

# 2017 Annual Report



## ALBERNI CLAYOQUOT HEALTH NETWORK

Alberni Clayoquot Health Network  
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## TABLE OF CONTENTS

Our Story .....	2
Our Principles .....	3
Our Operations .....	4
2017 Table of Partners .....	5
Highlights .....	6
Poverty Reduction .....	6
Transportation .....	7
Network Development .....	8
Budget .....	9
On the Horizon .....	11

## OUR STORY

We have come a long way since our initial meetings in 2011 – let us tell you a quick story of the events along our ‘logging road to success’.

The Alberni Clayoquot Health Network (ACHN) formed in 2012 through a series of three meetings in 2011 to gauge interest in establishing a health network for the Alberni Valley, Clayoquot and Barclay Sound region. This process was largely linked to political and leadership tables. The initial work of the ACHN was supported with a grant from Island Health in February 2012 and ACHN allocated a budget to enable this funding to be used over several years, developing a Memorandum of Understanding with the Alberni Clayoquot Regional District to be the fiscal host for these funds.

The Network hired their first Coordinator in June of 2012 and undertook a strategic planning process, setting five priorities – Network Development, Healthy Children and Youth, Transportation, Housing and Health Literacy - which would guide the network’s work for the following 5 years. At the end of 2013 it became apparent that, in order for the group to be most successful in making progress on strategic priorities, more clarity in the role and function of the network, committees and coordinator was needed. A working group was formed to refresh the network structure, governance and vision, to link this work to the community groups and processes in the region.

A strong will for the ACHN to reach out and involve the community emerged; to ensure the community at large had an ability to bring forward issues, ideas, and concerns for consideration. The Network identified that actions are to be informed by:

- Stories, opportunities, planning, and evidence;
- Consultation and collaborative conversations that surface emerging issues;
- The timeliness of opportunities;
- And fit with ACHN’s values.

Governance, operating practices and values for the Network were built to facilitate and strengthen these principles while enhancing the community development focus of the Network.

The ACHN started to work in 2015 with this new governance model; moving away from formal tools such as Terms of Reference to a more community based approach, formalizing their relationship with the ACRD through an MOU and creating the first Table of Partners to guide the work of the Network. From this point we have slowly worked through sticky issues, identifying areas requiring further clarification, definition or policy while employing new concepts and tools which assist us in defining and conducting the work we seek to do.

Employing these new practices we have gained momentum over the past two years. Supporting community based initiatives already flourishing in our region, promoting collaboration, innovation and shared accountability. When no leadership is evident we have convened regional partners to address issues related to health in our area. We have employed and promoted a collective impact approach to sticky issues. We support organizations which address healthy children and youth, housing and health literacy and take leadership to convene regional partners around transportation and other emergent regional issues such as poverty reduction. Attracting and engaging decision makers through our Table of Partners and presentations to leadership tables while supporting community groups and networks to highlight work, innovations and priorities of the region. Our mix of mechanisms and classic community development models has allowed us to remain nimble, learning and adapting our approach as we go, employing a developmental evaluation approach to our work. This has allowed us to focus on priority areas which we have the ability to influence, support community groups already working to make change and identify new venues, such as poverty reduction where we can assist to make change. We are excited to engage in the next phase of our work with this better defined approach to promoting healthy development in the region and new strategic plan for 2018 and beyond.

## OUR 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.

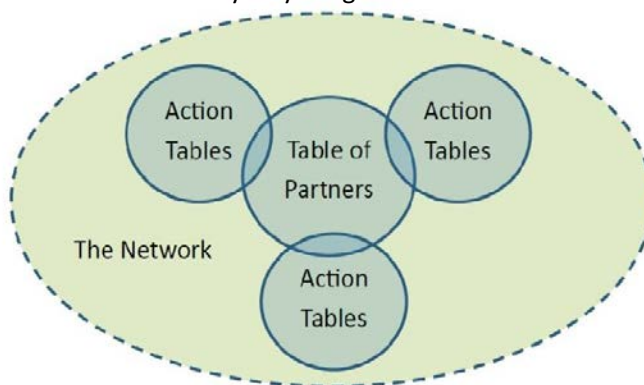
## OUR OPERATIONS

The ACHN utilizes collective impact principles to identify and define their role in social change and regional initiatives. We commit to acting as a supporting resource to leverage assets, information and partnerships for local initiatives, projects and priority areas. When no convening organization is evident we have made the commitment to convene dialog, planning and facilitate the leadership around priorities influencing social determinants of health and the promotion of upstream health interventions.

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 – bring forward ideas, proposals, presentations, join an action table, the newsletter or Facebook page... there are so many ways to get involved!



### THE NETWORK

- 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.

### ACTION TABLES

- 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.

### THE TABLE OF PARTNERS

- 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.

## 2017 TABLE OF PARTNERS

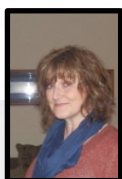
The ACHN Table of Partners is the leadership table for the Network. These local decision makers and knowledge holders are charged with enhancing the communications and decision making capacity of the Network for a minimum two year term. We are lucky to have such a great group of community members to guide the work.



**Penny Cote (Chair)**  
Alberni-Clayoquot Regional District  
Sproat Lake Director



**Dan Schubart**  
Alberni Valley Transition Town  
Society



**Marie Duperreault**  
Director for Port Alberni/West Coast  
Communities for Island Health



**Laurie Bird**  
Instructor at North Island College  
Board member of the Ucluelet Food  
Bank



**Josie Osborne**  
Mayor of Tofino  
Vice chairperson of the Alberni-  
Clayoquot Regional District



**Julie Miller-Rushton**  
Regional Manager for Early Years  
initiatives with SBY6/United Way  
Central Northern Vancouver Island



**Wes Hewitt**  
Executive Director of the Port  
Alberni Shelter Society



**Stefan Ochman**  
Bamfield Representative  
Bamfield Huuayaht Community  
Forest Society



**Sandra Tate- Se cuk'It'uulth**  
Nuu-chah-nulth Community  
Engagement Coordinator with First  
Nations Health Authority (FNHA)



**Jeff Kizuk**  
Director of Operations for the MCFD  
Port Alberni, West Coast and  
Parksville/Oceanside

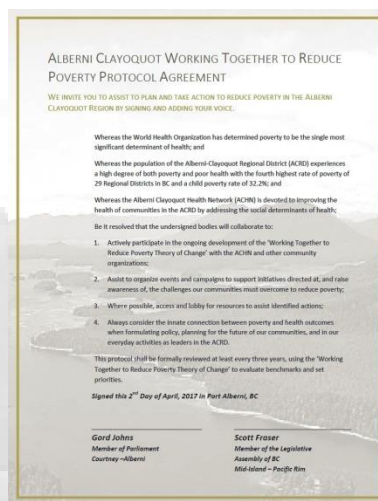


**Esther Pace**  
Mangaer of Public Health, Port  
Alberni, West coast and  
Parksville/Oceanside Island Health

## HIGHLIGHTS

Since 2015 the ACHN has been working to define their impact areas and strengthen network development in the Alberni Clayoquot Region as a whole. In 2017 the ACHN benefited from the momentum generated in the past two years seeing the initiation and completion of a number of tools while undertaking a strategic planning process to assist in bringing more focus to our priorities and the actions of the Network. This includes internal Network operations as well as focus around impact areas of transportation, poverty reduction and networking the networks. Our strategic planning for 2018 and on reflects these strengths and we look forward to maximizing our impact on areas of importance with our community partners and regional communities!

### POVERTY REDUCTION



#### Building from the work completed in 2016 the Alberni Clayoquot Health Network:

- Continued presenting the Poverty Reduction Theory of Change to local community groups
- Presented to local municipalities, MP and MLA in February 2017
- Worked collaboratively with local leaders to develop the Alberni Clayoquot Poverty Reduction Protocol
- Presented the Theory of Change to local leadership tables for resolutions to endorse Poverty Protocol. Presentations include:
  - District of Tofino
  - District of Ucluelet
  - Nuw Chah Nulth Tribal Council Executive Committee
  - City of Port Alberni
  - Alberni Clayoquot Regional District
  - Tseshaht First Nation
  - Toquaht Nation

**The Alberni Clayoquot Working Together to Reduce Poverty Protocol Agreement was endorsed by MP Gord John and MLA Scott Fraser on April 2<sup>nd</sup>, 2017.**

**As of December 2017 the Protocol Agreement has received resolutions to be endorsed by:**

- District of Tofino
- District of Ucluelet
- The City of Port Alberni
- The Toquaht Nation
- Alberni Clayoquot Regional District

**We look forward to further presentations, engagement and endorsements from leadership tables in the region in 2018.**

**[Get in touch](#) for a presentation to your group or follow the story of Poverty Reduction in the Alberni Clayoquot through the ACHN website with the new [Poverty Reduction Timeline](#)!**

## TRANSPORTATION

### Communities

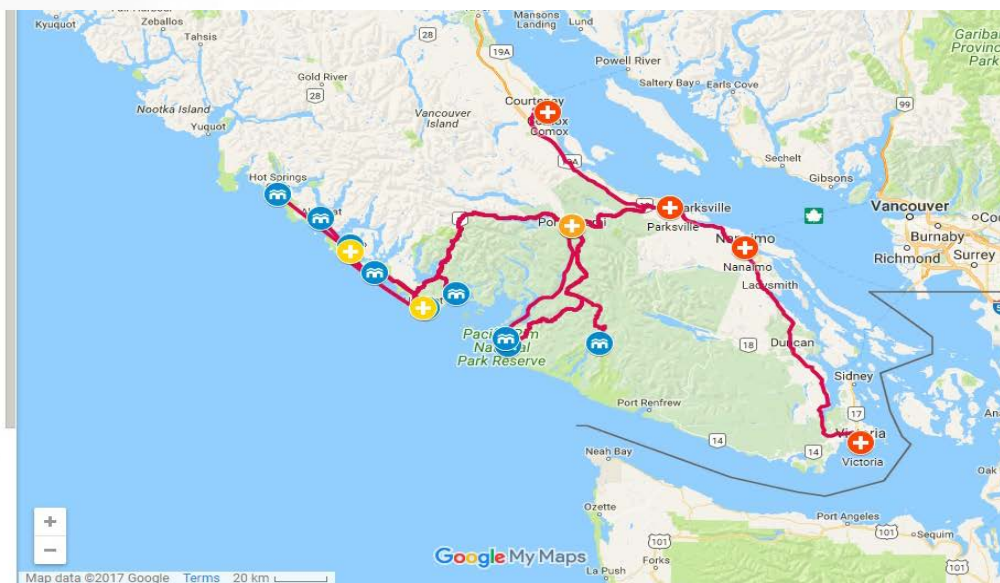
- ☒ Ahousaht
- ☒ Alberni Valley Electoral Areas
- ☒ Anacala
- ☒ Bamfield
- ... 10 more

### Transportation Options

- ☒ All items

### Main Medical Centers

- ☒ Comox
- ☒ Nanaimo
- ☒ Parksville



## 2017 ACTIVITIES

- The ACHN project team finalized the Alberni Clayoquot Transportation Assets Map and validated community profile information.
- Map and resources now live [HERE!](#)
- Presentations to regional groups with Transportation Assets Map for advocacy, information gathering and provision.
- Work with BC Transit, West Coast Transportation Working Group and ACRD West Coast committee for 2018 BC Transit Feasibility Study.
- Presentation of Transportation in Rural Communities to Health Officers Council of BC.
- Ongoing advocacy and information provision.

### ANACALA

#### DESCRIPTION

Anacala is the community site for the Huu-ay-aht First Nation, located in the Barkley Sound approximately 2 hours South East of Port Alberni and 5 minutes West of the community of Bamfield. The communities of Bamfield and Anacala share health, education and grocery amenities.

#### AMENITIES

##### Grocery

- ☐ Grocery Store
- ☒ Convenience Store

##### Education

- ☒ Daycare
- ☒ Elementary School
- ☐ High School
- ☐ Post-Secondary

##### Health Access - Visiting Practitioners (3 or less days a week, office hours only)

- ☒ Public Health Nursing
- ☐ Visiting GP
- ☒ Home Care

##### Health Access - Services Located In Community

- ☐ Public Health
- ☐ Health Clinic – GP Access
- ☒ Health Clinic – Remote Certified Registered Nurse
- ☐ Home Care
- ☐ Community Paramedicine
- ☒ First Responder Program
- ☐ BC Ambulance
- ☐ Hospital
- ☐ Specialist Care
- ☒ Telehealth Site

#### WEBSITE

<https://huuayaht.org/>

#### WEATHER

<https://www.theweathernetwork.com/ca/weather/british-columbia/anacala-12>

#### TRAVEL INFO

<http://www.drivebc.ca/#mapView&ll=49.11474%2C-125.164935&z=10>

#### TRANSPORTATION OPTIONS

##### Remote Community

- ☐ Boat
- ☐ Float Plane

##### Rural or Rural/Remote Community

- ☐ Paved Road Access
- ☒ Logging Road Access

##### Urban or Urban Adjacent Community

- ☐ Paved Road Access
- ☐ Public Transit

## NETWORK DEVELOPMENT

# ALBERNI CLAYOQUOT HEALTH NETWORK

Healthy and Connected People and Places

The ACHN strives to build a culture of collaboration in the Alberni Clayoquot Region. The Network has adopted principles from Collective Impact to support local networks, identify shared priorities and convene dialog around topics which no one organization can impact alone. We 'network the networks' to identify our strengths and priorities and collaboratively address our regional needs.

### NETWORKING THE NETWORKS

- Regular attendance at local network tables to listen, distribute information and make connections
  - Port Alberni Child and Youth Mental Health and Addictions Local Action Table
  - Long Beach Child and Youth Mental Health and Addictions Local Action Table
  - Alberni Children First Network
  - Coastal Family Resource Coalition
  - Alberni Early Years Centre
  - Alberni Valley Community Stakeholders Initiative to End Homelessness
  - Tofino General Hospital Cultural Safety Committee
  - Alberni Clayoquot Island Health Leadership Meeting
- Quarterly meetings and connections with Vancouver Island Community Health Networks

### EVENTS AND CAPACITY BUILDING

- Support for the Art of Hosting workshop with the Clayoquot Biosphere Trust
- AVCSI Housing Forum
- Support and partnership for the Port Alberni Shawn Loney Presentation

### NETWORK COMMUNICATIONS

- ACHN Logo and Branding
- Newsletter and Facebook
- ACHN Briefing Notes
- NEW [ACHN Website](#) featuring:
  - Transportation Assets Map
  - Poverty Reduction Timeline
  - Resource Directory highlighting research, tools and resources around Social Determinants and life stages
  - ACHN Reports, One Pagers, Briefing Notes, Annual Reports, Meeting Minutes and much much more!

## BUDGET

The ACHN received a grant from Island Health to initiate Network operations and ensure Network sustainability. In order to ensure ongoing community capacity building and quality engagement around regional priorities the Network has been successful in retaining initial funds to ensure maximum impact. This has been aided through an annual commitment from Island Health in 2015 to hire and retain coordination support allowing the network to hire a full time coordinator.

### ACHN Budget 2017-2020

ACHN Fiscal Year : Calendar Year

REVENUE	2017 Actuals	2018	2019	2020	3 Year Totals
1 Reserve Opening Balance	\$205,801.06	\$155,046	\$110,564	\$64,064	
2 Island Health Funds	\$80,000.00	\$80,000	\$80,000	\$80,000	
3 Other Grants	\$0.00	\$10,000	\$10,000	\$12,000	
<b>4 Total Revenue &amp; Reserve</b>	<b>\$285,801.06</b>	<b>\$247,064</b>	<b>\$200,564</b>	<b>\$156,064</b>	<b>\$544,343</b>
BUDGET EXPENSES	2017	2018	2019	2020	3 Year Budget
<b>Operation &amp; Administration</b>					
5 ACHN Communications Strategy <small>Includes: outreach, engagement protocol, one pagers, ACHN stand alone web site development, newsletter, logo development.</small>	\$5,744.95	2,000	2,000	2,000	6,000
6 Coordination Contract <small>Includes: travel expenses, benefits, salary</small>	\$80,000.00	80,000	80,000	80,000	240,000
7 ACRD Administrative Support/Financial Fee	\$15,000.00	15,000	15,000	15,000	45,000
8 Operating Expenses <small>Includes: A/V rental, printing, office supplies etc.</small>	\$655.15	2,000	2,000	2,000	6,000
9 Advertising <small>Includes: newspaper ads and posts to websites.</small>		2,000	2,000	2,000	6,000
<b>Capacity Building</b>					
10 West Coast Capacity Building	\$15,000.00	10,000	10,000	10,000	30,000
11 Barkley Sound Capacity Building	\$560.00	3,000	3,000	3,000	9,000
12 Network Capacity Building	\$1,229.64	2,500	2,500	2,500	7,500
<b>Action Tables &amp; Community Learning Resources</b>					
13 Transportation Action Table	\$2,275.00	5,000	5,000	5,000	15,000
14 ACHN Priorities and Capacity Building Support		5,000	5,000	5,000	15,000
15 ACHN Priorities and Capacity Building Support	\$3,903.43	5,000	5,000	5,000	15,000
16 ACHN Community Engagement, Events & Planning	\$6,317.10	5,000	5,000	5,000	15,000
<b>Total Expenditures</b>	<b>\$130,685.27</b>	<b>\$136,500</b>	<b>\$136,500</b>	<b>\$136,500</b>	<b>\$409,500</b>
<i>Reserve for Carryforward as of December 31, 2021</i>					<b>\$19,564</b>

## IN KIND SUPPORT

The ACHN relies on the professional support of the Table of Partners members, community groups and members, to gather and distribute information, plan and implement solutions to create the maximum impact on our shared goals. Our In Kind contribution calculations are a modest estimation of the incredible value we receive from our shared collaborative work.

### ACHN Budget 2017-2020

In-Kind Contributions	2017 Estimated Actuals	2018	2019	2020
<b>Table of Partners Leadership Table</b>	\$28,085.00	\$35,988	\$35,988	\$35,988
15 Representatives at Table of Partners				
Partners time = \$35/hr x (min) 5 hrs x 11 months x 15 = \$31,500	\$25,025.00			
Travel for outlying communities = \$0.51 x 200 km (average distance for outlying communities by road) x 11 months x 4 partners = \$4,488	\$3,060.00			
<b>Staff Support - Island Health</b>	\$10,000.00	\$10,000	\$10,000	\$10,000
Medical Health Officer	\$3,000.00			
Island Health Community Managers and Partners	\$5,000.00			
Healthy Built Environments Consultant	\$2,000.00			
<b>Meeting Support: ACRD &amp; Island Health</b>	\$3,500.00	\$3,000	\$3,000	\$3,000
meeting rooms	\$2,500.00			
teleconference	\$500.00			
videoconference	\$500.00			
<b>Action Tables, Community Learning Resources</b>	\$25,600.00	\$20,000	\$20,000	\$20,000
General input = staff time, community knowledge holders, content experts, volunteers, meeting support, venues, promotion and knowledge exchange.	\$10,000.00			
Forum = \$30/hr x 8 hours x 50 participants	\$12,000.00			
Action Tables = \$30/hr x 2 hours x 6 meetings x (min) 10 participants	\$3,600.00			
<b>TOTAL</b>	<b>\$67,185.00</b>	<b>\$68,988</b>	<b>\$68,988</b>	<b>\$68,988</b>

## ON THE HORIZON

We will be entering 2018 with a new strategic direction guided by the areas of impact reflected in the regional participation and shared priorities to move initiatives and conversations forward:

### NETWORK DEVELOPMENT

The ACHN aims to 'network the networks', working with local partners to develop a culture of collaboration and mutual accountability. We see this as an integral part of our role as a network and motivator for social change in the region. This includes but is not limited to activities which provide education, capacity development and opportunities to develop shared language and priorities internally to the Network as well as in the region with community partners.

### KNOWLEDGE AND CAPACITY DEVELOPMENT

Regional priorities - specifically housing - are complex with a wide range of opportunities and interventions for the communities and target demographics in the region. We recognize a collective need move issues forward through education, identification and planning around emergent issues as well as activities which promote community engagement.

### COMMUNITY CONNECTEDNESS

Access to services, community infrastructure and recreation are all key factors in the building of healthy individuals and communities. Our aim is to increase equity in the way individuals' access employment, education, healthy food, services and opportunities in the Alberni Clayoquot Region.

### POVERTY REDUCTION

Poverty is a complex issue which cannot be addressed by any one organization or initiative. The ACHN has made the commitment to convene leaders and local stakeholders to discuss, identify opportunities, action and evaluate efforts. To ensure the conversation is building, awareness developed and solutions generated, implemented and evaluated.

**THANK YOU FOR YOUR PARTICIPATION IN OUR 2017 ACTIVITIES, LOOK FORWARD TO WORKING WITH YOU IN 2018**

*For questions, information and inquiries please contact the ACHN Coordinator:*

**Marcie DeWitt at 250.726.5019 ~ [achn@acrd.bc.ca](mailto:achn@acrd.bc.ca) OR join us via [Website](#) ~ [Facebook](#) ~ [Newsletter](#)**