



Community Healthcare Support Network

A Pilot Project Proposal

Prepared for the
Province of British Columbia

by the
Saunders Family Foundation
June 2022

Executive Summary

The Saunders Family Foundation is seeking the support of the Province of British Columbia in recognizing the important role local governments and organizations do and can play in supporting our struggling healthcare system, and endorse the concept and creation of Community Healthcare Support Networks (CHS Networks) in BC communities.

To advance the CHS Network concept, we look to the Province to provide seed capital to support the establishment of a Pilot CHS Network on the West Shore (Colwood or Langford) to prove the concept and begin to build and refine the Project Playbook and Toolkits required to support and sustain the proposed Pilot Project.

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Indigenous Territorial Acknowledgement

The Saunders Family Foundation recognizes and acknowledges the Traditional Territories across southern Vancouver Island where they work to support healthy and vibrant communities.

Message from the President of the Saunders Family Foundation

I am pleased to present this proposal on behalf of the Saunders Family Foundation and other West Shore and Sooke area community leaders who want to support our family doctors, nurses, and emergency personnel.

During my 55 years, I have worn many hats. I've been in business now for over 30 years and involved in our community through numerous municipal boards/committees, the Capital Regional District Board, and served as both a Colwood Councillor and its Mayor. I am currently a Lieutenant Governor appointee to the Board of Governors of Royal Roads University.

In the above capacities, and as the President of our Family Foundation, I have had the great honour of meeting incredible elders, youth, families, children and colleagues, and the privilege of representing citizens who have trusted me and sought out guidance and help with the health issues of loved ones, or to support others.

Like so many others impacted by health concerns, or challenged to even find a Family Doctor, it is not lost on me that we are currently in a healthcare crisis. In my opinion, we were already in the midst of one well before the pandemic hit our world.

So, the question to our great citizens and our Province is, 'What can we do and how do we support those who work in Healthcare'? The banging of pots and pans can show our support, but real actions are needed to make positive change.

With that in mind, my family and many others came together to discuss ideas and offer a homegrown support plan for community Healthcare Professionals.

We engaged the expertise of award-winning urban planner Mark Holland to facilitate meaningful conversations and synthesize what we learned. We hope you will find value in the following pages, and will agree to join with us to help make the changes necessary to Support, Attract, and Retain Family Doctors, Nurses, and Emergency Services Personnel in our beautiful British Columbia communities.

Public healthcare for life!

David Saunders

President,
Saunders Family Foundation

Message from Project Consultant Mark Holland, BLA, MSci, RPP

I have had the privilege of serving many communities and landowners as a planner for both the public and private sector over the past decades. Many years of that work included building frameworks and strategies for healthy and sustainable communities.

This concurrent work on health and community planning illuminated the critical role that local government and community organizations play in our healthcare.

All too often, the issues related to healthcare are seen as solely the responsibility of the provincial and federal government and their agencies. However, many aspects of the healthcare system fall largely or entirely within the jurisdiction of local government and can be addressed by local organizations in a way, that senior governments have little to no way of directly influencing.

Unfortunately, few local governments have a strategy to address the elements of the healthcare system that are within their jurisdiction and within the influence of community organizations. And for the aspects of the system that can be assisted by non-governmental organizations, there is no shared playbook, toolbox or coordinating capacity to help them all work together on these shared goals. This lack of planning and coordination is now leading to stress or the actual loss of doctors, nurses, healthcare workers and health facilities in our communities. And it is unlikely they will return until these issues are addressed.

The Saunders Family Foundation has stepped up to seed the work on the part of the healthcare system that lies within local jurisdiction.

We have called the concept a Community Healthcare Support Network (CHS Network) because it speaks to the need for a network of local community organizations to work together to address key healthcare worker and facility needs, that the regular healthcare system does not address – such as housing, transportation costs, clinic facility approvals, and many others.

We are now working on selecting a pilot project site on the West Shore to test and further develop these ideas.

Our work so far has highlighted some important observations:

- We need the recognition and support from senior governments to develop local healthcare support networks as a core element of the larger healthcare system.
- We need local community plans and strategies to be developed, adopted and implemented by local governments to attract, retain and support family doctors, nurses and other healthcare and emergency personnel.
- These strategies need to be embedded in Official Community Plans and many other policy and regulatory tools such as infrastructure and transportation plans, housing strategies, zoning, and more.
- We need a coordinating role to recruit, choreograph and facilitate the many community partners to work together to effectively support our local community health professionals and facilities.

This work, generously supported with seed money by the Saunders' Foundation is intended to develop the Community Healthcare Support Network (CHS Network) concept further and to build a playbook and toolkit to support its many participants to help attract, retain and support family doctors, nurses and other healthcare and emergency personnel.

By working together, as the members of the local community where the impacts of healthcare system challenges are most acutely felt, and with support from the Province, we can help turn the tide of challenges our healthcare system is facing.

Mark Holland

Project Consultant

“Courage, my friends; ‘tis not too late to build a better world.” — Tommy Douglas

Introduction

This Community Healthcare Support Network proposal is presented for consideration by the Saunders Family Foundation, an independent grassroots organization with community connections across southern Vancouver Island. Whether it is support for sports, the arts, seniors, or sick kids, the Saunders Family has remained deeply connected to community for decades and has a reputation for responding when members of the public call for help.

The calls this time were different. They were more urgent and broad-based.

- People with serious medical issues concerned about a lack of access to Family Doctors;
- Family Doctors forced to make heart-wrenching decisions about the future of their practices because of an outdated and unfair service model; and
- Voices from the healthcare frontline calling out a CYA mentality pervasive at all levels of our current multi-layered bureaucracy.

The Family Doctor crisis and its impacts on the provision of quality longitudinal healthcare is a growing issue of concern for our community, and those working at the pointy end of healthcare saw it all coming. So did community social service organizations, the business sector, and members of the public experiencing the impacts at street level.



How can a community celebrating such growth and economic prosperity be lagging so far behind in its social infrastructure?

Our region prides itself on being a great place to raise a family, but those families expect access to modern social services along with the world-class recreational amenities, instead of setting them up for frustration and potential failure:

- Unable to find a Family Doctor;
- Unable to find spaces where youth can congregate socially for free or few dollars. But somehow, we still find the coin to cover law enforcement call-outs to reprimand youth making noise in public as a result of having no community spaces where they can gather safely and appropriately. A cluster that basic will and a few local connections should be able to resolve ... if only;
- Unable to find before and after-school care programs because the physical spaces to accommodate them have not been created, even though we spent a wad inviting everyone here with their kids; and
- Unable to get a straight answer on whether there will be any long-term care and hospice beds built in the community before Grampa passes.

The last few years has shone a bright cleansing light on a system that is broken. Leaders have no doubt raised concerns and recommended actions over years and successive government mandates but were shut down for any number of reasons. Funny how organizational problems have a way of persuading people not to confront them head-on because the necessary outcomes are often messy and inconvenient. But to neglect the obvious because of it, and irresponsibly kick the can down the road is not true leadership, it's a cowardly game of politics.

A Call to Action

To cut through the lack of accountability and deal directly with the community's problem, the Saunders Family got some folks together to talk the situation through with the help of planning consultant Mark Holland.

They invited plain-spoken input from the frontlines of Vancouver Island's primary care space and the communities they serve. People who deliver healthcare services, people who help manage our regional healthcare system, elected officials, developers, and business leaders.

Here is the product of those frank and focused conversations infused with the wisdom of an award-winning planning professional who understands the organizational development challenges being faced by all levels of government.

Changes need to be made in how our systems are run. We need to work together to find thoughtful new pathways.

We respectfully submit this concept borne of love and logic, grassroots grit and gravitas.



According to the BC Centre for Disease Control,
“A healthy community is **achieved** through the **collaborative efforts** of many people, organizations, and sectors.”

The Province of British Columbia's community health model is stated to be a collaborative one, where it is working with a diverse range of partners within the realm of community planning and design.

The province and Island Health provide health services and support collaborations with partners (local government, First Nations, social planners, social planning councils, etc.) to promote healthy living and community wellbeing.

Unfortunately, the model does not presently require that municipalities actively engage in the collaborative work, and is predicated upon communities having access to social planners or a social planning council. The West Shore and Sooke do not have social planners or a social planning council to advocate on behalf of our vital community development issues, despite this lack of core capacity being flagged during joint Official Community Planning exercises in 2007.

Our protective services and emergency response infrastructure may be keeping step with our population growth, but core (often preventative) social services like these are not:

- Healthcare
- Community services and supports for children, youth and families
- Local access to long-term care and hospice



Our **protective services** and emergency response infrastructure may be **keeping step** with our population growth, **but core** (often preventative) **social services** are not. **Why?**

What makes a healthy community?

What We've Learned

The community stakeholder engagement independently conducted for the Saunders Family Foundation by Mark Holland found that the planning and delivery systems for community healthcare have been unable to adapt, innovate, and overcome rapid changes in British Columbia's population. People up and down the chain of command saw the threat coming, but outdated thinking, disconnected silos, and turf protection prevented timely actions from being taken in response to the changes people knew were necessary.

And this perfect storm isn't exclusive to healthcare, it's brewing across all the silos and sectors that define how our colonial bureaucracies currently function.

Change is Going to Come

Over the past 15 years the pace of change has only accelerated, particularly in our West Shore and Sooke communities. We're in a time of too many competing interests and approaches. Too many technological changes. Ineffective social planning or none at all. And clearly no organizational development professionals to ask government operatives why they are so afraid of embracing change, innovation, and genuine collaborations with more of the public that pays the freight.

The ballgame has changed and status quo playbooks from a bygone era won't cut it anymore. Change takes no prisoners and can destroy organizations with cultures unable to adapt, and change needs to come to public healthcare.

The concept shared here is intended to empower communities which lack social planning muscle to embrace organizational change and adapt to urgent local demands for integrated and accessible healthcare services.

"You know, you can't get blood from a stone ... there's really no way of us seeing more patients to make this work." — Family Doctor and Clinic Co-owner

"Municipal governments need to be held accountable for providing social planning support that keeps pace with population growth, or we're just building future ghettos.

Without sufficient social service capacity-building and coordination support we're not able to do enough to keep our social fabric strong, including basic healthcare! People who can afford to move away from here are doing so more frequently now. When you're a single mom who works in healthcare and can't find after-school care options or a summer camp that's available close enough to where you live and work, it creates untold stress and a cascade of negative outcomes for everyone in the chain, including healthcare employers. That's just one small slice of our local reality ... so much more social cohesion and innovation could be realized on the West Shore with the purposeful pursuit of an integrated social planning system. It's long overdue." — West Shore community organizer

Applying What We've Learned

We all want the same thing – healthy and happy communities offering the best possible range of wellness resources. This model seizes on the indomitable community spirit we have witnessed during COVID, wildfires, floods, and a heat dome. When things got tough, our frontline workers, community connectors, and legions of non-profit organizations stepped up. They responded to crises with urgency. They were innovative with their problem-solving and demonstrated what could be achieved with collective will and a collaborative approach. These same kinds of people are ready to dig deep to find flexible solutions in support of community healthcare.

Small communities typically have tight community social networks (beyond online), and if a barn needs to be raised, everyone knows who to call. The healthcare challenges we're grappling with here are no different. It's an urgent all-hands-on-deck situation.

In larger urban centres, social planners are in place to support the social side of community and regional planning. They raise awareness, advocate for important resources, and animate public policy in support of community social cohesion. But most small communities can't afford social planners and the skillset they provide. New tools, careful mentorship, and practical supports are necessary for small communities to successfully curate and facilitate local and sustainable social planning solutions for their residents.

Our Project Toolkit will help to fill this critical gap in the planning and delivery of social services by offering a guided step-by-step program to help small communities through the process of establishing and operating a Community Healthcare Support Network.



“The current fee-for-service model promotes poor care. It requires doctors to spend less time with each patient to increase billings. The salaried approach allows doctors to focus on practising medicine instead of running a business, and to spend the necessary time with the growing number of aging patients who have complex needs, is essential.” – Lawyer with a growing roster of elderly clients forced to seek medical treatment outside of BC and Canada

It Takes a Village ... to Go from Siloes to Synergies

The intersection of problem and possibility is where true innovation and collaborative solutions can take root.

All levels of government, the business community, and social profit sector have important and integrated roles to play in making sure the people of British Columbia have access to a Family Doctor and quality, longitudinal healthcare. And each of our healthcare partners could do more.

“There is no power for change greater than a community discovering what it cares about.” - Margaret J. Wheatley

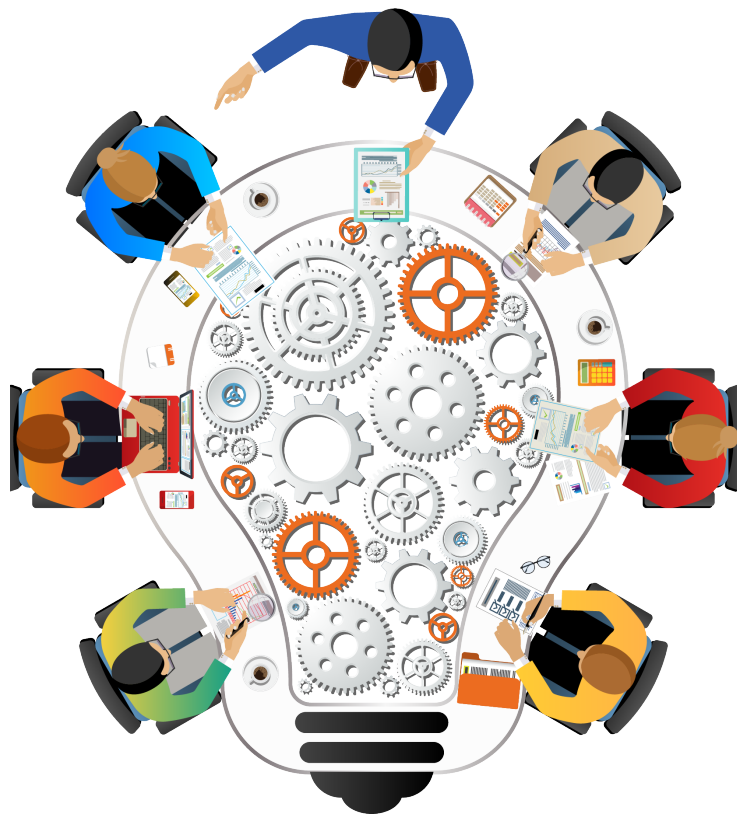
It Takes a Village



Community Centred Solutions

Every community is unique and requires the flexibility to curate and weave the network that meets their needs within a local resource framework. By building from the grassroots and making the most of precious local resources – the wisdom, good will, and generosity of their community members – program buy-in and long-term support can be optimized.

It takes a village to win the game and create a nimble local healthcare system, and it also takes experienced and effective leadership. Central to the proposed Community Healthcare Support Network model is the role of a Community Social Planner/ Network Coordinator. Like a coach, this person is accountable for weaving all the talents of their team together, then running an organizational playbook with clear and measurable performance objectives.



A number of considerations come into play ...

Healthcare Provider Challenges

Elements Controlled by Senior Governments

Financial Resources
Institutions and Jurisdictions
Policies and Regulations
Processes
Immigration Policy
Others

Elements That Can Be Influenced or Addressed In Part by Community/Municipal Government

Costs of Commercial Space
Operations/Management
Plans, Policies, and Zoning
Housing
Transportation
Cost of Living
Educational Costs
Local Government Regulations
and Bureaucracy
Others

Healthcare Provider Challenges

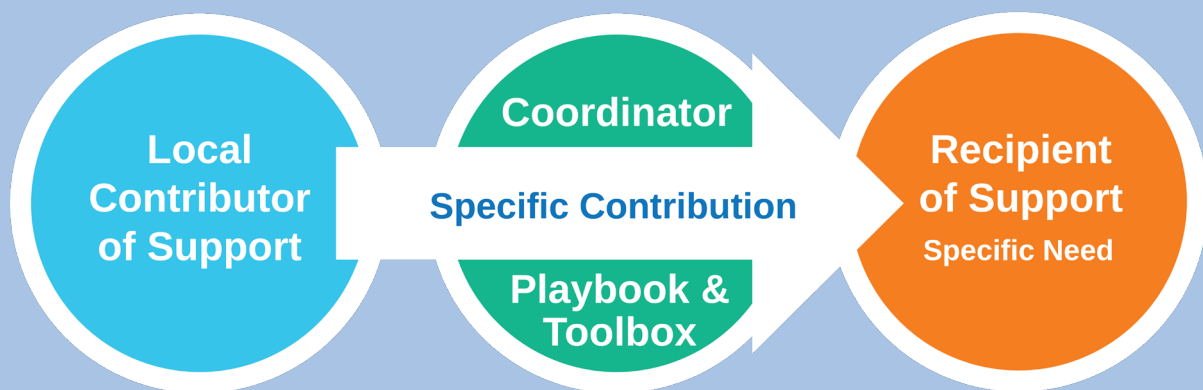
Major elements of the Canadian healthcare system are managed by provincial and federal governments and their agencies. These include funding and other resources, the structure and function of many organizations and agencies that manage the healthcare system, policies and regulations around how all elements of the healthcare system operate, immigration policy, and many more.

However, some of the key issues our healthcare system is facing such as housing and living costs, availability of zoned land for housing and medical facilities, and many more, are within the purview of local governments and organizations.

More importantly, strategies to respond to challenges being faced in the healthcare system, especially around the quality of life of healthcare professionals, are often within the purview of local governments, businesses and organizations.

The challenges facing our local community healthcare system today require us to work together to address all of these.

Community Circles of Support



Community Circles of Support

The core concept behind the Community Healthcare Support (CHS) Network is one of identifying the needs that our healthcare workers face and matching that need with a specific contribution that one or several local organizations (local government, businesses, NGOs, etc.) can collaborate to provide.

For instance, if we need more affordable housing for nurses, housing may be able to be provided through a partnership between a local government and a developer via amenity contributions and density bonusing.

If we have a challenge with nurses being able to pay for parking at a hospital, maybe a local business or citizen could sponsor a parking space for a nurse in exchange for some form of recognition. Or perhaps if a car dealership or ride share co-op wants to demonstrate their corporate social responsibility, they could choose to support a vehicle sharing program for healthcare and

emergency response personnel that's similar to what the Saunders Family Foundation did when they founded their Comfy Kids program to fill an operational support gap affecting pediatric cancer patients and their families.

The province and municipalities could support BC Transit in providing special transit passes for nurses and emergency response personnel. There's much that can be done.

Together, we could lower housing and transportation costs for nurses in our community and thereby facilitate local organizations to help keep their healthcare services.

The CHS Network would include a playbook and toolbox to assist these parties to work together, and identification of a coordinating role to help get the parties together to identify and address the problem.

Healthcare Support Ecosystem



The Healthcare Support Ecosystem

The total concept for the CHS Network is that many parties would each contribute what they could through a coordinated support plan, and the result would provide many sources of support for healthcare professionals that otherwise might not be available.

The types of local organizations that can all play a key role include:

Regional districts and municipal governments through:

- Supporting development of housing, medical facilities, and other support facilities in their land use regulations and Official Community Plans.
- Investing in infrastructure.
- Providing grants and funding to key programs.
- Convening many parties to come together to help solve healthcare system challenges.
- Many others.

Developers and businesses through:

- Negotiating the provision of more affordable housing for healthcare workers.
- Negotiating the provision of healthcare facility space and other community service spaces that healthcare professionals need.
- Sponsoring a wide range of support programs for healthcare professionals and their families.
- Assisting in the business management realities of running a healthcare office.
- Many others

Community and philanthropic organizations through:

- Providing funding and support services programs to address a wide range of personal and family needs that healthcare professionals and their families have.
- Helping to coordinate the many parties to collaborate in a CHS Network.
- Helping secure funds from senior government funding programs to assist in projects and programs within a CHS Network.
- Many others.



“The province has been pushing for transformation to team-based care, but they’ve tried to do it on the cheap, by hoping that community physicians will continue to fund the infrastructure and manage the administration of these expanded scope clinics. This made sense 50 years ago, when physicians mainly worked out of small practices with just a few practitioners. But it doesn’t make sense now.” – Family Doctor

Dealing With the Cost of Housing



Dealing With the Cost of Housing

There are many needs that healthcare professionals and others in our healthcare system need assistance with, if we are to maintain robust and healthy local healthcare services. One of the most important is the cost of housing.

Many parties in the CHS Network can support the provision of attainable and affordable housing for our healthcare workers including:

Local governments

- Density bonusing and channeling Community Amenity Contributions (CACs) toward housing for healthcare workers.
- Supporting housing agreements with developers that specifically benefit healthcare worker housing.
- Waiving fees and charges for development of healthcare worker housing.
- Many others.

Developers and businesses

- Planning projects to include a diversity of housing wherever possible.
- Negotiating with local governments for advantages targeted at healthcare worker housing.
- Many others.

Community and philanthropic organizations

- Assisting in providing support for affordable housing for healthcare workers.
- Coordinating the many parties in CHS Network to work together.
- Many others.

Senior governments

- Funding can be provided by senior governments (Province, Federal) specifically targeted at healthcare workers, through existing and new housing funding programs.
- Many others.

Dealing With the Cost of Facility (Clinic) Space

Physical and Operational

Dealing With the Cost of Facility (Clinic) Space

A range of facilities and spaces are needed at different scales in a community to support the breadth of healthcare facilities we need. In today's real estate market, commercial service space zoned and developed so as to support local healthcare facilities can be very difficult to find or develop.

CHS Network partners can assist in the provision of facility spaces including:

Local governments

- Density bonusing and channeling Community Amenity Contributions (CACs) toward healthcare facilities.
- Supporting development agreements with developers that specifically target provision of healthcare facilities.
- Ensuring zoning supports community scale healthcare and childcare facilities in most zones.
- Tax exemptions and waiving fees and charges for healthcare facility development.
- Many others.

Developers and businesses

- Planning projects to include the possibility of healthcare facilities wherever possible.
- Negotiating with local governments for advantages targeted at provision of facilities.



- Assisting in providing facilities and equipment for healthcare locations.
- Assisting variously in supporting the operation of healthcare facilities.
- Many others.

Community and philanthropic organizations

- Assisting in providing equipment for facilities.
- Coordinating the many parties in CHS Network to work together.
- Many others.

Senior governments

- Funding can be provided by senior governments (Province, Federal) specifically targeted at the development of facilities to assist doctors in the fit-out of their offices and clinics.

Dealing With the Implications of Plans, Policies, & Regulations

All Government Levels



Dealing With the Implications of Plans, Policies, & Regulations

There are a myriad of overlapping and layered policies and regulations that impact the development and operation of healthcare facilities. These can become extremely complex and expensive for healthcare professionals to deal with.

The parties in a CHS Network can assist in addressing these, including:

Local government

- Provide a streamlined development stream for healthcare facilities and housing.
- Provide tax and fee exemptions.
- Provide support for all healthcare professionals involved in the fit out of healthcare facility offices, clinics and any other regulations and standards that are required.
- Many others.

Businesses and developers

- Provide support services to healthcare professionals as they navigate the complex set of policies and regulations that apply to their facilities, housing and operations.
- Many others.

Community and philanthropic organizations

- Provide coaching services to assist healthcare professionals in navigating plans, regulations and policies.
- Assist in coordinating feedback from healthcare professionals on challenges they face with regulatory regimes.
- Assist immigrant healthcare workers to navigate the Canadian registration systems.
- Many others.

Senior governments

- Provide resources and guides to healthcare professionals to understand and work with the many overlapping layers of policies and regulation in the set up and managing of their practices and facilities.
- To provide resources to assist in coordinating the CHS Network to harness local resources.
- To work with all involved parties and jurisdictions to streamline and simplify the regulatory environment and its implications.
- Many others.

Playbooks & Toolboxes to Develop

For Each Healthcare Support Cluster

For Each Stakeholder in the Cluster

Tools and Templates
to Build for Toolbox

Coordination
Roles

Playbooks & Toolboxes to Develop

The seed money from the Saunders Family Foundation has started the work to create and develop this initiative and set the stage for a pilot project in the West Shore. However, if this project and thousands more that are possible are to succeed, we need to provide resources to the building of this CHS Network playbook and toolbox, so local organizations with limited time and resources do not have to reinvent the wheel every time.

The creation and operation of a CHS Network so that it is efficient, effective and sustainable requires a number of things, including:

A concept document – that describes the CHS Network and the many opportunities that may exist for local communities to work together to assist in attracting, keeping and supporting their healthcare workers and facilities.

Playbook – that provides a clear roadmap for how to create a CHS Network in your community and identify a range of initiatives to pursue to respond to challenges that the community knows its healthcare workers and facilities are facing.

A coordinating role – that provides a recommended set of practices for an organization to play a coordinating role in recruiting and choreographing the many potential stakeholders to work together.

Templates – that provide easy to use/adapt examples of many steps in the creation and operation of a CHS Network, as well as templates for MOUs, various agreements, and many other documents that assist the parties to effectively work together.

Others

Getting to Yes: Our Ask

Today's rapid rate of change calls for a simple, adaptive organizational structures which can be configured and re-configured as required and resourced in ways that meet the evolving needs of the community it serves.

The Saunders Family Foundation asks that the Province of British Columbia recognize the important role local governments and organizations do and can play in supporting our struggling healthcare system, and endorse the concept and creation of CHS Networks in BC communities.

To advance the CHS Network concept, we look to the Province to provide seed capital in the amount of \$50,000 to help support the establishment of a CHS Network on the West Shore (Colwood or Langford) to prove the concept and begin to build and refine the Project Playbook/Toolkits.

The pilot would also explore systems for scaling up and preparing the project for sharing with other BC communities that are also seeking workable solutions to support, attract, and retain Family Doctors, Nurses, and other healthcare and emergency response personnel.

An integrated community response team is assembled, a number of possible clinic sites have been identified, and people are ready to start working immediately to develop the financial plan that will support and sustain the proposed Community Healthcare Support Network Pilot Project.



Thank you for providing us with the opportunity to present our Community Healthcare Network Pilot Project vision to the Government of British Columbia.

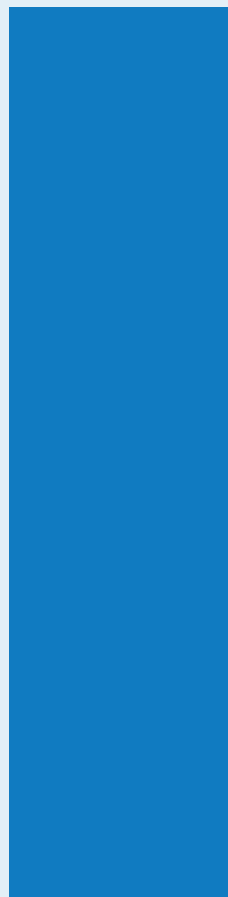
Gratitude and Acknowledgements

It truly does Take a Village to meet the myriad of challenges faced by many British Columbian communities in an era of profound and rapid change.

Community members of all stripes came to the table to candidly share their experiences with the Saunders Family Foundation and planning consultant Mark Holland. They left any individual agendas at the door and looked pragmatically at the big picture ... where we are today and where we need to go if we genuinely believe in creating and supporting healthy communities.

We are grateful for the candor of people who took time to engage with us in person, online, in groups, and privately. Frontline healthcare professionals, social planning advocates, and local leaders are all concerned about the lack of organizational development support presently available to champion the public health transition we need to make to embrace change and the creation of more sustainable systems that deliver better care, and make the most of our collective community connections.

Thank you to everyone who made time in their busy schedules to offer wisdom and pledge their support to help move community healthcare from siloes to synergies.



It takes a village



Saunders Family Foundation



Saunders Family Foundation

Families Helping Families

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