for the CHC described in Scenario 2 and Supportive Housing. Housing can be made up of 30 rental units. The largest portion of investment is the construction cost for these units at \$7,500,000 with a cost of \$250,000 per door. The second largest portion of the investment is the CHC construction costs, which are estimated to be \$3,360,000, based on a medical building construction estimate of \$480 per square foot.⁶ The third largest portion of the investment is an estimated \$1,500,000 in land costs for 9,000 sq. ft. piece of land.⁷

⁶ Altus Group 2018 Canadian Cost Guide.

⁷ www.zoocasa.com

Investments for development consultants and architect/design consultants equal approximately \$1,593,000 and \$600,000 respectively.

Table 4: Capital Budget for Scenario 3

Budget Description	Total Budget Amount	Assumptions
APPRAISALS/STUDIES		
Total Appraisals/Studies	\$8,000	Based on % calculation in BC, including appraisal and traffic study.
ACQUISITION AND SERVICING		
Land Value	\$1,500,000	Land Use bylaws will restrict the land coverage of the building to about 45% of total site. A 3500 sq ft footprint will need a site that is 8000 – 10,000 sq ft. It is estimated that 3,000 sq. ft. costs \$995,000 on average in Lake Country. The cost of land is estimated for 9,000 sq ft.
MUNICIPAL FEES		
Total Municipal Fees	\$1,450	Includes municipal fees and added costs will vary based on potential in-kind distribution by the district
UTILITY FEES		
Total Utility Fees	N/A	Hydro connection feeds, cable connection fees, and telephone connection fees are to be determined depending on the site.
ARCHITECT/DESIGN CONSULTANTS		
Total Design Consultants	\$600,000	Represents an estimated 6% of total costs, which is standard across Canada. This includes architects/design consultants.
CONSULTANTS		
Total Consultants	\$1,593,000	This is a high-level estimate representative of traditional development consultant costs that typically represent 10% of total capital costs.
MISCELLANEOUS SOFT COST		
Total Miscellaneous Soft Cost	N/A	To be determined. This estimate will include estimated costs for utilities pre IAD, course of Const. Insurance, title fees, and legal fees
BORROWING COSTS		
Total Borrowing Costs	N/A	To be determined. These will include interest pre IAD, mortgage insurance fee, and loan fee.
CONSTRUCTION		
Total Construction	\$10,860,000	This estimate is the sum of the building construction cost and the cost of building 30 rental units. The estimate for a 7,000 sq. ft. building at \$480 per sq. ft. is \$3,360,000. This estimate is based on Altus Cost Guide's Medical Clinic/Treatment Centre category. The estimate for 30 rental units at \$250,000 per door results in \$7,500,000.
BUILDING START-UP/COMMISSIONING		

Total Building Start-up/Commissioning		N/A To be determined. This estimate will include project commissioning, vacancy loss, marketing, lease-up period/start-up operating , and common dining/furnishing.
CONTINGENCIES		
Total Contingencies	\$1,629,000	Typically represents 15% of construction costs and includes project contingencies.
GROSS BUDGET	\$16,191,450	This is a high-level estimate based on Canadian Cost Guides and experience in other projects.

In terms of space requirements, the CHC continues to provide a space for multiple health professionals and social serving agencies to rent and/or use. The CHC promotes equitable access. It does so in terms of age, finances, culture, and cultural safety. Equitable access to the space lowers barriers and increases opportunities for collaboration. The CHC is an inviting space for all (i.e. youth, elderly, First Nations, those with diverse abilities, immigrants, families, etc.) and it is an anti-stigma environment that focuses on building a community environment that is accessible to all its members. As such, it also offers 30 Supportive Housing units that serve the needs of the community. It is estimated that there would be 9 to 10 units per floor.

SECTION 7

COMMUNITY HEALTH CENTRE AND SOCIAL ENTERPRISE

WHY SOCIAL ENTERPRISE?

Social enterprise leverages the private sector’s capacity to generate financial growth with the social serving sector’s capacity to address complex community challenges. Financial sustainability and the social mission go hand in hand. In some cases, social enterprises are set up to reinvest all or part of their revenue into the organization to expand its reach. In this way, many non-profits and charities are becoming ‘enterprising’ and developing the culture, disciplines and practices to bring in revenue via commercial activity.

The social enterprise model offers considerable opportunity for organizations to achieve part or complete financial independence and sustainability, as well as scale their impact and reach. In the Community Health Centre’s case, the social enterprise is meant to be a complementary component that increases both the CHC’s services as well as the financial capacity and long-term sustainability. The goal is to reinvest the profit generated by this component into the Centre as a means of increasing its financial sustainability and capacity. This will enhance the CHC’s resilience to changing circumstances and, over time, lower its dependence on grants and donations.

There are different opportunities to explore when thinking about how to incorporate social enterprise as part of the Community Health Centre. These include having a pharmacy and/or renting out retail space for a store and/or a café. Retail space can be leased. The rent paid can be allocated towards supporting initiatives or general costs at the Centre. These spaces can also be used and rented out for community events. The following outlines an example model of a social enterprise pharmacy that, once established, can reinvest profit into the CHC.

Pharmacy and the Community Health Centre

Pharmacies and drug stores provide prescription or non-prescription drugs and medicines. They can also sell retail snacks, hygiene products, health aids, and cosmetics, among others. According to Statistics Canada, pharmacies and drug stores generate an average annual revenue of \$1.4 million based on industry averages for SME’s in 2016.⁸ It is worth mentioning that this estimate is likely to be high for the Lake Country context since it includes larger drug stores, as well as neighbourhood pharmacies. Most pharmacy revenue is generated through retailing prescription and non-prescription drugs and medicines. According to Statistics Canada, the profit margin range for pharmacies and drug stores in 2017 ranged from the lower end at 1.5% to 8.9% and from 23.2% to 100% at the higher end.⁹ In terms of market growth, there is a movement toward high level customer service to maximize opportunity of increased pharmacy services for a growing and aging population. Some of the pharmacy services most commonly offered include compliance packaging, medication review/reconciliation, vaccinations/immunizations, smoking cessation, medical device training, adherence programs, methadone, and chronic disease management. When offered in close collaboration with a patient’s primary care team (as would be the case in the CHC model), these services can be extremely effective and improve patient experiences. Table 5 below explores potential yearly revenue for a variety of services offered:

Table 5: Potential Revenue for Services Offered

Common ‘Value Add’ Services Provided	Weekly Demand	Estimated Average Fee	Weekly Revenue Potential
Home Healthcare Assessment	15.8	\$135.00	\$2,135
Pain Management Consultation	8.9	\$90.00	\$797
Smoking Cessation Coaching	2.7	\$287.50	\$770
Chronic Disease Management	7.2	\$90.00	\$645
Lifestyle/Wellness Management	5.8	\$90.00	\$522
Medical Device Training	5.4	\$90.00	\$489
Med Review/Reconciliation	7.1	\$59.05	\$418
Treatment for Minor Ailments	11.6	\$18.00	\$209
Travel Health Consultations	4	\$40.00	\$158
Vaccinations/Immunizations	12.4	\$10.39	\$129
Potential yearly revenue for services offered	\$326,144		

Source: “Pharmacy 360. The Retail Pharmacy Business in Canada. Overview.” Published by Neighbourhood Pharmacy Association of Canada.

⁸<https://strategis.ic.gc.ca/app/scr/app/cis/summary-sommaire/44611;jsessionid=0001Sk2o-SCSAchslXMarrdc5D8:2KONEUV3BB>
⁹ <https://strategis.ic.gc.ca/app/scr/app/cis/performance/44611>

SECTION 8
SCENARIO ANALYSIS & 5 YEAR PLANNING

The 3 scenarios outlined in Section 6 offer a range of options to guide the development of promotion and health services in Lake Country. The following offers a series of pros and cons for each scenario:

SCENARIO 1:

INCREMENTAL GROWTH



Pros

- Allows LCHPS to begin almost immediately

Cons

- Although it acknowledges LCHPS readiness to expand services, it does not offer a true 'CHC' model of primary care integrated with other health professionals.
- LCHPS may quickly outgrow this model

SCENARIO 2:

COMMUNITY HEALTH CENTRE



Pros

- Full health promotion and health service model to respond to identified community need
- Central, one-stop location to facilitate access to services
- CHC is a model used successfully in other communities
- Social enterprise model intended to support sustainability of CHC

Cons

- High upfront capital costs

SCENARIO 3:

COMMUNITY HEALTH CENTRE & SUPPORTIVE HOUSING



Pros

- Responds to identified need for supportive housing in Lake Country
- Innovative model to allow for integration of health promotion, health services and housing supports

Cons

- High upfront capital costs
- Complex development process
- Requires an aligned partner to operate the supportive housing

Given the analysis, the scenario preferred by LCHPS is Scenario 2: Community Health Centre. Scenario 2 offers LCHPS the opportunity to respond directly to the identified needs of citizens, service providers and health professionals.

It is useful to flush out Scenario 2 further by estimating 5 years of operating timeframe. In this scenario it is assumed that the LCHPS has embarked on Scenario 2 after a successful capital financing campaign that generated the necessary capital investment required to build the Community Health Centre. It should be noted that it may be possible to lease space and invest in significant capital improvements to deliver a CHC building that is usable for all activities – a hybrid scenario between 1 and 2. Should the right building be available this could reduce the capital costs significantly, potentially requiring only a \$1-1.5 million capital investment.

Table 6 illustrates a hypothetical five-year operating cost of the CHC using Scenario 2. It assumes the key aspects of the model outlined in Section 6 are present from the start (i.e. there is no scaling up of the model). In Years 1 and 2 and 3, all operating dollars for the CHC are achieved through government agreements, donations or grants. In Year 4, there is a modest contribution to the operating costs from the social enterprise pharmacy, which increases in Year 5.

The Pharmacy revenue and profit numbers are rough estimates. Year 1 is based on a quarter of the average Canadian annual revenue for pharmacies and drug stores, and assumes gradual growth to Year 4 and 5. Similarly, it is assumed that initially the Pharmacy will have a lower profit margin but gradually increase as the business stabilizes. This allows the Pharmacy to reinvest profit into the CHC in the subsequent year.

Table 6: 5 Year Planning for Scenario 2

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Annual Operating Costs	\$1,383,720	\$1,383,720	\$1,383,720	\$1,383,720	\$1,383,720	\$1,383,720
Pharmacy – Total Revenue	\$350,000	\$500,000	\$750,000	\$1,000,000	\$1,000,000	-
Pharmacy – Profit Margin	0%	2.9%	5%	9%	15%	-
Pharmacy – Profit	0	\$14,500	\$37,500	\$90,000	\$150,000	-
TOTAL Annual Operations	\$1,383,720	\$1,383,720	\$1,369,220	\$1,346,220	\$1,293,729	\$1,233,720

SECTION 9
OPTIONS FOR INCORPORATION MODELS

It is important for the LCHPS to consider optimal incorporation and governance of the Health Centre. The complexity of the necessary incorporation and governance likely depends on the scenario pursued. The following offers a brief overview of the types of incorporation options available for the Health Centre:

Not for Profit

“Non-profit organizations are associations, clubs, or societies that are not charities and are organized and operated exclusively for a social welfare, civic improvement, pleasure, recreation, or any other purpose except profit.”¹⁰ Not-for-profit organizations do not earn profits for their owners. All the money earned or received through donations is used to achieve the organization’s goals.¹¹

Registered Charity

“Registered charities are charitable organizations, public foundations, or private foundations that are created and resident in Canada. They must use their resources for charitable activities and have charitable purposes that fall into one or more of the following categories: the relief of poverty, the advancement of education, the advancement of religion, and other purposes that benefit the community.”¹² Some not-for-profits may be eligible to register as a charitable organization in Canada. Examples of charities include food banks, soup kitchens, research institutes, places of worship, animal shelters, and libraries.

Community Contribution Company (CCC)

¹⁰<https://www.canada.ca/en/revenue-agency/services/charities-giving/giving-charity-information-donors/about-registered-charities/what-difference-between-a-registered-charity-a-non-profit-organization.html>
¹¹ <https://www.investopedia.com/terms/n/not-for-profit.asp>
¹²<https://www.canada.ca/en/revenue-agency/services/charities-giving/giving-charity-information-donors/about-registered-charities/what-difference-between-a-registered-charity-a-non-profit-organization.html>

The Community Contribution Company (C3 or CCC) is a legal structure for social enterprises in BC. The hybrid corporate model is designed to bridge the gap between for-profit businesses and non-profit enterprises. It requires the organization to have a 40% cap on dividends paid out to investors and to channel 60% of profits back into community innovation activities.¹³

For Profit

The for-profit business model is concerned with generating profit as its main goal. It is not necessarily focused on addressing social or environmental issues. In this case, the focus is on maximizing the bottom line that can be achieved by offering a product or service. The organization can be incorporated as a corporation by its shareholders. Though corporations may have different goals, the majority are geared towards providing a return for their shareholders given that these hold a percentage of the company.¹⁴

INCORPORATION OF THE COMMUNITY HEALTH CENTRE

It is likely that an overarching non profit organization is best positioned to manage the CHC overall, which might then have other separate entities that are for profit or incorporated as a CCC that it controls. Key factors to consider when assessing incorporation models include:

- Motivation / Theory of change
- Control / Governance
- Market / Customer
- Risk tolerance
- Capital, funding, investment
- Tax treatment
- Profit treatment
- Reporting
- Recognition

The following offers insights about incorporation for each Scenario:

Scenario 1

It is unlikely that a drastic shift or change to the current set up of the LCHPS is required to move forward with Scenario 1. It requires some scaling of staff and levels of service, as well as a more suitable and accessible space, but does not incorporate significant changes to the type or intent of health promotion or health service. For this reason, it is likely that the existing Board of Directors and associated entity will be well positioned to manage this transition.

Scenarios 2 & 3

Scenarios 2 and 3 incrementally add complexity to the CHC as both involve the construction of purpose-built buildings. Scenario 3 is that much more complex as it adds significantly to the scale of development by incorporating a housing component. It may be possible for the LCHPS to manage the eventual Community Health Centre through its existing non-profit structure - such is typical of other Community Health Centres in the province. However, the development component increases the levels of risk all Directors will take on as members of the LCHPS Board. Although it warrants more discussion, it will likely make sense for the LCHPS to partner with a developer and builder to manage all the development aspects of a new building. Doing so outsources the expertise and skills that will be required to undertake a significant development project. That being said, a project of this

¹³ <https://www.centreforsocialenterprise.com/community-contribution-companies/>

¹⁴ <https://www.investopedia.com/terms/c/corporation.asp>

magnitude will require significant scaling of both capital investment and operating budgets - something LCHPS should consider carefully. Key skill sets that will be important for the staff and Board to retain include:

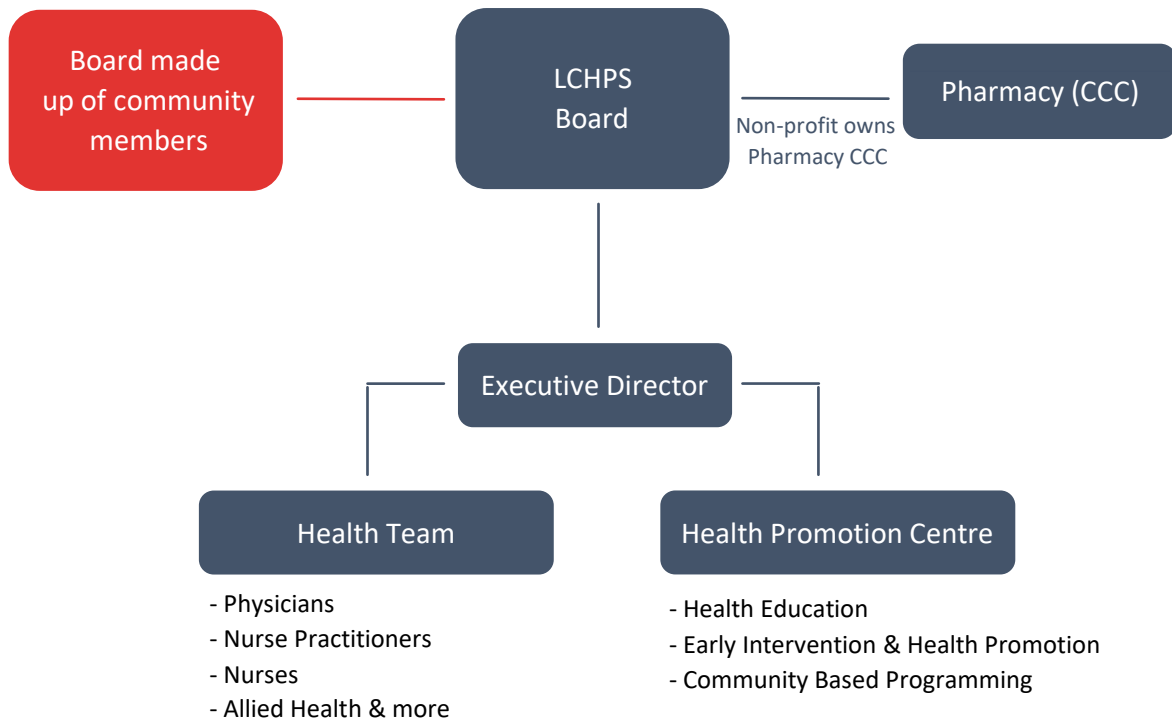
- Set up and delivery of capital fundraising campaigns
- Set up and management of an integrated health services team that includes primary care and health professionals
- Set up and management of data systems that support the integrated health delivery model
- Partnership agreements, contract negotiation and set up

To that end, there are a number of considerations for organizational structure and governance within the CHC model to consider:

- Board of Directors: Consists of members of the community and patients of the Community Health Centre. Ideally, this board will not deal with operations and instead focus on setting and maintaining the CHC's vision and mission, and assessing the overall sustainability of the organization.
- Executive Director: has strong organizational and leadership skills and an understanding of all aspects of the CHC's operations. Responsible for community and strategic partnerships.
- Health Team: Consists of physicians, nurse practitioners, nurses, allied health and other support workers. Responsible for delivering team-based care to patients. Requires significant time for collaboration and shared learning. In this model, the Health Team is aligned with the 'patient medical home' model that promotes integrated care among health professionals and increases attachment to the overall primary care network.
- Health Promotion Centre: This team operates services related to the social determinants of health. This is the team that most closely resembles the current services provided by LCHPS. It would also be the entity that coordinates service provision in the Community Health Centre with other social service providers.
- Pharmacy: The pharmacy is intended to be operated as a social enterprise and over time generate funds to be used in the main operations of the CHC. It will be necessary for the health and pharmacy teams to stay in close contact in order to provide valuable and integrated care to patients. It may make sense to create a separate entity for the Pharmacy - recognizing that the business purpose is slightly different between the Pharmacy and the Community Health Centre. Keeping the two organizations separate can ensure the social enterprise doesn't place undue burden on the CHC, and ensure the Pharmacy is able to operate effectively as a business.

Figure 3 illustrates the incorporation and suggested governance models for Scenarios 2 and 3.

Figure 3: Governance Models



SECTION 10

PARTNERSHIPS AND IMPLEMENTATION CONSIDERATIONS

Embarking on a Community Health Centre in Lake Country is an ambitious undertaking. Even Scenario 1, designed to be an incremental scaling up from current health promotion services delivered by LCHPS requires significantly more annual investment than the current model. Scenarios 2 and 3 increase the required upfront and annual investment incrementally. For this reason, the delivery of any scenario is likely to require significant partnership brokering and openness to a collaborative model of implementation. Effective and strategic partnerships are extremely important for the successful launch and ongoing sustainable operation of a Community Health Centre.

The following offers specific insights for each major potential partner gleaned throughout the Feasibility Study work.

[Interior Health Authority \(IHA\)](#)

The Lake Country Health Planning Society works with Interior Health as it provides space for public health nurses to deliver immunization several times each month at LCHPS’s current location. The Feasibility Study work for the Community Health Centre has been a catalyst for significantly broader discussions about the need for a community health centre in Lake Country. These discussions have primarily taken place through the PCN Planning Committee (see below). For the CHC to deliver an integrated set of health promotion and health services that include both primary care and health promotion, it will be essential for LCHPS to continue to work with Interior Health to explore if and how IHA can ‘scale up’ the services it provides. IHA is interested in LCHPS providing viable space in

the Community Health Centre to support such services – such as medical treatment rooms or multi-purpose workshop space. We understand that IHA will use the data and evidence (see Insights from Health Data section) to decide on reasonable increases to the level of allied health services in the community. For example, Interior Health may be able to provide 0.5 full time equivalent position for a Nurse Practitioner if the Health Centre is aligned with and able to deliver services to OKIB members. It may also make sense for Interior Health to support chronic disease management or provision of other health services. In short, it is expected that some IHA allied health professionals are critical to Scenarios 2 and 3 (in particular). As such, it will be important for LCHPS to continue to cultivate a professional and collaborative working relationship with Interior Health.

PCN Planning Committee (formerly Collaborative Services Committee)

Over the course of the project, Urban Matters and LCHPS have provided regular updates to the Collaborative Services Committee (now the PCN Planning Committee), representing a collaboration between Interior Health and the Divisions of Family Practice. These meetings have provided a valuable point of connection to both organizations. Following a similar timeline as the Community Health Centre Feasibility Study, IHA and Divisions received funding from the Ministry of Health to complete a Primary Care Network Planning exercise for the Central Okanagan, which includes Lake Country. The primary goal of this study is to establish an understanding of family physician services and physician attachment gap - the numbers of people estimated to be without a primarily family physician. As much as possible, the committee will be aligning the results of the slightly broader review of community health services needs in Lake Country conducted for this Feasibility Study with its findings during the PCN Network Planning process.

This alignment is significant because it is understood that further Ministry of Health funding in support of launching a Community Health Centre in Lake Country will need to be aligned with the overall direction and needs of the Primary Care Network in the Central Okanagan. To that end, the Feasibility Study has shown that the existing physician attachment gap will increase over the next one to two years, second only to Kelowna-Rutland. At the same time, the Feasibility Study has looked more broadly at the community health needs, all of which point to the need for an integrated system of health promotion and health care in the form of a Community Health Centre (i.e. CHC).

It is unclear exactly how any further Ministry of Health funding will be allocated. At this point it is critical for the LCHPS to maintain connection to the PCN Planning Committee through regular updates and collaborative discussion about moving the CHC forward.

District of Lake Country

The LCHPS and the District of Lake Country have a strong collaborative relationship. Currently, the District provides the space used by LCHPS and supports its operations through a small annual grant. The District appoints a staff liaison to support the Board of the LCHPS and offer ongoing linkages to the District. The project team presented at a Council meeting in Fall 2018 to outline the plan for the Feasibility Study and gather feedback about how the District could be involved going forward. Council was very interested in understanding how other levels of government might support a Community Health Centre before exploring if it could provide financial or in-kind assistance to its launch. As well, Council reiterated that the CHC services be determined through data and evidence as well as input from partners, citizens and the social serving sector.

It is important that LCHPS continue to maintain and support a strong working relationship with the District. Following the completion of the Feasibility Study, it will make sense for LCHPS to present the study to Council and outline any next steps the group is pursuing with the health authority or Ministry of Health (if applicable). As the direction for the CHC becomes clearer, it will be beneficial for LCHPS to enter into discussions about potential ways the District might support with the launch of a Community Health Centre. These may include:

- Waiving permits and other development fees (all Scenarios)
- Supporting exploration of land or buildings for lease or purchase (all Scenarios)
- Support navigating the system of permits and approvals required for building development (Scenarios 2 and 3)
- Reducing or waiving Development Cost Charges (Scenarios 2 and 3)
- Providing District land for the development of the CHC (Scenarios 2 and 3)
- Annual operating grant to the LCHPS (all Scenarios)

Okanagan Indian Band (OKIB)

The Okanagan Indian Band (OKIB) is aware of the work to complete the Feasibility Study, and expressed its support for completing the study. A meeting and follow up correspondence were carried out with OKIB's Health Director over the course of the project. OKIB is interested in the Community Health Centre primarily as a potential engagement venue around health promotion and services for its members who live in the Duck Lake lands located south of Lake Country. Currently, Duck Lake members can access on-call services by a home care nurse, or need to drive the hour plus to the Health Centre on the main OKIB lands. This is prohibitive to members wishing to access adequate health promotion services. In addition, OKIB suggested that general engagement with its Duck Lake members could be improved. They see opportunity to collaborate on a Community Health Centre centrally located in Lake Country that might provide the following:

- Space for OKIB health workers to schedule regular drop-in service hours
- Schedule appointments for Duck Lake members to access specialized services that are only available at the Health Centre at OKIB
- Host culturally sensitive health education classes
- Space to host cultural and/or spiritual activities for Indigenous and non-Indigenous residents

School District 23

The School District Super-intendant is aware of the work to complete the Community Health Centre Feasibility Study. They are very supportive of the concept, and yet are unclear on their role or ways they can specifically contribute to the CHC's implementation or operations. This will require more exploration as LCHPS refines the preferred development Scenario and discusses next steps.

Interagency Committee (Social Serving Sector)

The Lake Country Interagency Committee is a group of service providers in the Central Okanagan who gather with support from United Way and LCHPS to discuss actions to improve health promotion service and access in Lake Country. This group has been engaged throughout the Feasibility Study, and in particular contributed to the CHC's Vision and Mission. They explored ways in which they might interact with and utilize a Community Health Centre. There is interest from the sector to start to offer satellite programs in Lake Country as they have indicated that families or individuals travel to Kelowna to access their services. The barrier to date has been the logistics and

space required to start something in Lake Country. Many in the group were interested in the CHC providing flexible space that could be utilized by different organizations for programming, along with support around promoting the service in the community and scheduling. These are activities the LCHPS can undertake as part of the mandate of the CHC to host health promotion programming. Through effective partnerships with members of the social serving sector, the CHC can enable a wide range of health promotion activities that are not currently offered in the community.

Lake Country Seniors Housing Society

The Seniors Housing Society has not yet been engaged as a partner in the Community Health Centre. However, it is understood they have reached out to Interior Health to understand the opportunity for expanding their services and rooms available for supportive and/or assisted living housing. There is a great opportunity for LCHPS to explore partnering with this organization should it be interested in pursuing Scenario 3.

SECTION 11

METRICS FOR IMPACT ASSESSMENT

Impact measurement offers a means of monitoring and evaluating the Community Health Centre's scope and impact. Impact assessment can orient the development of new services, help understand the target demographic's needs, identify the aspects that are most effective, and draw attention to areas that need improvement. It is also a useful way to track growth over time. For example, the CHC's impact on residents' health services needs can be tracked before and after the Health Centre has been established. This can help all partners understand whether the Community Health Centre generates positive outcomes and how it impacts the community's determinants of health. Embedding impact measurement from the beginning makes it easier for it to become a regular practice within the CHC's operations. This will facilitate information tracking from the beginning and enable opportunities to course-correct earlier and adapt faster.

LCHPS will follow the BC Health Quality Matrix as it is a framework aimed at providing a common language and understanding about health care quality, and has been developed based on global best practice tailored to the BC context. The BC Health Quality Matrix is comprised of Dimensions of Quality applicable to patients, clients and to populations served by programmes, health authorities or the broader health system.

Five Dimensions of Quality are focused on the patient/client experience from both an individual as well as a population perspective:

- Acceptability - Care that is respectful to patient and family preferences, needs and values
- Appropriateness - Care that is provided is evidence-based and specific to individual clinical needs
- Accessibility - Ease with which health services are reached
- Safety - Avoiding harm resulting from care
- Effectiveness - Care that is known to achieve intended outcomes

Two Dimensions of Quality measure the performance of the system in which health care services are delivered:

- Equity - Distribution of health care and its benefits fairly according to population need
- Efficiency - Optimal use of resources to yield maximum benefits and results

The matrix identifies four distinct but inter-connected Areas of Care. Each area represents a different experience within a person’s health care journey. Figure 4 outlines the areas of care:

Figure 4: Areas of Care within the BC Health Quality Matrix



Appendix outlines the BC Health Quality Matrix.¹⁵

Additional data sources will be collected to be utilized in conjunction with the BC Health Quality Matrix as described below.

QUANTITATIVE DATA

Quantitative data can be used to assess the number of people accessing the services, those managing chronic illness, those facing mental health and addictions issues, those accessing doctors, nurses, social workers, and other practitioners, and those who are looking for guidance on services offered. This data can later provide information on how the Community Health Centre effectively answers the needs for chronic illness management, for example. Quantitative data can also be employed to measure the number of people who access health promotion events and services and the most effective means of communicating with them and raise awareness about services provided. The CHC can work with local health authorities to make sure that it is collecting the most relevant information and respecting any privacy concerns.

QUALITATIVE DATA

Designing built-in feedback mechanisms within the Community Health Centre is an important way of maintaining proximity to the community’s needs and suggestions, as well as ensuring a high quality of care. It is also a way of ensuring that impact measurement is regular practice at the Health Centre. This can look like follow-up forms or emails on the level of satisfaction with service after attending an appointment or event. It can also mean asking who is comfortable with sharing stories on how the CHC has improved a person or a family’s quality of life. It requires designing an engagement strategy to keep track of how the community is responding to the Health Centre, how patients and community members are being impacted, and the key stakeholder perspectives on the CHC’s design and growth.

¹⁵ Additional information can be found in the Matrix Handbook: <https://bcpsqc.ca/wp-content/uploads/2018/02/BCPSQC-Health-Quality-Matrix-February2017.pdf>

ECONOMIC DATA

Keeping track of the CHC's financial sustainability is vital in ensuring that it can address the community's needs in the long-term. Part of designing a sound financial model for the Community Health Centre is designing a monitoring and evaluation mechanism that will flag issues and areas of opportunity. As the CHC incorporates a social enterprise component, part of the economic data collected should include following up on how this component is performing and the kind of value it is adding to the Community Health Centre.

SECTION 12

RECOMMENDED NEXT STEPS

The Lake Country Community Health Centre Feasibility Study was developed using a comprehensive assessment of community need, evidence based data and additional citizen, physician, and service provider engagement. The evidence strongly points to the need for a Community Health Centre that provides integrated and comprehensive health promotion and health services to the Lake Country community.

The Scenarios evaluated as part of the Feasibility Study represent various options for delivering a CHC. Scenario 2 is the preferred scenario – as a standalone purpose built Community Health Centre it will allow for the delivery of early intervention, promotion and community services along side integrated health services that include physicians, primary care providers, allied health, social service providers and other community organizations. As such, it aligns with the PCN and Patient Medical Home model. In this way the CHC could become a satellite location for services identified under the PCN Planning and subsequent transformation and implementation process in the Central Okanagan.

The CHC operating as a satellite location extends beyond the PCN program to social service providers who operate in Kelowna and Vernon and serve some Lake Country residents who travel to access the services. These providers have expressed interest in expanding their services to deliver them as a satellite service directly in Lake Country if space was available. As such, CHC's flexible space is well suited to help facilitate greater access to a variety of health promotion services not currently available in Lake Country.

The Feasibility Study is a key step in gaining support and funding for LCHPS to move forward with detailed development and concept planning for a Community Health Centre. Key next steps include the following:

- Meeting with the Ministry of Health to review the Feasibility Study and discuss the community need, evidence and options for implementation.
- Meeting with the PCN Planning Committee (Central Okanagan) that has been pursuing Primary Care Network Planning in the region to align Lake Country service changes in a way that supports the implementation of the Community Health Centre development and implementation.
- Explore additional funding sources for the Community Health Centre available through the Ministry of Health.

This engagement should allow the LCHPS to refine its preferred Scenario and develop a detailed timeline of activity for development (including land acquisition, detailed project development, operational considerations and more).

Additional partner engagement should occur as the LCHPS understands the implementation potential for the Community Health Centre, including with the District of Lake Country, Okanagan Indian Band, Interagency Working Group, and School District 23. There will need to be additional engagement with the community to help to further articulate different parts of the CHC health promotion and health service delivery and to gather support for the project among citizens.

Ultimately, developing a Community Health Centre will be a collaborative effort that involves multiple partners, funding sources (in particular for capital building), and service delivery. It is important for the LCHPS to maintain these relationships as it navigates towards the development of the Centre.

APPENDIX A

ENGAGEMENT SUMMARY

LAKE COUNTRY HEALTH HUB ENGAGEMENT SUMMARY

Where we are and where we want to go

2019

Brought to you by:



urban
matters

CONTENTS

WHY ARE WE DOING THIS WORK TOGETHER?

SUMMARY OF ENGAGEMENT ACTIVITIES

INSIGHTS SUMMARY

HEALTH HUB VISION, VALUES & SCENARIOS

WHY ARE WE DOING THIS WORK TOGETHER?

WHY ARE WE DOING THIS WORK TOGETHER?

LCHPS partnered with Urban Matters CCC in June 2018 to develop a Feasibility Study for a Health Hub in Lake Country. The first phase of work focused on engagement to:

- Explore the current state of health services in Lake Country
- Collectively develop a community and partner vision
- Understand the opportunities and constraints of various partners
- Build community ownership and trust

This document is intended to be helpful grounding and serve as a foundation that reflects back the voice of key stakeholders and community members as we develop the Health Hub Feasibility Study.

SUMMARY OF ENGAGEMENT ACTIVITIES

SUMMARY OF ENGAGEMENT ACTIVITIES

- Inter-Agency Working Group Workshop in October 2018
- Physician Survey in October 2018
- Health Providers Workshop – Interior Health in November 2018
- Citizen Workshop in December 2018
- Individual Partner Meetings from June to December 2018



INSIGHTS SUMMARY

INSIGHTS SUMMARY



Things as they
currently are
(Now)



Better means...
(Near)



Blue sky vision:
Inspiration for
the future
(Next)

Things as they currently are

Perceptions about where we are today

Things as
they
currently
are (Now)

Working Well:

- **Choice in hospitals** available including hospitals in Vernon and Kelowna
- **Nurse home visits** are available
- **Doctor recruitment** is taking place

What we heard:

“Amazing volunteers at Health Planning Society.”

“LCHPS [offers a] good base.”

“Getting lots of attention from [the] Province.”

“[There’s] some Access to local labs (mammogram truck).”

“Local GPs are good.”

Things as
they
currently
are (Now)

Not Working:

- There is a **limited availability** of services or resources
 - There are **extensive wait times**
 - There is a lack of addictions and **mental health support**
- There is need for service on **evenings and weekends**
- Patients have to **travel longer distances** to/from services they need offered at hospitals in other cities
- **Patients are unaware** of all the services and resources provided

What we heard:

“Information access [and] information gaps.”

“Communication across disciplines.”

“Access to regular chronic disease management clinicians in Lake Country.”

Better means...

What is needed in order to improve



Better
means
(Near)

- **Increasing number** of doctors and nurse practitioners
- **Shortening wait times** to see family doctors and specialists
- Providing **longer hours of operation** including evenings and weekends
- Improving service and accessibility to **labs and diagnostics**
- Offering **health prevention** services and wellness services
- **Communicating more effectively** with the community in terms of services offered
- Increasing accessibility to **mental health services, chronic disease management, and pediatrics**
- Having a space to **house services**
- Providing **prenatal care and education, as well as parenting supports**

Blue sky vision: Inspiration for the future (Next)

Trailblaze for the future

**Blue sky
vision
(Next)**

Space and Purpose: The Health Hub is a multi-purpose building. It accounts for physical, emotional, and educational dimensions. The physical aspect includes therapy, dental, medical, outreach in home, and services for new moms and the elderly. The emotional includes counselling, spiritual services, and prioritizes mental health. The educational one includes child development and vocational guidance.

What we heard:

“Multiple health care professionals in one place – better/easier opportunities to connect”

Blue sky
vision
(Next)

Service Promotion: Health and well-being and early intervention programs are well promoted.

What we heard:

“Build on models that are already successful like family support centre and crisis nursery in Saskatoon”

**Blue sky
vision
(Next)**

Welcoming Environment: The Health Hub prioritizes accessibility and creating a sense of belonging. The Health Hub is accessible when it comes to extended hours on weekends and evenings, being in a central location, and it is mobility supported (stroller, wheel chairs). It is an open space that is cost friendly for non-profits, as well as child friendly and all-age friendly. It also provides space for wrap-around service. These include public health nurses, physicians, dieticians, addictions services, mental health services, social work, home health, rehab, nurse practitioners, chiro/physio, comprehensive, holistic care, etc.

What we heard:

“Community space, common area; prevention not just treatment and info; family services; family services (pre/post-natal, youth services, swimming lessons)”

**Blue sky
vision
(Next)**

Equity & Access: The Health Hub guarantees equitable access. It does so in terms of age, finances, culture, and cultural safety. Equitable access to the space lowers barriers and increases opportunities for collaboration.

Community Space: The Health Hub is an inviting space for all (i.e. youth, elderly, First Nations, those with diverse abilities, immigrants, families, etc.). It is an anti-stigma environment that focuses on building a community environment that is accessible to all its members.

What we heard:

“Having multiple services under one roof will increase accessibility (no need to travel to bigger cities).”

**Blue sky
vision
(Next)**

Systems Thinking: The Health Hub promotes a concerted effort to have greater communication amongst service providers. The data system is one that multiple people across multiple disciplines can all use. Community needs are clearly understood.

What we heard:

“Centralized information center (people to speak to and bulletin boards)”

HEALTH HUB VISION & VALUES

VISION & MISSION

Vision: Community health improves in Lake Country because everyone has access to effective preventative health services.

Mission: The Lake Country Health Hub promotes access to effective health and well-being promotion services which includes prevention and early intervention as well as formal health care professionals to address the spectrum of health needs in the community. The Hub promotes 'health equity' and is welcoming to everyone despite age, socio-economic background, ethnicity, or education level, and promotes collaboration among all types of medical professionals and service providers. The flexible space serves multiple purposes and offers opportunities for services that establish a sustainable revenue model.

VALUES

Health promotion: the Health Hub is a space where community members can access excellent, preventive and early stage healthcare services.

Equity: the Health Hub is committed to lowering social barriers to access healthcare for all community members, including those who are experiencing vulnerable circumstances.

Community: the Health Hub enables community interactions that foster multi-generational and multi-cultural connections within a stigma free environment.

Accountability: the Health Hub is held accountable for providing effective services and for participating within and contributing to the social serving system.

Belonging: the Health Hub encourages a sense of belonging for patients, practitioners, service providers, and community members alike.

WHO BENEFITS FROM THE HEALTH HUB?

Citizens

- Citizens gain greater access to healthcare practitioners close to the community, which lowers waiting times and the dependence on satellite services hospitals in Vernon and Kelowna
- Citizens better understand the services provided and have access to wrap-around services such as allied health, alternative health options, self-management and coaching
- Citizens from all backgrounds have access to a space that fosters a sense of community and belonging, which enables a healthier life

Social Serving Sector

- The Health Hub offers a multi-purpose space where service providers can readily access vulnerable populations
- The Health Hub acts as an ally to other service providers by participating, sharing information, knowledge and using communication tools to ensure comprehensive holistic care
- Service providers can play an active part in strengthening the sense of community this space provides

Medical Professionals

- Medical professionals are able to facilitate prevention and early stage intervention in a growing region with increasing needs
- Medical professionals feel a sense of belonging and are actively connected to the community
- Medical professionals work as a team and follow a holistic approach to care

WHO BENEFITS FROM THE HEALTH HUB?

Ayesha is new to the area and has a young son with a chronic illness. She is looking for services that he may benefit from. She is unsure about where to go and how to find what she needs.

She is looking for service delivery in the local community by local service agencies. She wants to ensure that her son has a good quality of life and feels a sense of inclusion in the community.

Her and her son would benefit from a community space that facilitates community connection, guidance regarding services, chronic illness management, parenting support, and support groups.



WHO BENEFITS FROM THE HEALTH HUB?



Sebastian is in his 30s and was playing soccer with his son when his back spasmed. He has been struggling with back pain for a while. So, he knew he needed a massage immediately to help his pain and ease his breathing.

Since the RMT in Lake Country was at capacity, he drove from Oyama to Kelowna while having difficulty breathing.

For Sebastian, better means include having access to more health services near him. He would especially benefit from having access to wellness services, as well as prevention care and education.

WHO BENEFITS FROM THE HEALTH HUB?

Marisela is the Director of one of the leading social service organizations in the area. In her 30 years of work in the sector, she has seen many organizations, including her own, target the same issues without communicating or sharing lessons learned. This has resulted in countless lost opportunities and duplication of work.

She would benefit from having an ally organization interested in cooperating with other organizations in the space. This would provide the opportunity for sharing lessons learned, brainstorming how to address challenges, and aligning efforts to achieve greater results.



WHO BENEFITS FROM THE HEALTH HUB?



Cameron has been working in the sector for many years at the grassroots level. He is noticing that, while there are many services provided, his clients are not always aware of where to go. They also do not know where to start looking. He also knows that social service organizations themselves are not always aware of where to direct their clients.

He would benefit from collaborating to create a data system that clearly outlines what is being offered, where, and when.

WHO BENEFITS FROM THE HEALTH HUB?

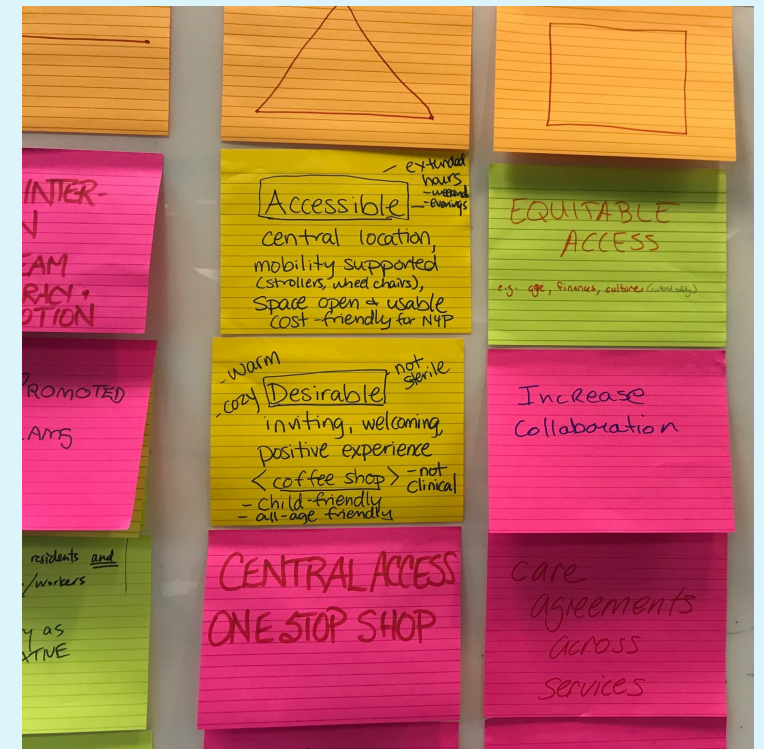


Pemasal works as a doctor in Lake Country. Throughout her career, she has learned of the importance of early stage intervention. As the community grows, she is finding that they are needing a variety of early stage and prevention services. She is worried about her patients who need mental health, addictions, and chronic illness management services.

Pemasal would benefit from having a health hub she can refer her clients to that support early intervention and supports well-being.

IMPORTANT COMPONENTS OF A HEALTH HUB

- Developing a **financially sustainable model**
- Establishing **partnerships** with local actors
- Taking the opportunity to act as a **community builder and advocate**
- Abiding by Canada's **Determinants of Health**
- Ensuring a **high quality of care**
- Recognizing **scope, limitations, and areas of improvement**
- Having a **clear communication strategy** aimed towards the community, collaborators, and partners
- Counting on an **Inter-disciplinary Board of Directors** that offers different perspectives
- Identifying those who can act as **champions** within the community and among partners
- Maximizing the **use of space available**



HEALTH HUB SCENARIOS

SCENARIO 1: INCREMENTAL GROWTH

- Begin almost immediately
- Incremental growth in LCHPS programming (health promotion and early intervention)
- Facilitate better connections to existing health care practitioners
- Increase in IHA services
 - Mental Health services
 - Chronic disease prevention
 - Population prevention
 - Primary care – access hours etc.
- LCHPS rents different space
 - Some multi-purpose space available for other programming

SCENARIO 2: PURPOSE BUILT HUB (COMMUNITY HEALTH CENTRE)

- New construction (accessible by transit, Town Centre DLC)
- LCHPS and other organizations provide health promotion and early intervention
- Inclusion of medical professionals (family doctor, nurse practitioner, other – social worker etc.
 - IHA Service Alignment (mental health, chronic disease, etc.)
- OKIB services provided for Duck Lake band members or others
- Multi-purpose space allows other organizations to run regular programming
- Social enterprise model provides funding to the health promotion programming (I.e. non profit Pharmacy)

SCENARIO 3: PURPOSE BUILT HUB & HOUSING

- New construction (accessible by transit, Town Centre DLC)
 - Includes Health Hub space as well as purpose built housing and/or treatment/recovery beds
 - Intent would be to provide housing or recovery beds in an area of need for DLC (not below market affordable housing for seniors or families)
- LCHPS and other organizations provide health promotion and early intervention
- Inclusion of medical professionals (family doctor, nurse practitioner, other – social worker etc.)
 - IHA Service Alignment (mental health, chronic disease etc.)
- OKIB services provided for Duck Lake band members or others
- Multi-purpose space allows other organizations to run regular programming
- Social enterprise model provides funding to the health promotion programming (I.e. non profit Pharmacy)

FOR MORE INFORMATION PLEASE CONTACT:

Erin Welk – ewelk@urbanmatters.ca

Corinne Remple - executivedirector@lchps.com

APPENDIX B

SOCIAL ENTERPRISE DEFINITION

SOCIAL ENTERPRISE DEFINITION

Social enterprise is emerging as a key approach to social and environmental change. Both in the social enterprise's beginning stages and as it scales and grows, the balance between maintaining financial sustainability and achieving the social mission can be the greatest challenge. Some of the ways in which this can be addressed include:

- having a clear social mission
- having a proven financial model
- having a deep understanding of the issue, the context, and the beneficiaries and clients' needs
- creating partnerships with local actors with extensive expertise
- having the willingness to adapt to change and learn from mistakes
- identifying competitors
- taking calculated risks
- knowing when to change the strategy
- strengthening and supporting the entire team
- connecting with the broader ecosystem as a means of connecting with investors who believe in the enterprise
- learning from best practices within the field.

APPENDIX C

INCORPORATION MODELS

INCORPORATION MODELS

NOT FOR PROFIT

“Non-profit organizations are associations, clubs, or societies that are not charities and are organized and operated exclusively for a social welfare, civic improvement, pleasure, recreation, or any other purpose except profit.”¹ Not-for-profit organizations do not earn profits for their owners. All the money earned or received through donations is used to achieve the organization’s goals.

Not-for-profit organizations are not required to incorporate, but may choose to incorporate as a ‘society’ in B.C. under the Societies Act. Incorporated societies may be formed for any lawful purpose or purposes, including political, professional, recreational, philanthropic, patriotic, environmental, religious, charitable, scientific, educational, social, sporting or agricultural purposes. Incorporation may be required if a society is seeking funding, grants, or charitable status.² Incorporated societies acquire the capacity of an individual with an independent existence and unlimited life expectancy.

REGISTERED CHARITY

“Registered charities are charitable organizations, public foundations, or private foundations that are created and resident in Canada. They must use their resources for charitable activities and have charitable purposes that fall into one or more of the following categories: the relief of poverty, the advancement of education, the advancement of religion, and other purposes that benefit the community.”³ Some not-for-profits may be eligible to register as a charitable organization in Canada. Examples of charities include food banks, soup kitchens, research institutes, places of worship, animal shelters, and libraries.

Canada Revenue Agency (CRA) regulates charities by administering a system of registration under the Income Tax Act. This registration exempts charities from income tax. The CRA is then responsible for handling audit and compliance activities, among others.⁴

COMMUNITY CONTRIBUTION COMPANY

The Community Contribution Company (C3 or CCC) is a legal structure for social enterprises in BC. The hybrid corporate model is designed to bridge the gap between for-profit businesses and non-profit enterprises. It requires the organization to have a 40% cap on dividends paid out to investors and to channel 60% of profits back into community innovation activities.⁵

The CCC emerged from amendments made to the BC Business Corporations Act in 2012. This is a similar model to the UK’s Community Interest Company. CCCs are taxable corporations with a structure that enables profit

¹<https://www.canada.ca/en/revenue-agency/services/charities-giving/giving-charity-information-donors/about-registered-charities/what-difference-between-a-registered-charity-a-non-profit-organization.html>

² <https://www2.gov.bc.ca/gov/content/employment-business/business/not-for-profit-organizations/societies>

³<https://www.canada.ca/en/revenue-agency/services/charities-giving/giving-charity-information-donors/about-registered-charities/what-difference-between-a-registered-charity-a-non-profit-organization.html>

⁴<https://www.canada.ca/en/revenue-agency/services/charities-giving/giving-charity-information-donors/about-registered-charities/what-role-does-federal-government-play-regulation-charities.html>

⁵ <https://www.centreforsocialenterprise.com/community-contribution-companies/>

generation. This social purpose business is expected to report at year-end on how it manifested its social, cultural, or environmental goals.⁶

FOR PROFIT

The for-profit business model is concerned with generating profit as its main goal. It is not necessarily focused on addressing social or environmental issues. In this case, the focus is on maximizing the bottom line that can be achieved by offering a product or service. The organization can be incorporated as a corporation by its shareholders. Though corporations may have different goals, the majority are geared towards providing a return for their shareholders given that these hold a percentage of the company.⁷

In order to incorporate a limited company in BC, there are a series of requirements that must be met. Name approval and reservation must be requested. BC Registries must approve corporate names, unless the incorporation number is used as the company's name. The company's articles must then be established. These are the rules for officers, shareholders, company, and directors. Articles are included in the company's formal records. Finally, the incorporation agreement is prepared and filed for government approval.⁸

⁶ <https://www.centreforsocialenterprise.com/community-contribution-companies/>

⁷ <https://www.investopedia.com/terms/c/corporation.asp>

⁸ <https://www2.gov.bc.ca/gov/content/employment-business/business/managing-a-business/permits-licences/businesses-incorporated-companies/incorporated-companies/incorporating-bc-company/incorporate-limited-company>

APPENDIX D

BC HEALTH QUALITY MATRIX - FRAMEWORK

BC HEALTH QUALITY MATRIX - FRAMEWORK

BC HEALTH QUALITY MATRIX



		← DIMENSIONS OF QUALITY →				
		ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
		Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes
AREAS OF CARE						
STAYING HEALTHY Preventing injuries, illness, and disabilities						
GETTING BETTER Care for acute illness or injury						
LIVING WITH ILLNESS OR DISABILITY Care and support for chronic illness and/or disability						
COPING WITH END OF LIFE Planning, care and support for life-limiting illness and bereavement ⁴						
		← DIMENSIONS OF QUALITY →				
		EQUITY Distribution of health care and its benefits fairly according to population need				
		EFFICIENCY Optimal use of resources to yield maximum benefits and results				

⁴ Descriptor reflects direction of the Ministry of Health and input from the Provincial End of Life Standing Committee.

In 2008, the BC Health Quality Matrix was developed in collaboration with the members of the Health Quality Network which included BC's Health Authorities, Ministry of Health Services, academic institutions and provincial quality improvement groups and organizations.