

2016 Annual Report

Alberni Clayoquot Health Network



Alberni Clayoquot Health Network

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CONTENTS

Executive Summary	2
Alberni Clayoquot Health Network: Principles	3
Alberni Clayoquot Health Network: Operations	4
2016 Highlights	5
2016 Networking Activities	5
2016 Impact Areas	5
Poverty Reduction.....	5
Transportation	5
Networking the Networks	5
Budget	5
In Kind Contributions	5

EXECUTIVE SUMMARY

The purpose of the ACHN is to network like-minded organizations, agencies, and networks that are already working to improve community health – we aim to “network the networks” - to better support the work you are already doing. Rather than create additional work, meetings or duplicate what you do best, we aim to provide supports and capacity to systems enabling us work more effectively as a region. Where no centralized leadership exists we have committed to take a convening role to move forward planning and implementation activities. Using a collective impact framework to identify our role for the work in which we engage, we are continuously scanning for opportunities to support, convene and increase capacity to impactful initiatives in our region.

2016 ACCOMPLISHMENTS

In 2016 the ACHN moved forward from planning and governance to action. We saw a year of community engagement, increased communication and most importantly action around a few key priority areas. By employing a Collective Impact framework and embracing principles of developmental evaluation - learn, test and document as we go - we saw success in engaging and supporting existing networks and initiatives, convening and leading in key priority areas, while continually scanning for new opportunities and areas for collaboration. Reflecting on 2016, six main areas of achievement stand out:

- Community Engagement - Webinars, working groups and regular participation with local tables
- Network Development - Collective Impact framework, collaborations with other health networks and local networks
- Communications - Facebook, ACHN one pagers, briefing notes and tools, newsletter and updates, website and logo development
- Poverty Reduction – convening, planning and community engagement
- Transportation – convening, planning and project implementation
- Networking the networks – participation and collaboration with local tables, capacity building and information sharing.

ON THE HORIZON

Maintaining and enhancing network capacity while increasing impact in identified priority areas are key network goals moving forward into 2017. Utilizing principles of developmental evaluation, the ACHN will continue to look for effective ways to engage stakeholders around network priorities. We aim to maintain a learning environment to be responsive to community need and capacity building opportunities, adapting strategies as needed.

- Community engagement around Poverty Reduction and identified Theory of Change outcomes
- Website, logo and media development
- Launch of the Alberni Clayoquot Transportation Assets mapping
- Transportation planning, next steps and project identification
- Learning and networking events to increase community capacity
- Collaborations with local tables to increase resource and information sharing
- Evaluate and update the ACHN Strategic Plan

We have accepted the challenge to examine unique solutions which only come from working collaboratively and embracing innovation. We look forward to seeing you in 2017!

ALBERNI CLAYOQUOT HEALTH NETWORK: PRINCIPLES

Healthy & Connected People & Places

OUR MISSION

To speak with a collective voice on regional and local health issues by facilitating dialogue and understanding amongst citizens and stakeholders. The Network is a community driven mechanism that helps to build partnerships and capacity; share concerns, ideas and resources and create innovative solutions that impact the social determinants of health and work towards sustainable healthy communities.

OUR VALUES

1. **Inclusion:** We are open to anyone that wants to be involved and recognize, encourage and value each other's contributions.
2. **Learning:** we share knowledge, listen to each other, explore new ideas and apply information in ways that generate new understanding and solutions.
3. **Compassion and Respect:** We have compassion for all people with whom we interact and are mindful and respectful of differing opinions.
4. **Hishuk ish tswalk:** We embrace the Nuu-Chah-Nulth world view that everything is one and all is interconnected and health is holistic in nature.
5. **Connection, Collaboration and Sharing:** We cultivate relationships, connect people to each other, promote a culture of participation and sharing of resources in order to better serve our communities and advance the common good. Together we are better.
6. **Sustainability:** We are accountable with the resources entrusted to us, strive for cost-effectiveness and efficiencies and aim towards sustainability of solutions and initiatives.
7. **Innovation:** We want to constantly find better and more efficient ways to serve our communities.

OUR GUIDING PRINCIPLES

In all that we do, we:

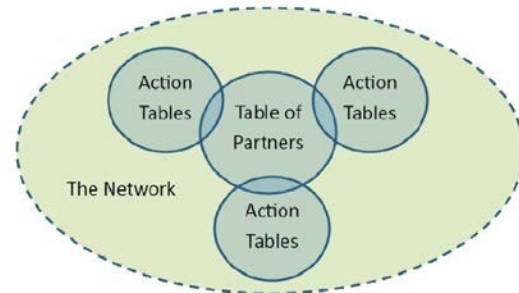
- A. **Employ** a population health approach that focuses on improving the health and well-being of the entire population of the region and across the lifespan.
- B. **Focus** on the social determinants of health and address policies that impact health inequities.
- C. **Believe** that health is a shared responsibility and that collaboration leads to innovation.
- D. **Are** solution oriented & committed to building on community assets, strengths, efficiencies, social capital and reduce duplication.
- E. **Utilize** approaches that build knowledge, health literacy, capacity and citizenship.
- F. **Acknowledge** that local realities, population demographics, socio-economics and health indicators can vary significantly (remote, rural, and urban).
- G. **Recognize** that the Health Network exists within the ha'houlthee (chiefly territories) of the Nuu-chah-nulth First Nations. We strive to find new, better and culturally appropriate ways to collaborate, plan and work together that legitimize traditional knowledge.

ALBERNI CLAYOQUOT HEALTH NETWORK: OPERATIONS

The ACHN updated their Strategic Plan in 2015 to better align with current community priorities, align initiatives with Collective Impact principles and set evaluative measures which acknowledge the developmental nature of community development work. 2016 saw these plans and principals put to work in implementation!

The ACHN commits to acting as a supporting resource to assist leveraging assets and partnerships or a convener when no convening organization is evident in the region for projects and initiatives linked to the networks five priority areas.

- Network Development
- Healthy Children and Youth (0 - 18)
- Affordable and Accessible
Regional Transportation
- Affordable Housing
- Health Literacy



To facilitate better community connections with decision makers at the Table of Partners, action tables and local government the ACHN identified the following mechanisms aimed at increasing benefit to network partners and interaction with local communities and organizations.

- Network communications –Community presentations, newsletters, Facebook and updates
- Sponsoring regional education events and quarterly networking gatherings
- Open invitation for community presentations to the Table of Partners
- Partnership on community events and opportunities aligning with strategic priorities
- Other opportunities which align with our strategic direction as they arise

Join us to build as we go – we will be seeking opportunities, feedback on regional needs and interest level in

THE NETWORK	ACTION TABLES	THE TABLE OF PARTNERS
<ul style="list-style-type: none"> • The most important voice in determining priorities and actions • Inclusive of community members, organizations and regional partners • A means to gather and distribute information, stories, and to capture the voices of the communities • To build relationships, helping people and organizations to find commonalities to take action to improve health outcomes in the region. • To connect people with information and resources. 	<ul style="list-style-type: none"> • Small committees of regional representatives and topical experts tasked with moving work on priorities forward • Utilize a regional lens to approach locally identified actions and needs that advance the ACHN Strategic Plan. • Roles include framing issues in ways that are inclusive, respectful and that bring people together. 	<ul style="list-style-type: none"> • Made up of regional decision makers and representatives with strong ties to communities and identified priority groups • Exists to support the work and priorities of the ACHN and link with Action Tables. • Look at evidence, facilitate strategic thinking and planning and seek resources as needed. • Ensure feedback is collected from Network members and ensure that work on identified issues and agreed upon actions is moving forward.

2016 HIGHLIGHTS

In 2015 the ACHN set the tone for work by updating strategic plans, strengthening operations and defining the ways which we work, allowing us to hit the ground running in 2016. We saw a year of community engagement, increased communication and most importantly action around a few key priority areas. By employing a Collective Impact framework and embracing principles of developmental evaluation - learn, test and document as we go - we saw success in engaging and supporting existing networks and initiatives, convening and leading in key priority areas, while continually scanning for new opportunities and areas for collaboration. Reflecting on 2016, six main areas of achievement stand out – it's a great start; we invite you to join us!



2016 NETWORKING ACTIVITIES

In order to address health of the region the ACHN works on the complex areas between community and organizational mandates - the social determinants of health. To be effective it is imperative to bring partners together for shared planning, communicate regularly and effectively, as well as increase education around ways our region can work effectively to target these complex priorities. As such the ACHN priority of Network Development encompasses all activities of the Network. This work entails general engagement with regional partners and communities through **network development**, **community engagement** and **communications** as well as impact work around targeted priority areas by taking a supporting or convening role to enhance overall impact.

Network Development

Vancouver Island Healthy Communities Forum

- Convened in partnership with Vancouver Island Health Networks and BC Healthy Communities
- Brought together over 150 leaders and key community partners from across Vancouver Island.
- Shared learning, best practices and delved deeper into community building and working around complex issues

Network Development Goals

- Education on Collective Impact and other models for collaboration
- Promote and create opportunities to examine systems change
- Capacity Building opportunities
- Building a community of supportive community developers

Information Sharing and Network Support

- Regular attendance and info sharing with 6 regional networks
- Collaboration with 4 Health Networks to sharing resources, best practices, tips and tools
- Assistance with the development of two new Health Networks

Community Engagement

Networking and Learning Events

- Hosted five morning Collective Impact webinar learning and network events. Each event saw a minimum of 3 participants
- Collaborated with Island Health to co-convene and maintain the Service Integration Working Group. Three meetings were hosted, further planning and opportunities to be identified

Community Engagement Goals

- Webinars, meetings and networking opportunities
- Community partner presentations to ACHN Table of Partners
- Information sharing through regular attendance at regional networks

Information Sharing and Network Support

- Attendance and presentations to 6 regional networks to ensure ongoing information and resource sharing
- Initiated monthly presentations from community groups to ACHN Table of Partner meetings to increase exposure to community leaders. 6 community groups accessed this opportunity in 2016

Communications

Existing Communication Tools

- The ACHN Facebook page grew modestly with 22 new likes in the year. Average post reach doubled from 50 to 100 on a regular post with up to 300 reached on our most popular posts
- The ACHN newsletter distribution stayed consistent with 160 recipients and an above average open rate of 35%, 8% over the non profit average

Communication Goals

- Facebook Page
- Newsletter and updates
- ACHN network and priority specific one pagers
- Website and logo development

New Tools and Tool Development

- Through community feedback and information gathering the ACHN developed one pagers to assist in communicating network goals, Table of Partners Bios and information on strategic priorities for decision makers
- The ACHN launched a new temporary website to increase access to planning and community partner documents
- Ongoing community engagement and opportunity scoping to ensure responsive communications

2016 IMPACT AREAS

The Alberni Clayoquot region has a rich history of collaboration through multidisciplinary networks and planning tables, as such ACHN has made a commitment to acknowledging and increasing capacity of this work. By adopting a collective impact approach the ACHN has identified its role of supporting connections and resource development in priority areas where leadership tables are in existence; this includes Affordable Housing, Health Literacy and Healthy Children and Youth. In addition to this support the ACHN has set the intention to convene, provide planning and leadership support to priority areas which do not have collaborative leadership identified. In 2016 we worked with regional partners to identify and implement activities around Poverty Reduction and Transportation.

POVERTY REDUCTION

The Alberni Clayoquot Regional District (ACRD) is currently experiences the 4th highest rates of poverty out of 29 Regional Districts in BC, with a child poverty rate of 32.2% with significant barriers around housing, transportation and health access which vary between urban, rural, remote and First Nation communities. Many organizations in the region offer services to address these issues but in order to be effective an overarching poverty reduction strategy has proven to be the most effective course of action in regions throughout Canada. Recognizing that poverty is a complex issue which cannot be addressed by any one organization or initiatives, leaders in the ACRD have begun to bring together local stakeholders to discuss, identify opportunities and plan around poverty reduction. This began with a community discussion organized by MLA Scott Fraser November 2015 and the convening of Local Mayors, Regional District Directors and organizational leads to identify next steps.

In order to maintain the conversation the Alberni Clayoquot Health Network (ACHN) convened a workshop on May 30th to begin the process of identifying outcomes which aim to reduce and/or alleviate poverty in the ACRD. Facilitated by Scott Graham from SPARC BC, the workshop brought together 50 participants from provincial and local government, local service providers, ministries and organizations, First Nation communities, as well as representatives from the community at large. Workshop participants spent the day identifying and defining outcome statements to create a Theory of Change for poverty reduction in the ACRD. Participants at the May 30th workshop identified 5 outcome statements, with preconditions or activities leading to these outcomes which fell into one of 4 themes.

POVERTY REDUCTION OUTCOMES

- Increase number of social housing units for low income people
- Decrease the number of hungry children
- Increase the awareness of poverty issues and impacts in the ACRD
- Address mental health and addictions continuity and follow up
- Address youth homelessness

NEXT STEPS

The development of a Theory of Change is the first step in documenting the path towards Poverty Reduction. The ACHN has committed time in the fall of 2016 and winter of 2017 to engage community groups, leadership and communities around the outcomes identifies. There is still much work to be done to identify what is already happening, what is lacking and what opportunities there are to move forward!

Click further for a complete copy of the [workshop report](#) or visit the [ACHN webpage](#) for a complete listing of Poverty Reduction documents.

PRECONDITION THEMES

- Service Integration and Collaboration
- Program Level Interventions
- Public Policy
- Education

TRANSPORTATION

Over the past three years the region has been working collaboratively to identify next steps and pull together partners to begin addressing the complex issue of transportation. To be more effective together, the Alberni Clayoquot Health Network spearheaded the conversation about what we can do to improve access and health equity in our region. Armed with information from our 2014 consultation and 2015 forum the ACHN has worked with regional partners to convene two action tables.

REGIONAL TRANSPORTATION

ACTION TABLE

- 3 Action Table meetings with an average of 9 local decision makers in attendance
- Information sharing, and project identification
- Development of Transportation Assets Map to be launched Winter 2017 for further planning and opportunity identification



WEST COAST TRANSPORTATION WORKING GROUP

- 3 working group meetings with an average of 10 local decision makers in attendance
- Implementation of Wheels for Wellness Pilot and adoption of program
- Secured \$34 000 through fundraising for capital purchase of Wheels for Wellness program van
- Engagement with BC Transit for Next Steps Planning

NETWORKING THE NETWORKS

The Alberni Clayoquot region has a rich network of networks which have been working collaboratively with local service providers, communities and sub regions around specific priority areas. The ACHN has prioritized participation with these tables in order to be most effective in outreach and community engagement around defined ACHN Priorities

ACHN ACTIVITIES

- Regular Coordinator attendance at meetings
- ACHN priority area updates and community engagement
- Capacity development – grant writing, connections and resourcing assistance
- Community table presentations to ACHN Table of Partners for additional partner information, connections and resources

CAPACITY DEVELOPMENT

- Secured \$5000 for Housing and Homelessness next steps planning in the Alberni Valley
- Received over \$30 000 from Island Health, distributed to eight local Health Literacy projects
- Utilized tables to communicate activities, gather feedback and local expertise on ACHN projects and impact areas

REGIONAL TABLES

- Alberni Valley Community Stakeholders Initiative (Housing and Homelessness)
- Alberni Children First Network and Council of Partners
- Alberni Valley Learning Council
- Coastal Family Resource Coalition and Management Resource Team
- Local Food Security Hubs
- Long Beach Child and Youth Mental Health and Substance Abuse Local Action Table
- Health Literacy Planning tables
- Island Health Alberni Clayoquot Leadership meeting
- Island Health Service Integration Working Group
- Port Alberni Child and Youth Mental Health and Substance Abuse Local Action Table

BUDGET

The ACHN 2016 fiscal runs from January 1st to December 31st and was the second year of the ACHN three year funding arrangement with Island Health for annual coordination services. Over \$35 000 was received through grant writing and fund development activities then distributed to local projects and partners for identified activities and capacity development. In addition to this the ACHN project managed fundraising efforts for the \$34 000 capital purchase of the Wheels for Wellness program van reflected in the In Kind amounts for 2016.

Actuals from 2016 are reported along with the planning budget for 2017 to 2019.

ACHN Budget 2016-2019

ACHN Fiscal Year : Calendar Year

REVENUE	2016 Actuals	2017	2018	2019	3 Year Totals
1 Reserve Opening Balance	\$237,012.40	\$199,203	\$141,720	\$114,720	
2 Island Health Funds	\$80,000.00	\$80,000	\$100,000	\$100,000	Unconfirmed
3 Other Grants	\$36,733.79	\$10,000	\$10,000	\$12,000	
4 Total Revenue & Reserve	\$353,746.19	\$291,220	\$251,720	\$226,720	\$544,343
BUDGET EXPENSES	2016	2017	2018	2019	3 Year Budget
Operation & Administration					
5 ACHN Communications Strategy Includes: outreach, engagement protocol, one pagers, ACHN stand alone web site development, newsletter, logo development.		10,000	2,500	2,500	15,000
6 Coordination Contract Includes: travel expences, benefits, salary	\$80,000.00	80,000	80,000	80,000	240,000
7 ACRD Administrative Support/Financial Fee	\$18,000.00	15,000	15,000	15,000	45,000
8 Operating Expenses Includes: A/V rental, printing, office supplies etc.	\$848.00	2,000	2,000	2,000	6,000
9 Advertising Includes: newspaper ads and posts to websites.		2,000	2,000	2,000	6,000
Capacity Building					
10 West Coast Capacity Building	\$20,000.00	15,000	10,000	10,000	35,000
11 Barkley Sound Capacity Building		3,000	3,000	3,000	9,000
12 Network Capacity Building		2,500	2,500	2,500	7,500
Action Tables & Community Learning Resources					
13 Transportation Action Table	\$4,000.00	5,000	5,000	5,000	15,000
14 ACHN Priorities and Capacity Building Suuport		5,000	5,000	5,000	15,000
15 ACHN Priorities and Capacity Building Suuport		5,000	5,000	5,000	15,000
16 ACHN Community Engagement, Events & Planning	\$4,186.05	5,000	5,000	5,000	15,000
17 Art of Hosting Training	\$5,000.00				
18 Community Wellness Grants	\$30,500.00				
Total Expenditures	\$162,534.05	\$149,500	\$137,000	\$137,000	\$423,500
Reserve for Carryforward as of December 31, 2019					\$89,720

IN KIND CONTRIBUTIONS

The ACHN in kind contribution table outlines a modest portrayal of current contributions from ACHN partners and professional support. With focused collaboration and partnerships in the region in kind contributions will undoubtedly grow. The 2016 Table of Partners Table was considerably smaller than in previous years with only 10 consistent members, two from rural communities, but saw a notable increase in regular meaningful participation. Membership includes representation from; Island Health, SD 70, First Nations Health Authority, MCFD, Clayoquot Biosphere Trust, the City of Port Alberni, Alberni Valley Shelter Society, North Island College, Alberni Valley Transition Towns and the ACRD.

ACHN Budget 2016-2019

In-Kind Contributions	2016 Estimated Actuals	2017	2018	2019
Table of Partners Leadership Table	\$23,040.00	\$35,988	\$35,988	\$35,988
<i>15 Representatives at Table of Partners</i>				
<i>Partners time = \$35/hr x (min) 5 hrs x 11 months x 15 = \$31,500</i>	\$21,000.00			
<i>Travel for outlying communities = \$0.51 x 200 km (average distance for outlying communities by road) x 11 months x 4 partners = \$4,488</i>	\$2,040.00			
Staff Support - Island Health	\$18,000.00	\$15,000	\$12,000	\$10,000
<i>Medical Health Officer</i>	\$3,000.00			
<i>Island Health Community Managers and Partners</i>	\$5,000.00			
<i>Healthy Built Environments Consultant</i>	\$10,000.00			
Meeting Support: ACRD & Island Health	\$3,500.00	\$3,000	\$3,000	\$3,000
<i>meeting rooms</i>	\$2,500.00			
<i>teleconference</i>	\$500.00			
<i>videoconference</i>	\$500.00			
Action Tables, Community Learning Resources	\$60,320.00	\$20,000	\$20,000	\$20,000
<i>General input = staff time, community knowledge holders, content experts, volunteers, meeting support, venues, promotion and knowledge exchange.</i>	\$10,000.00			
<i>Forum = \$30/hr x 8 hours x 50 participants</i>	\$12,000.00			
<i>Learning Events (webinars) = \$30/hr x 2 hours x 4 events x 3 participants (min)</i>	\$720.00			
<i>Action Tables = \$30/hr x 2 hours x 6 meetings x (min) 10 participants</i>	\$3,600.00			
<i>Action Table Fundraising and Fund Development</i>	\$34,000.00			
TOTAL	\$104,860.00	\$73,988	\$70,988	\$68,988

THANK YOU FOR YOUR PARTICIPATION IN OUR 2016 ACTIVITIES, LOOK FORWARD
TO WORKING WITH YOU IN 2017

For questions, information and inquires please contact the ACHN Coordinator:

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OR join us via [Website](#) ~ [Facebook](#) ~ [Newsletter](#)