

Community Healthcare System Support TOOLKIT



**A Toolkit for Communities to Support their
Healthcare and Emergency Workers**



SEPTEMBER 2024

Living Document



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Executive Summary

The Canadian healthcare system holds a fundamental position in our national identity. Currently, healthcare and emergency workers in communities across B.C. struggle to access housing, daycare, transportation, and other necessities, negatively impacting the delivery of healthcare services. Traditionally, the healthcare system has been considered the sole responsibility of the provincial and federal governments. While the Province of B.C. is working to bring community voices to the planning table through Primary Care Networks, there has been previously little or no identified role for local governments and communities.

Many stressors impacting healthcare and emergency workers, including housing, transportation, daycare, and others, are not primarily or only the responsibility of senior governments but rather the purview of local governments and communities. This Toolkit is focused on empowering all B.C. communities – large, small, urban, and remote - to take an active role working with the Ministry of Health, Health Authorities, and other B.C. Ministries, to support, retain, and attract healthcare workers to their area by addressing current barriers within their jurisdictions.

Following the release of the Community Healthcare System Playbook which describes “what” communities and local government can do within their jurisdictions to improve access to healthcare for their citizens, the Community Healthcare System Support TOOLKIT describes “how” to implement the actionable solutions, thereby improving access to healthcare for all people living in British Columbia, including Indigenous Peoples. The activities described in this toolkit empower a community to act in response to stressors healthcare workers face, including, but not limited to:

- Affordable, attainable housing
- Childcare availability and cost
- High cost of living in general
- Cost of education and student loans
- Spread out land uses and time spent commuting
- Costs of clinic set-up
- Technology limitations
- Lack of education spaces to train workers
- Pet care availability and cost
- A perceived lack of community support
- Cost of transportation, parking, and lack of car alternatives, especially outside of business hours
- Long hours, overtime, and burnout
- Clinic space: low availability, high lease costs
- Cost of clinic staff and administration

The goal of this work is to foster community collaboration with the Ministry of Health, Regional Health Authorities, and other partners in supporting the retention, and recruitment of healthcare and emergency workers to make B.C. a more attractive and supportive place to live and work as a health professional.

Led by the Saunders Family Foundation, in collaboration with Thrive Social Services Society, Westplan Consulting Group, and the help of community members, this groundbreaking initiative has received essential funding support from the Ministry of Health.

This initiative represents a significant step toward fostering a thriving and resilient healthcare sector, positively impacting the lives of citizens throughout the province.

Acknowledgements

Funding for this project was generously provided by The Saunders Family Foundation and The B.C. Ministry of Health.

Development of The Community Healthcare System Support Toolkit was managed by Valerie Nicol, with support from Scott Bradford and Joan Chalmers of Thrive Social Services Society, Mark Holland of the Westplan Consulting Group and Dave Saunders of the Saunders Family Foundation. Mark Holland and Valerie Nicol created and sourced the Toolkit content, with support from Dave Saunders, Scott Bradford, and a host of helpful contacts. Valerie Nicol provided editorial support and Julie Lambert provided desktop publishing services.

This project has benefitted from contributions and ideas from an extensive list of partners and experts. Many people, including physicians, nurses, a wide range of healthcare workers, healthcare administrators, municipal government leaders and staff, businesspeople, real estate developers, and others provided input and ideas. We are deeply grateful to them for their contributions, expertise, and goodwill toward this work.

First Nations Acknowledgement

Upholding Indigenous Ways of Knowing

This Toolkit intends to support communities and the health system in their efforts to eradicate systemic and institutional racism experienced by Indigenous Peoples (inclusive of First Nations, Inuit, and Métis Peoples) in B.C. We endeavour to provide a Toolkit and accompanying policies that ensure a trauma-informed approach that can play a role in addressing experiential and historical truths of Indigenous people seeking care in community and that enables all health care workers to advance reconciliation in primary and community care settings as outlined in: [Truth and Reconciliation Commission of Canada: Calls to Action](#) (2015); the [Declaration on the Rights of Indigenous Peoples Act](#) (2019); the [In Plain Sight](#) report (2020); and the [Declaration on the Rights of Indigenous Peoples Act Action Plan](#) (2022–2027).

Commitment to the *Declaration on the Rights of Indigenous Peoples Act*

In 2019, the provincial government passed the [Declaration on the Rights of Indigenous Peoples Act](#) (DRIPA). DRIPA establishes the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) as the province's framework for reconciliation, as called for by the Truth and Reconciliation Commission's [Calls to Action](#). Actions 18 to 24 focus on the health of Indigenous Peoples and, among other actions, call upon governments to close the gaps in health outcomes between Indigenous and non-Indigenous communities.

The series of actionable recommendations provided in this Toolkit encourage and empower action at the local level. The Toolkit is intended to be an inclusive resource aimed at improving access to healthcare for all people living in British Columbia, including Indigenous Peoples.

The Community Healthcare System Support Team

Dave Saunders, President - The Saunders Family Foundation

David Saunders was born and raised on Vancouver Island. He and his wife have three daughters and have made their family home in beautiful Colwood.

As an entrepreneur for over 30 years, Dave has built successful businesses in tree care, excavation, development, municipal development consulting, and land and rental holdings. He also helped manage the Saunders family's Subaru dealership in Colwood for five years.

Saunders has an extensive public and municipal background. He was elected as a councillor for the City of Colwood in 2005 and as mayor in 2008. Before stepping back to spend more time with his family, Saunders held many appointments, including to the Metchosin Uplands Planning Commission, Westshore Parks and Recreation Society Board of Directors, Capital Regional District Core Area Liquid Waste Management Committee, CRD Solid Waste Advisory Committee as chair, CRD Environmental Sustainability Committee, CRD Board of Directors, City of Colwood Planning/Zoning as chair and Mayor's Task Force chair.

Active in the community, he is president of the Saunders Family Foundation, where he founded the Comfy Kids Program that provides support for community, families in need and children affected by cancer who must travel to B.C. Children's Hospital in Vancouver. Dave is also currently the Lieutenant Governor in Council appointee to the Royal Roads University Board of Governors. Recently, Dave has volunteered his time to spearhead the development of a Community Health Services Network Playbook. In partnership with Westplan Consulting and Thrive Social Services, Dave and the Saunders Family Foundation have developed a wide range of actionable steps that local governments, local businesses, and community groups can take within their jurisdictions, to increase the resilience, retention, and attraction of healthcare workers to our communities.

Dave was awarded the Medal of Bravery by the Governor General of Canada in 2005 for an act of

heroism.

Mark Holland, Principal - Westplan Consulting Group

Mark is a partner in Westplan Consulting Group – a consulting firm specialising in community planning and real estate development projects. Mark is also a faculty member at Vancouver Island University where he helped launch and teaches in its Masters in Community Planning Program.

Mark's past work has included serving as a city planner in Vancouver, as well as being the first Manager of the City's sustainability office. He has cofounded several planning consulting firms and spent over a decade in the real estate development industry, as a VP of Development for several companies, and as a consultant.

Mark holds professional degrees in both *Landscape Architecture*, and *Community and Regional Planning*, and has dedicated his career to pursuing successful and innovative real estate projects, and planning innovations in sustainability, health promotion, urban food systems and the creation of unique and destination places.

Mark's projects have won the top planning awards including B.C.'s *Planner of the Year*, the *Queen's Diamond Jubilee Medal*, the Provost's award for Scholarship and Teaching at Vancouver Island, and in 2022, he was inducted into the Canadian Institute of Planners' College of Fellows.

Scott Bradford, Executive Director - Thrive Social Services Society

Since 2019, Scott Bradford has been the Executive Director of Thrive Social Services Society in Victoria, B.C.

A seasoned leader with a 25-year track record in non-profits, Scott has been part of teams that have developed innovative new programs, formed new partnerships, raised significant funds, developed capital campaigns, and helped in efforts to serve more people with even better programs.

In partnership with Westplan Consulting and the Saunders Family Foundation, Scott has contributed to the development of the Community Health Services Network Playbook. This project is focused on empowering local communities to take an active role in supporting the Ministry of Health and Health Authorities in retaining and attracting healthcare workers to their area.

Scott is a recipient of the Queen's Diamond Jubilee Award as well as the United Way of Ottawa's Community Builder award.

Valerie Nicol, Principal Consultant - Valerie Nicol and Associates

Valerie is a results-oriented, strategic health system consultant with demonstrated ability to succeed in complex, multi-stakeholder environments. She is a strong collaborative leader with extensive experience in engagement and facilitation of measurable outcomes. Valerie has demonstrated success leading health system quality improvement, collective impact, and change initiatives through her work in health authority, Division of Family Practice, Joint Collaborative Committee, and Primary Care Network environments. She is also an experienced Not-For-Profit

Executive Director and Board Chair with a Master of Arts (MA) in Counselling Psychology from The University of British Columbia, and a partially completed Ph.D. in health-related Community-Based Participatory Research with Indigenous Communities.

In April 2024, Valerie joined the Community Healthcare System Support team to support the roll-out of the Playbook, the development and roll-out of the Toolkit, and the process to share this work with BC Communities.

Introduction

The Potential for Communities

The Challenge

The Canadian healthcare system is not just a fundamental pillar of our national identity; it plays a crucial role in shaping the quality of life within our communities.

In British Columbia (B.C.), the shortage of healthcare and emergency response workers has become a predominant issue that many believe is threatening the strength and effectiveness of our healthcare system. Extensive dialogue and efforts are now underway at the Provincial level to address the pressing concerns that continue to emerge across the province, such as staffing shortages, employee burnout, lack of family doctors, extended wait times for procedures and emergency care, overcrowded hospitals, and a growing sense of a crisis in the healthcare system.

Historically, many have considered it the sole responsibility of Federal and Provincial Governments to tackle healthcare challenges. A current examination of the factors involved reveals that many stressors impacting our healthcare and emergency workers sit outside the realm of healthcare and can be addressed at the local level. Our health system faces difficulties attracting and retaining doctors, nurses, emergency workers, and other important allied healthcare workers, even as their populations grow. As a result, a collaborative effort is needed—an "all-hands-on-deck" response—to reverse this critical situation. When combined, the potential for senior and local government efforts is both significant and compelling.

The Opportunity

The foundational premise of the initial CHSS Playbook offerings is that while the overarching parameters of the healthcare system are the responsibility of senior governments, the wellbeing of healthcare workers can be influenced significantly through specific community initiatives. Well-supported healthcare workers are key to a sustainable healthcare system. The CHSS Playbook and Toolkit provide an opportunity for communities to act in support of healthcare workers throughout B.C.

This CHSS Toolkit is specifically designed to provide guidance and templates for a wide range of actions that can be taken by community organizations, governments, businesses, real estate developers, educational institutions, and others to support the well-being of our local healthcare and emergency workers in collaboration with the Ministry of Health, Regional Health Authorities, and other provincial government ministries.

The initiatives described in the CHSS Playbook and Toolkit empower local governments to identify opportunities and act on issues that fall within their purview where they are uniquely positioned to be effective.

While the high-level actions outlined in the Playbook and the detailed templates for implementation provided in this Toolkit could be used to support any sector of workers, the Community Healthcare System Support initiative is focused on healthcare and emergency workers, in recognition of the critical role they play in our lives and the challenges at a community level in retaining and attracting healthcare workers.

By following the roadmap of opportunities outlined in the Playbook and the specific actions and initiatives described in the Toolkit, communities throughout British Columbia have the potential to contribute to the stability and resilience of our healthcare system and the well-being of our dedicated healthcare workers.

Local Empowerment

Research undertaken through the development of the CHSS Playbook identified several priority areas communities can address to support the wellbeing of its healthcare workers including, but not limited to:

- Supporting more affordable housing options.
- Supporting more flexible and affordable child and pet care options.
- Reducing the costs and increasing opportunities for affordable travel and parking.
- Helping to address cost-of-living issues faced by healthcare workers and their families.
- Creating community social networks for healthcare workers that provide various types of assistance and support.
- Creating a culture of support, appreciation, and celebration of healthcare workers.

In the following chapters, the Community Healthcare System Support Toolkit describes concrete actions and processes a community can undertake to create these supports and achieve these outcomes for healthcare workers and the communities where they live and work.

Toolkit Overview

This document is structured as a “Toolkit” – a set of supportive policies and tools intended to help facilitate implementation at the local level.

A. Key Collaborating Organizations

Several key organizations in a community can act in support of healthcare workers, including:

1. Local Governments
2. Local Businesses
3. Real Estate Developers
4. Community Organizations
5. Educational Institutions

The range of actions that local organizations can take to support healthcare workers includes:

- Committing to and creating strategies for action
- Raising awareness and making connections
- Research and communication
- Fundraising
- Supporting or undertaking specific targeted programs of action and support
- Others

Each community organization has unique strengths and opportunities for leading action. The Toolkit highlights options aligned with specific types of action.

More importantly, each community will need to chart its path based on the unique social capital it has to respond to challenges and opportunities.

Together, with the opportunities outlined in this Toolkit, and working collaboratively with the Ministry of Health, Regional Health Authorities, Indigenous partners (e.g., First Nations Health Authority), not-for-profit community health care organizations, and other B.C. Ministries, B.C. communities can empower themselves to support, retain and attract healthcare and emergency workers in their communities.

Some examples of current Community Healthcare System Support initiatives in the South Vancouver Island region include:

- **Central Saanich** is working to add healthcare-supportive policies to their OCP.
- **Shoreline Medical Clinic** is endorsed and supported by local municipalities on Vancouver Island.
- **Westshore Primary Care Society** is developing non-profit clinics in the Westshore communities.

- **Colwood** has established a municipal Healthcare Committee to advise the city on how to support healthcare workers and enhance services.
- **The Sooke Regional Community Healthcare Committee** has undertaken many initiatives to improve and expand healthcare services for its citizens.
- **A rideshare program** is under development in Colwood to create rideshare programs for healthcare workers who need them.

Whereas the *Community Healthcare Support Services Playbook* outlines options for action across a range of local community organizations, this **Toolkit** describes potential pathways, and the steps and resources required to implement the following Community Healthcare System Supports.

B. The Toolkit: Tools for Specific Organizations and Multi-Purpose Tools

The Toolkit contains tools for specific community organizations, as well as a section of general “multi-purpose” tools that can inform and support any organization wishing to take action.

Key Collaborating Organizations

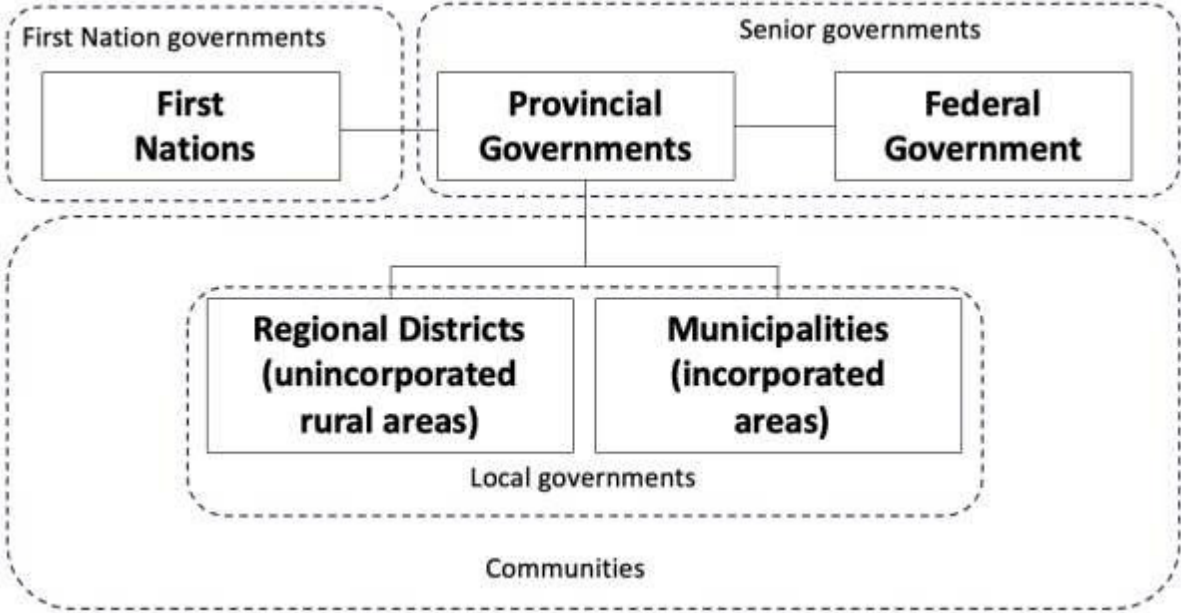
1. Local Governments
2. Real Estate Developers
3. Local Businesses
4. Community Organizations
5. Educational Institutions
6. The Importance of the Coordinator Role

1. Local Government

Introduction

The local government (municipality or regional district) is the most likely organization to be effective in supporting the local healthcare system and its workers.

Figure 1. Diagram of Levels of Government



Local Government Act and Community Charter

Local governments in B.C. operate under provincial laws, such as the **Local Government Act** and **Community Charter**, which define their roles and responsibilities. These laws establish the rules and structures that guide how municipalities and regional districts provide services to their communities. The goal is to ensure that these services align with the specific needs and desires of the people they serve. In simpler terms, these laws help local governments make decisions and take actions that benefit their communities in the best possible way.

Local governments provide various services, including essential services, water and sewage systems, waste management, road maintenance, public transportation, parks and recreation, and public safety. Additionally, they offer community services like public libraries, community centres, recreational programs, cultural events, and social services.

Local Government Scope

The second major role local governments play is as the regulatory decision-maker for the community and enforce a structure of policies, plans, regulations, and bylaws. Local governments

regulate land use and development through zoning bylaws, development guidelines, and building codes. Local governments create and enforce bylaws and regulations covering noise, parking, business licensing, and other essentials to ensure compliance with local rules and regulations. They have the authority to collect property taxes from residential, commercial, and industrial properties to fund services and infrastructure projects. Local governments also promote economic growth by implementing strategies that attract businesses, support entrepreneurship, and create a favorable business environment.

Local governments also have jurisdiction over emergency services (police, fire, ambulance), which are integral to the healthcare system.

Local Government Policies to Support Healthcare Workers

Local government is a key organization in helping support, retain and attract healthcare and emergency workers, and there is a wide range of actions they can take within their areas of jurisdiction, influence, and leadership to achieve these goals.

The Tools

The tools included in this document provide resources and tools for local governments:

- [**A Draft Proclamation**](#)
 - This tool includes draft content for a formal Mayor’s proclamation of support for healthcare and emergency workers.
- [**A Formal Proclamation of Intent to Support Healthcare and Emergency Workers**](#)
 - This tool outlines content and structure for a formal strategy to support healthcare and emergency workers.
- [**A policy package to integrate into the municipal Official Community Plans**](#)
 - This tool contains a full scope of draft policies that can be integrated into a community’s Official Community Plan.

- Other sections also contain tools that can be useful to a local government including:
- Various tools to support housing supply and support targeted at healthcare and emergency workers.
- Terms of reference for the creation and function of a local government / community healthcare committee.
- Others.

2. Real Estate Developers

This section provides an overview of a range of actions the real estate development industry can take to support healthcare and emergency workers.

Introduction

Real estate development is a subset of the overall business community. They are of special importance in supporting healthcare and emergency workers because they work with the critical factors of housing and healthcare facilities.

Real estate development is a highly complicated and resource-intensive industry required to construct homes and any other commercial or institutional space. Most homes and commercial spaces that are available for healthcare workers or facilities will be those that have already been constructed and are owned privately, by corporations / Real Estate Investment Trusts (REIT), and others who lease / rent space to residential and commercial tenants. The real estate development industry also builds new buildings when approved by local governments. Both aspects of the real estate industry can take actions to support healthcare workers and facilities.

The Tools

There are a range of tools provided in this toolkit that developers can use to support healthcare and emergency workers, as well as to promote general healthy community initiatives, including:

- **Using Community Amenity Contributions (CACs / ACCs) to support Healthcare and Emergency Workers**
 - This tool contains information on how to use amenity negotiations to target housing and other contributions toward healthcare and emergency workers.
- **Assisting Healthcare Workers with Homes and Properties**
 - This section outlines a range of ideas for how real estate developers and builders can provide support to healthcare and emergency workers regarding their properties.
- **A Healthy Community Framework for Real Estate Development**
 - This section provides useful information for any developer who wants to embed a commitment to healthy communities throughout their projects in many ways.

3. Local Business Community

Introduction

Businesses are a cornerstone of community. Business owners and organizations are often leaders who address their community's challenges. Businesses benefit from having a robust healthcare system in their community that supports their employees and their families because that robust healthcare system is attractive to everyone, which supports a community's economic activity and growth.

Businesses interact with healthcare workers through the provision of goods and services that they need and use. As such, there are many touchpoints where businesses working collaboratively with other community partners can take action to increase quality of life and reduce stress in the lives of healthcare workers.

The Tools

The tools in this section provide a number of ideas and suggested pathways for action that a business or group of businesses can pursue, including:

- 1. Adopt a formal commitment strategy**
 - This tool outlines how a business can create and state a formal commitment to supporting healthcare and emergency workers through their business.
- 2. Provide Discounted Goods and Services to Healthcare Workers**
 - This tool outlines many opportunities for local businesses to help reduce the cost of living for local healthcare and emergency workers.
- 3. Coordinate Support Programs with Local Businesses**
 - This tool outlines ideas for coordinating initiatives with the larger business community.
- 4. Fundraising**
 - This tool, with support from additional information in the Appendices, provides useful ideas for raising funds to support healthcare and emergency workers.
- 5. Support Development of Housing and Medical Facilities**
 - This tool outlines ideas for how businesses can reduce the cost of housing and medical facilities for local healthcare workers.

4. Community Organizations

Introduction

Community organizations form the backbone of social activity and collaboration in every city, and even more so in small towns. Some organizations have a general community well-being orientation (e.g., Rotary, Lions), and others have a more specific orientation (e.g., stream keepers, food banks, sports associations, etc.).

Many actions also occur in a community as self-organizing groups agreeing to work together on some initiative, and not as part of a formal society or association.

Community organizations and groups can play a key role in supporting healthcare workers in collaboration with Regional Health Authorities and the Ministry of Health through a wide range of actions, as explored below.

The Toolkit

The tools in this section describe a range of actions that communities can implement to support healthcare and emergency workers, including:

- **Organizing for community impact**
 - This tool offers many considerations and suggestions for how best to organize to lead a successful initiative to support healthcare and emergency workers.

The multi-purpose tool section also includes tools that may help to support this work.

5. Educational Institutions

This section provides an overview of a range of actions that educational institutions can take to support healthcare and emergency workers.

Introduction

Educational institutions are part of every healthcare worker's life, as all healthcare roles require training. Students exposed to healthcare opportunities during their K-12 years may choose a healthcare career. Post-secondary schools then offer the training necessary to enter the healthcare field, and most post-secondary schools have alumni programs that create an opportunity to continue to support healthcare workers who are their alumni.

Educational institutions have a unique position in that they undertake both research and teaching and are connected to the senior and local governments in various ways.

For more rural and remote communities looking to attract healthcare workers, the provision of supplementary education (e.g., continuing medical education) to support what is often an expanded or more fully realized scope of practice in underserved areas could be a facilitating factor. Furthermore, students and residents / trainees completing practicums often stay in the communities where they train; thus, efforts from educational institutions to position students and residents in these locations, and to position them there for extended periods of time (e.g., as a primary or “home” placement versus as a short-term placement) could be a further facilitating factor to recruit and retain healthcare workers to communities in need.

This toolkit does not expressly outline tools for educational institutions, but they can utilize any / all that are in the multi-purpose tools section.

6. The Importance of the Coordinator Role

There are many options for action that local governments, businesses and community organizations have to support their local healthcare workers. It is important to note that a consistent requirement to achieve any of these solutions is that of the “coordinator.”

Most actions that can significantly positively impact healthcare workers’ lives require a coordinated series of actions and initiatives engaging many local community organizations. As such, many require a “coordinator role” to:

- Liaise with the Ministry of Health, Regional Health Authority, and other partners
- Educate organizations on what measures could be taken
- Organize meetings within or between organizations to create action plans or create and implement programs
- Connect organizations that can help healthcare workers who need help
- Check in to ensure programs and relationships are strong and effective
- Coordinate the implementation of any and all actions and programs
- Monitor progress and assist organizations in adapting over time

A central coordinating role managed by skilled paid staff helps ensure programs are created, implemented, funded, sustained, and evolve appropriately over time.

In the case of smaller communities where resources for coordinating staff may not be available, anyone can take on a coordinating role - they do not have to be a paid staff member of any organization. Volunteers can coordinate initiatives, creating positive community impact.

Local Government Tools

1. Formal Proclamation of Intent to Support Healthcare and Emergency Workers

General Commitment

The Municipality is committed to maintaining and growing the provision of healthcare and emergency response services in our community. The municipality is committed to taking action to support the wellbeing of healthcare and emergency workers by using its policies, plans, resources, jurisdictional powers, and its ability to mobilize resources and stakeholders to support healthcare and emergency workers and to ensure our community has a robust healthcare system.

To formally state this commitment, local governments can issue:

Draft Proclamation for Local Government Action to Support Healthcare Workers

The purpose of a proclamation is to formally state a commitment and launch the beginning of a process to take a more proactive role in supporting healthcare workers in a community. This draft proclamation for a Mayor or Board Chair is offered as a starting point, to be refined as needed by the community.

Title: A Proclamation of Commitment to Support Healthcare and Emergency Workers in our Community.

WHEREAS, every resident of our community relies on healthcare and emergency workers to help keep us healthy and safe, and while every worker in our community is important, our very lives may rely on the availability of healthcare and emergency workers at the most vulnerable times of our lives;
and

WHEREAS, healthcare and emergency workers in Canada are facing significant challenges including overwork and burnout, challenges meeting their family needs for housing, child and pet care, transportation, education, and many other aspects of the cost of living;
and

WHEREAS, the Canadian healthcare system is the responsibility of the federal and provincial governments under the regulation of the Canada Health Act and the Canada Health Transfer agreement, and that this is not the responsibility of local governments, we recognize that local governments can also do their part by having sound policy and initiatives in place to help support healthcare and emergency personal by providing supportive policies and initiatives for healthcare workers, local governments can hold upper levels of government to account

*when all community level efforts have been made;
and*

WHEREAS, local governments, businesses, community organizations and educational institutions can all take action in numerous ways to provide extra support to healthcare and emergency workers to support their well-being and retain them in our community, as well as to recruit and attract more to our community.

*BE IT RESOLVED THAT, I (name / position) do hereby declare that (our town) will now take action to support and attract healthcare and emergency workers in our community in order to ensure our residents, workers and visitors all have access to the healthcare services that they need;
and*

I HEREBY ENCOURAGE all businesses, community organizations and educational institutions in our community to work with us to retain our healthcare and emergency workers, and to attract more workers and resources to our community.

2. Local Government Formal Commitment to Action

The following can be integrated into local government documents, plans and strategies to formally commit to action supporting healthcare and emergency workers.

Commitment to Action

The Municipality will explore and pursue actions to support the retention and attraction of healthcare and emergency workers by:

- Increasing housing affordability and availability for healthcare workers.
- Increasing the affordability and availability of commercial/service/institutional space that can support the provision of healthcare services.
- Working to ensure generous options exist for childcare services.
- Assisting in reduction of transportation costs.
- Support affordable access to parks, recreation, and wellness facilities.
- Addressing the implications of regulations on health service facilities.
- Supporting amenity contributions targeted at healthcare and emergency workers and facilities.
- Supporting tax and fee exemptions where appropriate to enhance the feasibility of healthcare facilities and services.
- Taking a leading role in convening and coordinating contributions from other stakeholders to healthcare and emergency workers, facilities, and programs.
- Pursuing other opportunities that meet this policy commitment.

Municipal Initiatives

The Municipality will explore and pursue opportunities to:

- Include a commitment to supporting healthcare and emergency workers, facilities and programs in municipality policies and plans (e.g.: OCP).
- Address zoning changes to ensure there is appropriate and adequate commercial/service/institutional space zoned into every neighbourhood to support affordable healthcare service offices and clinics, as well as childcare services.
- Work with the development industry and other stakeholders to provide a diversity of more affordable housing that is targeted specifically at healthcare and emergency workers.
- Address a broad range of fee and tax exemptions that may be applicable to housing and facilities that support healthcare and emergency workers and services.
- Include housing, amenities, and various other types of support for healthcare workers and facilities as acceptable amenity contributions in new development.

- Consider density bonusing in exchange for the provision of housing or other support for healthcare and emergency workers and facilities.
- Evaluate and refine transportation policies and regulations to make transportation more affordable for healthcare workers.
- Identify opportunities for meaningful and effective subsidies to assist in retaining and attracting healthcare and emergency workers, directly or through partner organizations.
- Pursue other opportunities that meet this policy commitment.

Collaboration and Partnership

The Municipality will explore and pursue opportunities to:

- Establish a formal role within the municipality to coordinate stakeholders' opportunities and actions to support healthcare and emergency workers and facilities.
- Work with the development industry to identify and secure opportunities to provide housing and space to support healthcare and emergency workers and services.
- Work with community organizations to develop and implement a wide range of support services and resources to healthcare and emergency workers and organizations.
- Work with the business community to provide support and reduced costs for daily needs for healthcare and emergency workers, and increased support for the management of healthcare facilities.

3. Local Government Healthcare Support Strategy Concept

Introduction

This document provides an overview of the elements a local government can consider including in a Healthcare Support Strategy (HSS).

A HSS is a framework for action that supports a comprehensive range of initiatives that a local government can undertake to support, retain, and attract healthcare and emergency workers for the community.

Scope of Considerations

The scope of elements for consideration includes anything in the Health Care System Support Playbook and Toolkit. The following are considerations for developing an overall strategy for action:

1. Explore and Determine the Scope of Issues and Effort and

Outcomes Desired.

- The first step is to articulate the key issues you want to address and what outcomes you want to achieve. There is a significant range of activities you can pursue, and it is important to have clarity on priorities so you can match your ambition with your resources – targeted at your highest priorities.
- Review the Playbook’s range of possible initiatives and determine which ones will address your highest priority issues effectively.

2. Establish the Core Team, Workplan, Protocols and Resources.

- Nothing happens without someone taking the lead and gathering others to assist – formally or informally. Many of these initiatives can start informally, but for them to be sustained, a formal structure and resources is typically required.
- Review your priority action items or outcomes and consider the individuals, expertise, stakeholder representatives, and support staff that will be required
- See the Healthcare Committee Terms of Reference in the Toolkit for an outline of considerations.

3. A Quick Start - Planning Short, Medium and Long-Term Successes.

- You will want some “quick wins” to build profile and momentum for this initiative. You will also want longer-term projects to achieve sustained progress and success.
- Consider your priorities and the initiatives that will help you achieve those goals, and determine which ones are short, medium, and long term.
- Develop a workplan that breaks down the path for each initiative into a series of smaller steps with milestones that can demonstrate progress and success.
- Considerations for quick wins and milestones may include:
 - **Make a Proclamation** of your intent to engage and support healthcare workers
 - See the draft Proclamation in the Toolkit.
 - **Adopt a more formal policy to support healthcare and healthcare workers** as a standalone policy or as an addition to your Official Community Plan.
 - See the draft OCP policy package in the Toolkit.
 - **Set up your Healthcare Committee** so you have a team of well-connected and capable people formally committed to helping move the initiative forward.
 - **Commit to one or a few specific initiatives** that you know you can achieve in the near term – possibly based on the issues or opportunities that were highlighted as of key importance early in discussions on this topic.
 - There are many strategies in the Playbook to consider.
 - **Host a forum** where people can speak about their issues and concerns regarding healthcare and the health of healthcare workers.

- **Note:** Facilitate the meeting with intent to focus on what the community can do to help, versus giving voice to complaints and tragic stories.
- **Meet with the Ministry / Health Authority to start a dialogue** and gather information and ideas for how the local community can help.
- **Meet with representatives of healthcare worker groups** (Nurses, emergency responders, others) to better understand local needs. Choose a strategy, then gather resources and volunteers to help respond.
- **Give Presentations on healthcare challenges and ideas** to local community, business, real estate, and other groups.
- **Provide a Welcome Wagon delivery** to a new doctor, nurse, locum, emergency worker, or others who are new to the community.

4. Identify Priorities, Develop a Strategy and Action Plan

- To create an overall picture of what you want to achieve, consider developing a concise “Healthcare Worker Support Strategy” document for formal adoption.
 - This can be a high-level document that outlines your vision, goals, objectives, and priority streams of action, as well as highlighting other associated initiatives that you want others to participate in (businesses, developers, community organizations, others).
 - Provide only high-level information in this document as the implementation of each initiative will be organic. It can feel overwhelming to articulate each stream of action in detail.
- Some considerations for the overall strategy include:
 - **Include basic information** on the healthcare challenges your community is facing (statistics, stories, etc.)
 - **Identify the range of goals and objectives** for your community initiative, such as:
 - To better understand the healthcare challenges and opportunities in our community.
 - To retain our existing healthcare workers by supporting their wellbeing and that of their family.
 - To attract new healthcare workers to our community.
 - To help expand our healthcare facilities in our community.
 - To be proactive in attracting attention, funding and assistance from B.C. Ministry of Health, the Health Authority, and other ministries.
 - To create positive dialogue with key healthcare groups such as Primary Care Networks and others.
 - **Identify assets you have in your community** that can assist with various initiatives:
 - Local government tools – policy, regulations, staff, facilities, resources, lobbying power, and others.
 - Community and business groups who can take on projects.
 - Real estate developers who can assist in meeting housing and medical facility objectives.

- **Identify priority areas for action.**
 - Provide a high-level description of opportunities and issues prioritized for action.
 - For priority initiatives, identify the core team on each, and work with them to develop an Action Plan for that initiative. That Action Plan then becomes the “project management” reference for that team.

5. Communicate Intent and Information to Key Audiences

- Supporting local healthcare workers is a community-wide endeavour, and there are many who will likely join in, volunteer, and bring resources to the table if an organized and effective action plan and coordinating team is proposed. Presenting a compelling concept and initiatives to community and business groups will help raise awareness and support and resources. This can be done as an exploratory/co-creation initiative, or as a set program that people are invited to support and participate in.
- Potential information to provide:
 - **Website** – Consider adding a page to your website outlining your position, goals, and initiatives, with supporting information and a way for people to find out more/get engaged.
 - **Social media** – Information on your initiative can be sent out on social media.
 - **Media releases** – Information can be provided to the media to stimulate interest and attention. Have key community leaders and participants ready to be interviewed by the media. Ensure all partners are engaged, aware, and contributing to any media interactions to ensure collaboration and cohesive messaging.
 - **Presentations** – Presentations can be offered to key groups in the community to raise awareness and interest.
 - **Open houses** – An open house (online/in person) can be held to discuss issues and opportunities together as a community.
- Once initiatives are underway, it is important to communicate and celebrate the work and any successes achieved to build momentum, enthusiasm, and commitment.

6. Develop a Set of Action Plans for Specific Initiatives

- Identify a short list of priority projects and match them to a core team or person who will lead the work on each initiative. There will be a limit of capacity and resources available to undertake and sustain a range of initiatives. The number of people/time available will shape both the scope and the projects prioritized for action.
 - Match projects to those with a “passion” for that initiative. They are likely to recruit others who are similarly passionate to work with them on a defined initiative.
 - Administrative support may be needed to help action teams achieve their goals.

7. Monitoring, Celebrating and Reporting

- Coordinate gatherings of projects groups on a periodic basis to share their successes and challenges.
- Keep a record of the successes and ensure they are promoted in communications to build positivity, commitment, and momentum.
- Provide an annual short report on progress, successes, challenges and needs for the local government, community, and Health agencies.

4. Official Community Plan (OCP) Policies

Introduction

The following outlines a set of generic policies that a local government can adapt / adopt to create a formal policy foundation for supporting healthcare and emergency workers.

A local government can adopt to build this foundation for action with statements in the Official Community Plan (OCP), as well as in other policy documents, which will be unique to each local government.

The following set of draft policy statements for a local government to adapt / adopt into its OCP are broad enough that they can be used to create subsequent policies such as social planning, housing, transportation, and others.

Official Community Plan Policies

An OCP typically includes many sections that have statements of intent and policy that can address healthcare and emergency workers in the community.

Community Information, Opportunities and Challenges

OCPs typically begin with a chapter about the community that addresses key challenges and opportunities to set the stage for subsequent policies and priorities.

- When data is available, information about the current state of the healthcare system can be included in this chapter to frame subsequent policies, including:
 - *Hospitals and clinics per capita*
 - *Percentage of residents attached to a family doctor*
 - *General demographics and predictions of healthcare demand*
 - *Public health statistics*
 - *Comparisons of your community's statistics with others*

- Information on challenges regarding healthcare and emergency workers can be included here to increase the visibility and rationale for why it is important to include supportive policies.

Sustainability Frameworks

Many communities now include sections on sustainability, climate change and other related matters. Sustainability typically includes three pillars – social, economic, and environmental considerations.

- Acknowledging the importance of healthcare easily fits into the social dimension of sustainability and policies to address climate change.
- A draft policy statement might include:
 - *Healthcare is a cornerstone of a healthy and sustainable community, and while the Canadian healthcare system is largely the purview of the provincial and federal government, there are many actions we can take in our community to support the healthcare system by supporting healthcare facilities, addressing needs our healthcare and emergency workers face in housing, education, transportation, and others. As our community faces issues of climate change and other challenges, we must become more resilient and having a healthy and robust healthcare system is a core element of a resilient community.*

Vision

Most OCPs include a section outlining key elements of its vision and core commitments.

- A commitment to take action to support local healthcare and emergency workers can easily fit into this section.
- A draft statement related to healthcare in a vision section might include:
 - *We will have a strong healthcare and emergency response system to ensure our residents are healthy and have access to a robust emergency response. We will have healthcare services available in every neighbourhood, with leading-edge health facilities in our region. Our community attracts, supports, and retains healthcare and emergency workers.*

Community Wellbeing, Safety and Emergency Preparedness

Most OCPs include a section that addresses community and social well-being and services, and many include sections that address safety and emergency resilience.

- Draft policies for a community well-being section that address healthcare might include:
 - *Our community is committed to maintaining and growing the provision of healthcare and emergency response services in our community to ensure our residents have access to the healthcare they need, and we have a robust response capacity for emergencies.*
 - *Our community is committed to taking action to support the wellbeing of healthcare and emergency workers by using its policies, plans, resources, jurisdictional powers, and its ability to mobilize resources and stakeholders to*

assist in meeting healthcare and emergency worker quality of life needs so our community retains a robust healthcare system.

- *Ensure our community has excellent facilities and service capacity to respond to emergencies and invest in making our community attractive to healthcare and emergency workers.*
- *Advocate to increase healthcare services and facilities to serve seniors and children.*
- *Advocate and take action to ensure every resident in our community can be attached to a family physician or nurse practitioner. (Note that there is a new Provincial Attachment System in place to attach patients to providers – individuals seeking attachment should register themselves in the [Health Connect Registry](#)).*
- *Develop knowledge and internal capacity (e.g.: A healthcare committee) within the local government, in partnership with others, to monitor and advise what the community needs and how to meet those needs. If a community is part of a Primary Care Network (PCN) or has an existing Community Advisory Group (CAG), work collaboratively to ensure the synergy of healthcare planning efforts.*

Land Use and Growth Management

All OCPs have sections addressing land use and growth management. While these are overarching in an OCP, they contain important policies that set the stage for many subsequent decisions on individual developments.

- Draft policies for land use and growth that address healthcare might include:
 - *Advocate to the provincial government and the Health Authority to ensure that new healthcare facilities and services grow at a rate equal to population growth in all neighbourhoods, with an eye to matching healthcare services to the demographics of each neighbourhood.*
 - *Advocate to the provincial government to develop additional health care facilities (various – e.g.: Hospital) in our community to meet growing demand.*
 - *Support the development of clinics and healthcare services in every neighbourhood.*
 - *Support the development of childcare facilities throughout all areas of the community.*

Housing

Most OCPs have a section focused on housing policies, especially in B.C. where Housing Needs Reports are now a cornerstone of OCP policies.

- Draft policies for housing that support healthcare and emergency workers might include:
 - *Pursue all opportunities to support the provision of affordable housing for healthcare and emergency workers, including housing agreements for new development, Community Contributions by developers, and others.*

- *Consider density bonusing and tax or fee rebates to encourage the inclusion of healthcare and emergency worker targeted housing or healthcare facility / clinic spaces in new development.*
- *Work with healthcare organizations and non-profit and private sector housing developers to connect with and assist healthcare and emergency workers who have housing challenges.*
- *Support the development of healthcare and emergency worker targeted housing adjacent to, near, or integrated into sites with major healthcare facilities.*

Transportation

Every OCP contains a section devoted to transportation that can be utilized to support healthcare and emergency workers.

- Draft policies for transportation that support healthcare and emergency workers might include:
 - *Support programs that provide affordable transportation to healthcare and emergency workers.*
 - *Advocate for transit services to connect to major healthcare facilities to support healthcare and emergency workers to use transit for their shifts – both day and night.*
 - *Support adequate parking at major healthcare facilities.*
 - *Consider parking fee reductions for healthcare and emergency workers at the facilities where they work.*

Economic Development

Every OCP contains a section of policies that support economic development.

- Draft policies for economic development supporting healthcare and emergency workers might include:
 - *Support expansion of healthcare facilities in our community as key employer, and a critical criterion for why people may choose to live in our community.*
 - *Support the provision of attainable housing, childcare and other daily needs for healthcare and emergency workers to ensure our community's healthcare system is strong.*
 - *Recruit healthcare and emergency workers and companies and service organizations to our community to build a robust healthcare economy.*

OCP Implementation

Many OCPs contain a section speaking to how key priorities in the OCP will be implemented.

- Draft policies for OCP implementation that support healthcare and emergency workers might include:

- *Develop a Community Healthcare Support Strategy that outlines how our community can support healthcare and emergency workers. Elements of the Strategy may include:*
 - *Establishing a Healthcare Committee with representatives of healthcare organizations and partners.*
 - *Monitoring the community's healthcare performance and challenges and developing strategies to use our powers and resources to respond.*
 - *Advocacy to the provincial government and Health Authority to develop facilities and expand services and provide resources.*
 - *Community engagement and communication on local healthcare needs, issues and opportunities, and action the local government is taking.*
 - *Working with the real estate developers to support attainable housing for healthcare and emergency workers and to develop primary care clinics and other healthcare services and facilities.*
 - *Working with businesses and organizations to monitor and respond to the needs of healthcare and emergency workers.*
 - *Develop a healthcare and emergency worker attraction and retention plan.*
 - *Work with research and education facilities to support innovation and reduce education costs for the next generation of healthcare and emergency workers.*
 - *Work with B.C. Transit and parking companies to support reduced transportation costs for healthcare and emergency workers.*
 - *Support philanthropic and fundraising efforts to support healthcare and emergency workers and facilities.*

5. A Local Government Healthcare Advisory Committee

A local government can establish a healthcare advisory committee to assist it in navigating the many opportunities and challenges that can arise when a local government takes a leadership role in supporting healthcare and emergency workers.

The following template outlines the structure of community healthcare advisory committee:

Example: Draft TOR-Standing-Committee-Community-Healthcare

TERMS OF REFERENCE
Standing Committee on Community Health Care
Date Adopted: [Insert Date Adopted by Council]

Purpose:

The purpose of the Standing Committee on Community Health Care is to provide advice to Council and make recommendations that will assist the District in facilitating the development of Community Health Care infrastructure and facilities.

Mandate:

Specific responsibilities of the Standing Committee on Community Health Care include, but are not limited to, the following:

- Research and develop options for construction of a community primary healthcare centre
- Build upon commitment from the Ministry of Health to fund tenant improvements and model of care as outlined in the service plan
- Explore partnerships with health service agencies aimed at co-location in the CPHCC

Membership:

The membership will consist of up to six members, appointed by the Mayor:

- Three (3) members of Council
- Three (3) members of the Community Health Network
- Mayor to serve as ex-officio member.

The following may serve the committee in a resource, non-voting, capacity: Chief Administrative Officer, Director of Planning, others as jointly determined by the Mayor and Chief Administrative Officer.

Term:

The term will continue until such time as the Standing Committee has made its final recommendations to Council. Prior to discharge of the committee, Council may wish to review the mandate to determine if an update is required to continue the committee.

Meetings:

The Committee will meet as necessary at the call of the Chair. The meeting rules and procedures will be in accordance with the Council Procedure Bylaw.

Staff Support:

The Planning and Development Services department will be the primary contact and will provide, or delegate, the required professional support. The Corporate Services Department will provide secretarial and administrative support.

Budget:

The Standing Committee does not have an assigned budget. Any requests for funding must come forward to Council for approval, along with staff recommendations for posting of any short-term contracting services that may be required.

Real Estate Development Tools

1. Using Community Amenity Contributions (CACs / ACCs) to support Healthcare and Emergency Workers

Introduction

The Local Government Act (LGA) provides powers to local governments to negotiate Community Amenity Contributions (CACs) with a developer. The contributions are intended to be voluntary but are generally expected in most communities. Some set the amount they want, and others leave it to be negotiated for each project. They are controversial because of how they have been used, but they do offer an opportunity for a developer and municipality to channel contributions from a developer toward supporting healthcare and emergency workers in various ways, including calculating the donation level as a % of total land value increase from a rezoning (i.e.. land-lift).

In 2023, BC introduced Bill 46 which added another type of charge, an Amenity Cost Charge (ACC) to help fund the capital costs of amenities, which can include planning, engineering, construction, and interests costs attributable to an amenity project.

What Can Be Included

The Province’s guidelines for ACCs state that:

ACCs can be collected for a wide variety of amenities including, but not limited to, a community, youth, or senior’s centre; a recreational or athletic facility; a library, a public square. Additional examples of amenities could include community arts spaces, community museums, and streetscape gardens. [faqs_development_finance.pdf](#)

An agreement between a developer and a municipality to provide affordable housing and target it toward healthcare and emergency workers would now be classified as an “ACC.”

Clinic space, which serves as an essential amenity by providing access to healthcare, directly contributes to the social benefit of the community by improving the health and well-being of its members, and as such, should be considered as a contribution through ACCs as well.

Daycare is not specifically stated, but could be considered under ACCs, or in alternative, if the community has retained its use of CACs, it can be included as a CAC.

How to Proceed

Either the local government or the developer can propose to include affordable housing, clinic space, daycare, or other needed facilities in a new development project, including some specifically targeted at healthcare and emergency workers.

If the local government has included a specific policy to support healthcare and emergency workers in their ACCs/CACs, then the policy foundation for this negotiation will be straightforward. If they have not adopted policies to specifically support these workers, a discussion may be needed to confirm support.

Regardless, either party can put facilities forward as part of the package of community-oriented amenities.

The starting point for the negotiation of amenities may be based on a percentage of land-lift (increased land value associated with a rezoning) or some other number such as “per unit” or “per square foot” calculation. Or it may simply be offered / suggested and negotiated.

If there is a specific amount prescribed by the community for a project, then the value of the proposed offer (housing, clinic, others) will need to be determined as a part of that total amount, likely with the assistance of an appraiser or other financial analysis process.

The amenity package required for rezoning approval is typically agreed to in “plain English” through the approvals process through when Council/Board approves the project at third reading (for a rezoning). Between third reading (approval in principle) and fourth reading (legal enactment), lawyers will include the commitments in the legal agreements related to the zoning (covenants, amenity agreements, housing agreements, others). Typically, these legal agreements need to be finalized and registered on title in order for the zoning application / amenity package to be put on the agenda for fourth reading.

The Province has a range of resources available on guidelines for how to use ACCs, CACs, and DCCs in governance and development finance.

- [faqs_development_finance.pdf](#)
- [dev_fin_tools-update_interim_guidance.pdf](#)
- <https://www.imaa.ca/wp-content/uploads/2020/11/k.-Community-Amenity-Contributions-Guide-Province-of-BC.pdf>
- https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/local-governments/finance/dcc_best_practice_guide_2005.pdf

2. Assisting Healthcare Workers with Homes and Properties

Introduction

Many healthcare and emergency workers struggle to find time for work/life balance, including spending time with their families due to long work long hours including shift work. Added to this challenge is the prohibitive cost of housing – whether it be purchasing a home or doing renovations and/or expansions of their existing home.

Development companies and builders have specialized knowledge and skills in the complexities of dealing with real estate including design, approvals, construction, and others. A development company can offer services at reduced cost or pro bono to healthcare workers who need support for something related to housing. In addition to services for the homes of healthcare and emergency workers, doctors and other healthcare professionals may need assistance in the development of their clinic facilities and could benefit from the following supports.

Realtor and Support Services

When a healthcare worker accepts a job in a community, they are often challenged to find housing, be it for rent or purchase. They may be trying to do this while still working in another community. Additionally, family physicians may need assistance to find a clinic space.

To support this important process to attract healthcare and emergency workers, those who deal with finding and negotiating the sale or rental of property can offer support services to these workers for a reduced fee. Likewise, the same services can be offered to healthcare and emergency workers who live in the community now, in the interest of showing support and helping retain them.

There are a range of services that can be considered:

- The fees for rental, leasing, or sales realtor services. (Note: there are constraints on the reduction of realtor fees in some cases in their professional bodies).
- Fees for house inspections.
- Fees for legal conveyance work for real estate sales.
- Others.

General Development and Renovation Advising

A real estate industry professional can offer free/reduced cost consultations to healthcare and emergency workers to help them understand their options, the implications, the costs, and the timing associated with various options such as renovations to create extra bedrooms for children or a suite for elderly parents, or a mortgage helper.

Likewise, a physician or other health service provider may need assistance in scoping out the development or renovation of a clinic or other health service space.

Design Consultations

If a healthcare or emergency worker decides to move forward with an addition, renovation or building project, residential or for clinic/office services, the first step is to have a design completed for the project that will meet the many local government and building code requirements.

Designers such as architects, engineers, interior designers, and others can offer their services at a reduced cost to help support the project.

Approvals and Permits Support

Planners, development consultants, architects, engineers, and others can offer reduced costs for their services and / or help coach the healthcare worker through the building permit process, rezoning, or development permits. These processes can be time consuming, confusing, and expensive, and it is often advisable to have professional support for these.

Professional Studies

If a larger project and approvals process is undertaken, it will trigger professional studies that will need to be undertaken beyond design. These studies may include surveying, civil engineers, archaeology studies, environmental studies, geotechnical studies, arborist studies, and more.

These professionals can offer reduced costs for their services and / or help coach the healthcare worker through the process.

Construction Services

Few busy healthcare or emergency workers will have the time and skills to undertake construction projects of any scale, and therefore will need to hire contractors and trades to complete the project.

These professionals can offer reduced costs for their services and / or help coach the healthcare worker through the process.

Materials

All renovation or construction projects use a broad range of materials, and these form a major percentage of the cost of the project.

Materials suppliers can offer a discount to healthcare and emergency workers to help reduce the cost of their projects.

3. A Healthy Community Framework for Real Estate Development

Introduction

There are many aspects of a real estate development project that interface with health and healthcare. A significant percentage of healthcare costs are associated with chronic diseases – diseases that are lifestyle based. As a result, there has been a growing level of attention in recent decades on how we can design and build communities to make us healthier.

This tool in the CHSS Toolkit is not directly focused on healthcare and emergency workers, but rather on an approach that can integrate many aspects of health and healthcare into a project. While the specific expression of any of these ideas will be unique to each site and project, a framework of considerations is provided here to stimulate ideas for a project. An intentional land use and design approach to a project, along with elements of health and healthcare strategy, can position a development project to improve health in a community.

A Framework for a Healthy Community Project

The framework for a healthy community project can include several cornerstones:

1. Offering a range of health, wellness, and medical services within the project.
2. Designing the community to promote and support healthy lifestyles for all ages and abilities.
3. Creating a culture of health.
4. Engaging the participation of healthcare and academic institutions.
5. Supporting healthcare and emergency workers.

Health, Wellness, and Medical Services

The first element can be to include a broad range of health, wellness, and medical services within the project – primarily in the commercial / service / retail areas of the project.

The scope of these can be diverse, including:

Primary and medical care

Medical clinic
 Medical professional offices
 Imaging services
 Workplace rehabilitation services
 Obesity intervention services
 Orthopaedic clinics
 Addiction recovery
 Others

Complementary health services

Dentists
 Nutritionists and dietitians
 Chiropractors
 Naturopaths
 Alternative health care (e.g. Chinese medicine)
 Psychologists
 Therapists
 Massage therapy
 Physiotherapy
 Sports medicine
 Others

Other services

Pharmacy and health product sales
 Fitness facilities
 Spa facilities
 Performance coaches
 Mobility and medical equipment sales
 Others

If the community decides to offer healthcare services that require the participation of a patient's family for any period, considerations for their needs and experience can also be incorporated into the project, such as hospitality, entertainment, and others.

Design for a Healthy Lifestyle

The project can incorporate several design and programming elements to aid in promoting a healthy lifestyle for people who live in the area. A process for creating this approach to a health community involves addressing three dimensions of the human experience:

1. Physical health
2. Social health
3. Mental / emotional health

Physical health is an outgrowth of many things, including housing, healthy food, clean air, clean water, reduced exposure to toxins, physical exercise, inclusivity, and accessibility, as well as others.

Promoting community health requires elements such as multi-age communities and aging-in-place, support for building and maintaining relationships, event programming and facilities to support a diversity of events, a culture of socializing, many community organizations, and others.

Mental and emotional health is a result of diverse elements such as safety, a positive physical and social environment, a sense of place identity and belonging, access to natural areas and beauty, life-long learning opportunities, support and outlets for creative expression, experiences that offer fun and a sense of community, meaning and hope for the future, and a place that embodies those values.

The primary elements of a healthy community:

Community Health Hubs and Healthy Communities Support Aging in Place

- Create or expand community health hubs, which are centralized locations that offer a range of health and social services. These hubs make it easier for residents to access primary care, mental health services, and social support in one place. Municipalities can provide space, funding, or logistical support to make these hubs viable.
- Healthy communities offer their residents the widest range of choices for housing, shopping, socializing, recreation, learning and employment possible. They provide an opportunity to live a healthy lifestyle within a community. This concept requires a high diversity of land uses to be permitted within the community.

Active Transportation

- With a diverse and compact land use pattern, residents have the best possible chance of meeting their daily needs through active transportation (walking, cycling) and transit – and minimizing their need for vehicle use. And if a vehicle is needed, its trips will be short. The community needs to provide generous pedestrian and cycling infrastructure to make moving around enjoyable.

Healthy and Sustainable Buildings

- The materials used and design of buildings can have a major impact on health given that most Canadians are inside buildings for more than 80% of the time. Healthy materials that do not release toxic gases or particles is important. Access to natural light and views is also important, as is internal air management systems that maintain a high level of air quality.

Engaging Landscapes

- Landscapes need to be designed to address natural ecosystem needs (habitat, rainwater retention, others) as well as many recreational needs, so residents are encouraged to be active in their area's parks and greenways and recreation facilities. In addition, social events need to be supported in the open space, as well as local community gardens.

A Local Food System

- Where possible, elements of a local food system should be included in a project to foreground the importance and visibility of food, and all its local cultural and employment benefits. This can include agriculture and community gardens, food processing facilities, food retail and food services, education on various aspects of food, celebration of food, and management of food waste in a sustainable manner.

Design for Social Interaction and Experiences

- "Social capital" (relationships and organizations) is a key factor in healthy communities. The design of the community needs to provide many opportunities for people to meet each other and get involved in events and organizations. These relationships and organizations become the foundation of a healthy social environment where people can work together on community events, respond to issues that arise, and build life-long relationships.

A Diverse Local Economy

- A diversity of employment and investment opportunities is needed to keep a thriving and healthy local economy. These are linked to the complete community land use strategy, but also to the presence of educational facilities to help train the workforce.

Creating a Local Culture of Health

Culture is based on how a group of people live, including what they value, how they live, what social practices they advance and how they are organized. Consciously promoting health and healthy lifestyles in a neighbourhood can begin to create a local culture of health. This goal can be achieved by making exercise opportunities convenient and visible, offering health-related events and programming, supporting social interaction, ensuring healthy food is available, and other initiatives.

Engaging Healthcare and Academic Institutions

Depending on the overall size, scope, and ambition of the project with regard to health, there can be many advantages to spending some time to engage healthcare and academic institutions – such as the Health Authority, the Healthy Built Environment Alliance, as well as schools of public health or medicine in universities or colleges. These organizations can bring profile, funding, and partnership opportunities. Schools also appreciate opportunities for their students from health programs to do

research, studies, reports, co-op placements, or other work in connection with a real community project.

Engaging educational institutions may require a few thousand dollars for an industry contribution to a larger funding program (such as MITACs - Mathematics of Information Technology and Complex Systems) that can leverage a small contribution into many more resources.

Having a health or educational organization as a partner in a real estate project brings significant credibility in the eyes of the public and politicians.

Supporting Healthcare and Emergency Workers

While the above elements outline an effective way to integrate health goals into a real estate development, they become more impactful when combined with the other strategies suggested in this Toolkit for supporting healthcare and emergency workers through housing, transportation, daycare, and other supports.

Local Business Tools

1. Adopt a Formal Business Commitment and Strategy

Most businesses have a range of commitments to contribute to their community through philanthropy or volunteerism. Any business can commit to undertaking actions to support healthcare and emergency workers as part of their community support initiatives.

- **A formal commitment** - This commitment can be general in nature and respond to opportunities or issues as they arise, or it can be more specific to focus on a specific issue, healthcare facility, or group of workers.
- **Focus of action** - A business or group of businesses can review a range of options for action and select several areas to focus their efforts through adopting a "strategy." The possible initiatives outlined below can form strategy elements, both formally and informally.

2. Provide Discounted Goods and Services to Healthcare Workers

Every healthcare worker purchases a wide range of goods and services in a community, and businesses can offer a discount to healthcare workers to help reduce financial stress in their lives. These discounts can be implemented in a variety of ways:

- The discounts are offered if a customer shows their healthcare worker ID/pass card.
- Discount cards are issued from the business to targeted groups of healthcare workers (e.g., local clinics/hospitals).
- Provision of gift cards.
- Others

A sampling of some of the businesses where discounts could assist a healthcare worker and their family includes, but is not limited to:

- Restaurants
- Fitness centres
- Appliance stores
- Clothing and shoe stores
- Bookstores
- Toy stores
- Financial advisors
- Housecleaning services
- Vehicle dealerships
- Bakeries and coffee shops
- Furniture stores
- Childcare or Petcare
- Food stores
- Hardware, home & garden stores
- Florists
- Home renovators
- Parking management companies
- Rideshare companies

Hospitality and spas

In addition to discounts, businesses can offer other assistance including, but not limited to:

- **Fitness centres** can:
 - Host fitness challenges or classes specifically designed for healthcare workers, emphasizing stress reduction and self-care, and held at times that work for healthcare shift workers.
 - Collaborate with healthcare facilities to offer wellness programs or nutrition, exercise, and stress management workshops.
- **Financial institutions** can:
 - Offer special loan programs or financial assistance options adapted to healthcare workers, like educational loans.
 - Collaborate with healthcare workers to help them with personal finances and investments.
- **Wellness services** can:
 - Arrange for on-site massage, physiotherapy, chiropractor, or spa services where healthcare workers can receive relaxation and rejuvenation treatments during breaks or after work shifts. These services can help reduce stress and promote physical and mental wellbeing.
- **Childcare services** can:
 - Offer flexible arrangements tailored to healthcare workers' needs, such as extended hours, weekend care, or drop-in services. This service could also include backup childcare services for healthcare workers if their regular arrangements fall through or unexpected childcare needs arise.
- **Local media** can:
 - Create online platforms or social media pages where healthcare workers can share their stories, challenges, and needs and rally for support.
 - Report back to the community on the healthcare worker's difficulties, experiences, and sacrifices. These stories will give the community a better understanding of their daily challenges.
 - Provide airtime for interviews, write articles, and documentaries about healthcare workers' challenges.
 - Support fundraising drives for healthcare facilities and workers' needs.
- **Transport services** can:
 - Provide dedicated shuttle services for healthcare workers that are customized to the worker's needs and schedules. This service can include Uber, Lyft, Uride, B.C. transit.
 - Develop a local ridesharing program that offers discounted or free rides for healthcare workers.
 - Transport dedicated to deliveries or pick-ups for healthcare workers like pet supplies, food delivery services, laundry pick up and drop off, pet pick up drop off and many more.
- **Petcare services** can:
 - Support healthcare workers during busy periods or when they are on call, offering them priority access to pet-sitting and walking services would be beneficial.

3. Coordinate Support Programs with Local Businesses

Businesses can take the lead in playing a coordinating role with other businesses, organizations, and local government to identify and take action to help local healthcare workers by:

- **Targeted programs**
 - Creating and coordinating a program to gather businesses to work together to address a specific need. The program can be done through an existing business organization (e.g., BIA) or by connecting with other businesses in the same area or sector.
- **Adopt a healthcare worker**
 - Coordinating an “adopt a healthcare worker” program to provide neighbourly support to healthcare workers in a nearby or specific facility. Businesses can connect with a nearby clinic or other facility and work with their managers to identify worker needs and challenges and coordinate businesses and others to assist in helping out. This kind of initiative needs to be carefully implemented as it will involve engagement with the personal lives of healthcare workers but can be effective if done well.
- **Healthcare worker appreciation events**
 - Coordinating a *Healthcare worker appreciation week* to put the spotlight on healthcare workers and focus efforts into a specific time frame.
- **Employee volunteerism**
 - Coordinating a program where employees can take some paid time to volunteer to assist various healthcare initiatives or workers. Many businesses support employees spending some time on various causes and supporting healthcare workers can be included. Many healthcare agencies have volunteer management programs that may be easy to connect with.
- **Network resource**
 - Collaborating to create a resource to connect volunteers with healthcare and emergency workers who need support. A key factor in the success of any local support program is an effective way to connect those who have needs to those who can help.
- **Rides**
 - Coordinating a rideshare carpooling program where various business employees can partner with healthcare workers to support their transportation needs.
- **Raising awareness**
 - Promoting greater public awareness of issues and providing information about community participation opportunities. This movement is particularly possible when a local neighbourhood risks losing key healthcare workers.
- **Advocacy**
 - Collectively encouraging and supporting the local government to act on issues. Business leaders can educate politicians about needs and how the local government can assist.
- **Create task force**
 - Taking the lead to form a community task force of representatives from different

sectors like businesses, local government, local organizations, and healthcare to develop action plans and coordinate resources.

4. Fundraising

Businesses can play a significant role in fundraising efforts to support healthcare workers and clinics, including:

- **Events**
 - Organizing events where businesses donate goods or services for fundraising events, with the proceeds supporting initiatives that support healthcare workers, possibly including virtual auctions where community members can bid on items or experiences donated by local businesses, generating funds for healthcare initiatives.
- **Galas**
 - Planning and hosting special events or galas aimed at raising funds and awareness.
- **Business donations**
 - Encouraging employees, customers, and the community to donate money or in-kind to support healthcare workers.
- **Donation matching**
 - Offering to match donations made by customers or employees, effectively doubling the impact of their contributions.
- **Contests**
 - Organizing contests or raffles where the entry fees or a portion of the proceeds are directed towards healthcare worker support initiatives.
- **Scholarships**
 - Supporting with sponsorship or scholarship healthcare students and professionals, possibly including targeting foreign-trained healthcare professionals who need to get certified for practice in Canada.

5. Support Development of Housing and Medical Facilities

Local businesses can overlap with the real estate development sector in addressing the need for housing and healthcare facilities through:

- **Discounted support**
 - Providing discount goods and services to support the development and finishing of housing and space dedicated to healthcare workers and facilities.
- **Partnerships**
 - Collaborating with local housing organizations, like Habitat for Humanity and other non-profit entities specializing in affordable housing solutions.
- **Financial support**
 - Providing financial contributions, grants, or investments to support the construction or

renovation of housing and medical facilities. (Funding for affordable housing projects, medical clinics, hospitals...), and/or more broadly coordinating a community response to a clinic that may be facing financial or other challenges.

Community Organization Tools

Organizing for Community Impact

Introduction

“Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.” – Margaret Mead

The purpose of a community organization is to address the needs, interests, and concerns of a specific community by bringing people together to work collaboratively toward common goals. These organizations are typically rooted in the local community and are often formed to empower residents, improve quality of life, and foster a sense of belonging and mutual support. This document explores options and actions to help organize your community to take effective action on initiatives to support healthcare and emergency workers.

Key Purposes of a Community Healthcare Action Committee

- **Addressing Identified Healthcare Needs in Community**
 - Community organizations work to fill gaps in services and resources, especially in underserved or marginalized communities.
- **Advocacy and Representation**
 - These organizations serve as the voice of the community, advocating for policy changes, resources, and services that benefit the community. They often represent the community’s interests in discussions with government agencies, policymakers, and other stakeholders.
- **Building Social Capital**
 - Community organizations strengthen social networks and relationships within the community. They create opportunities for people to connect, collaborate, and support each other, which fosters belonging and collective responsibility.
- **Empowerment and Capacity Building**
 - One of the key goals is to empower community members by providing them with the knowledge, skills, and resources they need to take action on issues that affect their

lives. Empowerment may include leadership development, education, training, and other capacity-building initiatives.

- **Promoting Social Justice and Equity**
 - Many community organizations focus on addressing social inequalities and promoting justice in healthcare, often focusing on vulnerable or marginalized populations.
- **Fostering Innovation and Problem-Solving**
 - Community organizations are often at the forefront of developing innovative solutions to local challenges. By bringing together diverse perspectives and resources on healthcare challenges, they can experiment with new approaches and strategies that larger institutions might not be able to pursue as quickly.
- **Sustainability and Resilience**
 - Community organizations play a critical role in enhancing the sustainability and resilience of communities, particularly in the face of economic, social, or environmental challenges. They work to build long-term stability and improve the community's ability to adapt to change.

A community healthcare action committee will contribute to the creation and sustainability of vibrant, healthy, and equitable communities. They will play a crucial role in mobilizing resources, advocating for change, and improving the overall well-being of the communities they serve.

How Organized Should We Be?

When organizing a group of volunteers, it is important to find the “right level of organization.”

When a process is too formal or extensive for volunteers from the outset, it can be exhausting to even get started, and that is the opposite of what is desired when getting a small group of individuals and organizations working together on something.

The following outlines a range of options for how to organize a community-based initiative to address the needs of healthcare and emergency workers.

An Agile Group of Change-Makers

It is important to organize your community healthcare action committee with agreement on what problem is being addressed, what kinds of action we want to take, and how we will do that. The following questions can help move your group toward alignment of purpose and action.

Questions to Ensure Effectiveness

- **What is the problem that we seek to address?**
 - The challenges of the healthcare system are significant and complex. Success for a small group of community change-makers requires focus on something you can address/improve for your local healthcare and/or emergency workers.
 - As you start discussing this, conversations may range beyond the scope of what your committee can address. Work continuously to bring the discussions and focus back to what you can impact locally.

- Focus on what you can do in your community now. Identify resources you have now and those you can attract to help support the retention, support and recruitment of healthcare and emergency workers.
- **What does success look like?**
 - After your committee has clarified the problem or opportunity to be addressed, determine what success would look like. That question will help you name and focus achieving a specific outcome.
 - As your committee works to articulate what success looks like, you will identify the key issues you want to address.
- **What should we call ourselves or our project?**
 - While your community healthcare action committee does not need a “name” to get started, it can provide recognition in the broader community.

What is Needed to Achieve Success?

- **Consider the types of action your committee might take:**
 - **Recruit key people**
 - Identify people willing to collaborate with you, even if as an honorary member to provide credibility, or supportive political / influential voice.
 - **Draft a compelling description of what the committee seeks to achieve**
 - A compelling summary of the problem and the positive outcome you are working toward is a magnet for people to join the committee or provide support in other ways.
 - **Spread the committee’s compelling message**
 - Get the message out to others through social media, a website or old-school word of mouth.
 - **Raise Funds**
 - Progress can begin with little money. Just a few hundred dollars can be enough to launch your committee and create a platform from which to raise large amounts of money.
 - **Refine your concept and plan**
 - As you create the details of your plan, you may discover some potential roadblocks that could stall the project. Research them to clarify if they are actual roadblocks or issues/questions for consideration.
 - If you identify roadblocks, consider who can help address them and how to connect with those resources.
- **What is the sequence of actions we need to take?**
 - Create a ‘workplan’ for your committee to map out the actions and outcomes required for success.
 - Consider the timeline required and then set some milestone target dates to achieve each step in the workplan.
- **Early wins**
 - Review your workplan to identify small steps toward “early wins” and focus on them. Climbing Everest is only a process of significant planning, and then a lot of small steps. Over time, your committee’s series of small steps and small wins can become great achievements.

- **Launch**
 - Create a “launch” event to celebrate your committee’s progress to-date. It can be small and simple, or a more formal event to which you invite the media and key people you want to attract to your cause.
- **Regular meetings**
 - It is important to schedule regular meetings of your:
 - Steering committee
 - Smaller working groups with specific tasks
 - All participants from the steering committee and working groups
 - Meetings become the key focus for deadlines to ensure the committee(s) are making progress, addressing issues, and finding solutions.
- **Celebrate successes**
 - It is important to include regular points to celebrate the committee’s successes within the committee and with the broader community. Growing up and out.

As your committee begins to build momentum, you may want or need to become more formally organized by setting up bank accounts, society registration, a strategic plan, a group of advisors, and more.

Creating a More Formal Organization

Over time, as various initiatives are undertaken and deeper relationships are established with healthcare and emergency workers and organizations, you may want to establish a more formal organizational structure.

A potential name for this is a **Community Healthcare Support Committee (CHSC)**.

The first task in setting up an CHSC is to clearly define its Terms of Reference in which key factors are identified and defined to ensure an effective and well functioning committee.

Purpose, Scope, and Powers

The Terms of Reference of a CHSC is central to its operation as it defines what areas and issues it is to focus on, and what outcomes are desired from its efforts.

The purpose of the CHSC can include:

- To research and consider the range of issues and opportunities where the community can take various actions to support and attract healthcare and emergency workers, facilities, and other resources.
- To assist in building connections and relationships with key individuals and groups in the healthcare industry and government and linking them with organizations and businesses who may be able to offer support.
- To assist the community in acquiring resources to support actions and initiatives to help healthcare and emergency workers and facilities.
- To support and assist in the implementation of plans and actions to support and attract healthcare and emergency workers, and facilities.
- Others.

Members, Structure, and Expectations

The members of the CHSC will define their capacity to inform and advise the community on what and how they can make changes and implement solutions.

The purpose of each CHSC will be unique in each community, as will the pool of members from which it can draw. It is best to recruit people who are collaborative but also action-oriented and will bring their resources and time to “make things happen.” Some of the following areas of expertise are suggested for consideration in recruiting members to the CHSC:

- Representatives of healthcare and/or emergency organizations (physician, nurse, fire dept, others) – to assist in building and retaining relationships and identifying healthcare and emergency workers that need assistance.
- Local community leaders – people who “make things happen locally and know everyone.”
- Representatives of the local business and/or real estate community.
- Representatives of key community organizations who are likely to play a role in various initiatives.
- Representatives of some key health-care related organizations (Health Authority, Division of Family Practice, Primary Care Network, local clinics, hospital, healthcare worker associations or unions, and others).

The structure and size of the CHSC can vary but the following can be considered:

- The CHSC may need to “right size” itself throughout its lifespan, meaning it will expand its membership for certain tasks at certain times and it will contract at times to prevent becoming cumbersome and ineffective.
- The CHSC needs to have a “chair” or co-chairs – that will be effective at managing a group in meetings and coordinating members to work individually together to achieve desired outcomes.

Liaisons

The members of the CHSC may want to identify “liaisons” who work directly with other organizations – community, business, developer, local government, others. These liaisons are effective at keeping all the organizations updated, engaged, and involved.

Operations of the Committee

The TOR needs to outline the protocols and expectations for the operations of the committee. Suggestions include:

- Define the roles of any formal positions within the Committee, what their responsibilities include (e.g.: Chair, Secretary, etc.), and the length of term they will serve.
- Establish a meeting agenda and arrange for someone to take minutes.
- Identify the basic rules of meetings and decisions including:
 - Quorum

- Setting the agenda
- General meeting functions
- Decision making
- Minutes
- Others as needed.

Leading Initiatives

Each CHSC will have a different role and scale of initiatives it may get involved in – formally or in a more ad hoc manner, determined by local opportunities and leadership from its members.

Leading initiatives involves competent project management skills and a commitment of time to be successful. If a CHSC is going to take on more major longstanding initiatives, it is important to engage capable leaders.

Community Strategy for Recruitment of Healthcare and Emergency Workers

Introduction

Communities are facing significant challenges with the reduced supply of healthcare and emergency workers. A combination of many factors has had various impacts on the supply of workers, including retirements, burnout, “brain drain” to other areas who pay more, and others.

There are programs and initiatives focused on helping recruit healthcare and emergency workers to communities and it is of significant value if a community gathers around to support this process.

This document outlines a range of actions that a community can take to increase the effectiveness and success of recruitment efforts, to recruit healthcare workers.

One of the most important considerations in recruitment is to recognize that in most cases, we are recruiting an entire family, not just a single practitioner. As such, there are many elements to consider in positioning your community as attractive to all members of healthcare worker’s family.

Connect with Existing Recruitment Processes

The first action for a community to undertake is to get connected to the more formal recruitment processes that may already be in place or underway in your region. There are several ways that healthcare workers are recruited and various ways a community can support them.

Formal Healthcare System Recruitment Processes

There are two formal mechanisms that are always in action recruiting in healthcare workers into BC communities:

- **Divisions of Family Practice** have professional recruiters (in BC) who lead the work to recruit in new *physicians* into communities. There are over 36 Divisions across BC, and they have recruiters, funded by the Doctors of BC, who have experience and a broad network to draw from.
- The **Health Authorities** are responsible for the recruitment of *other healthcare workers (nurse practitioners, nurses, social workers, mental health clinicians, pharmacists)*, and as such, connecting with them is important if your community needs non-physician healthcare workers.

Recruiters promote job opportunities, connect them to interested individuals, and manage the process (exploratory discussions, visits to the community) as part of the recruiting process. The scope of individuals they deal with may include healthcare professionals interested in relocating, placing new healthcare graduates for their residencies or internships, and foreign-trained healthcare workers.

Informal Recruitment Opportunities.

The other entry point to recruitment may be more informal. A healthcare organization may be trying to hire workers, and the community may be able to provide support for that process – directly through that organization. To assist in this process, your community can connect with the health organization (public or private) and explain what you can offer to support the recruitment process.

How Your Community Can Help in Recruitment

Having a community recruitment support strategy based on the elements outlined below or others, will help formal recruitment organizations understand and be motivated to partner with you.

The process of recruitment faces many challenges, for which a community can provide significant support to recruiters in preparation for healthcare and emergency workers relocating to your community.

A healthcare or emergency worker considering a move to your community will have many questions about whether the community has what they need for their family to thrive. They will also be interested learning about the social network in your community and how best to integrate.

A community support team is further evidence for applicants that the community will welcome them and their family. When a healthcare worker is considering which community will be the best move for them and their family, having access to the total community experience is essential.

Healthcare workers often have choices of several communities. Your community needs to work together to “win” them.

Creating a Recruitment Support Team

- There are many elements that a potential recruit will consider, and your community can create a recruitment team with representatives or contacts in key areas to assist in the process. Contacts may include those with knowledge / contacts / expertise in the following:
 - Housing
 - Daycare and after school care
 - Schools and education
 - Sports and recreation opportunities
 - Employment opportunities
 - Local culture and food
 - Specific ethnic or religious traditions
 - Others

This team can show a potential recruit and their family all that your community has to offer and may connect with the recruit in advance of a visit, via the recruiter, to better understand the interests and needs of the recruit and their family.

A “Welcome Wagon”

- A “welcome wagon” is a formal welcome experience a community can provide potential recruits, such as welcome baskets of local goods, social events, personal tours, a nice meal, or other local fare.
- Reciprocity is a powerful motivator for humans in making decisions, and a generous “welcome” experience for a potential recruit may predispose them to a positive decision.
- Meeting a potential recruit at the airport and being a welcoming chauffer/host for the time they are in the community is an excellent welcoming strategy.

Information and Introductions

- Recruiters typically compile community information for a potential recruit which can be greatly enhanced by the information and personal introductions from a community member.
- An information package can be compiled on the issues that are of most interest to the recruit, likely including those listed above.
- Key contacts in the community can also be gathered to meet with the recruit such as:
 - Realtors for rental/housing tours and availability.
 - Daycare and after-school care programs.
 - Leadership in local schools.
 - Sports teams, recreation facilities and opportunities.
 - Business representatives regarding employment or business opportunities, especially for the spouse of a healthcare professional. Note: this is often a critically

important challenge in recruiting healthcare professionals into smaller communities.

- Those familiar with local arts, culture, and food.
- Religious leadership of the appropriate group if applicable (note this can be very important for foreign healthcare workers coming from countries where practicing religion is a part of daily life).
- Others.

Housing

- Housing is one of the most important factors in the recruitment process – especially rental housing for an initial term or shorter-term contract (e.g.: locum or residency).
- It is very difficult to search for and secure a rental when searching from afar, so someone in your community working with a recruiter or a potential recruit to provide good housing options is a significant contribution to the recruitment process.
- The relationship developed between a realtor and a potential recruit regarding rental options, can then continue beyond that if they choose to stay in the community and purchase a home.

Clinic Facilities

- In some cases, a healthcare professional may choose to move to your community, but not to join an existing group or facility, but instead to invest in developing their own clinic or professional service facility. It can be difficult to identify opportunities and move forward on these projects prior to moving to a community. As such, a community support person in the real estate development or construction industry can be a great asset in supporting this new healthcare professional for the community, and a robust economic investment in the community.

Cultural Support

- As noted above, as Canada hires foreign-trained healthcare professionals and immigrants, a multi-cultural lens is important to address cultural needs and preferences for food, community associations, religious traditions, and others we may not immediately consider.
- In addition, healthcare professionals immigrating to Canada may need support to secure bank accounts, credit cards, vehicles, drivers' licenses, and other essentials. Someone local who can help them navigate this process will make the recruit feel so much more appreciated, valued, and supported, and will help deepen relationships that are key to future retention.

Timing and Patience

The recruitment process can take a remarkably long time because we are often recruiting a “family” and there are many factors that have to line up for the transition into your community to occur.

To recruit a family, some or all of the following may be considerations:

- Licensure
 - The recruit may need to go through a licensure process to come to BC from another region, and that may take a year or more to accomplish.
 - The recruit may be finishing medical school and may need to do their residency and/or locums first, to become registered.
- The Spouse/Partner
 - A frequent challenge is finding a career-quality job for the healthcare worker's spouse/partner, in their field of expertise. It can take quite a bit of time for an opening to occur, especially in smaller or rural areas.
- House Sales
 - The recruit may need to sell their home before they move, which can be unpredictable depending on the market.
- School Year
 - Many recruits have children who need to time the move with the school year. This factor alone can delay a transition by a year, to minimize disruption.

With these factors in mind, it is important that the community support team be patient and sustain their support during the full transition period to bring in new healthcare and emergency workers. Volunteers must stay committed and continue to provide support to ensure the process is completed successfully.

Primary Care Network Partnerships for Community Impact

The Importance of Local Government and Community Connection to the Primary Care Network in your Region

Primary Care Networks (PCNs) in British Columbia are located across the province, working within regional health authorities to provide coordinated, team-based primary care. These networks are gradually being implemented in communities to improve access to care. Please see [Appendix A](#) for more details.

Multi-Purpose Tools

The Coordinator Role: Leadership for Action

The CHSS Playbook and Toolkit outline a range of strategies a community can choose to support their local healthcare and emergency workers. As there will be many organizations and individuals involved, leadership to organize and implement these strategies is critically important.

Dependent upon your community's needs and aspirations, the coordinator can be an organization or an individual and can focus on one initiative or many to deliver on your community strategy.

Elements of the Coordinator Role

The elements of the coordinator role are similar to project management roles, including:

- **Coordinating People:** Your community will have a unique cluster of individuals and organisations that want to help in some way, and they will need to be organized.
- **Role-Match:** Talk to individuals/organizations who want to be involved to understand where their interest lies and what they bring to the project, then organize them to work together effectively.
- **Delegate:** The coordinator must delegate responsibility to others who have the capacity to lead and organize aspects of various initiatives as much as possible to avoid the risk of burnout.
- **Recruit:** Choosing the individuals and organizations with the best fit for emerging or existing initiatives will also be key.
- **Champion:** The coordinator plays an essential role in raising and maintaining the energy, momentum, and spirits of the participants to ensure people feel valued for the work they are doing in their community and to keep the focus on the intended outcomes.
- **Partner:** The coordinator will also be the key relationship person with community organisations, businesses and healthcare agencies for communication, trust building and partnerships.

Training

Sometimes education/training may be needed for volunteers and organizations participating in your community's projects. The coordinator needs to ensure that there is easy to understand information available, and that new participants learn how to engage effectively in the work.

Communications

The coordinator needs to plan ahead, help craft messages, coordinate speakers, and communicate key messages in various ways associated with the variety of initiatives undertaken in their community.

Workplans

Each initiative will have a range of actions and sequence of steps to be undertaken. The coordinator needs to have oversight of the workplan that describes the work in detail and assigns it to various participating people and organizations.

Budgets

The coordinator role must have oversight of the project budget(s) to ensure resources are allocated appropriately. This may be through a formal Committee budget, or informal transactions and donations. Money always brings the need for accountability and the coordinator is key for ensuring accountability.

A Coordinators Group

It may be necessary to have a group of coordinators from a variety of organizations for various initiatives, given the organic nature of a community. If so, it may be effective to create a “coordinators group” who have regularly scheduled meetings to update each other, share issues and opportunities, troubleshoot problems, and work together for the best outcome.

A coordinators group can also increase positive energy and the quality of “fun” that can be part of these initiatives. They also are great places to be creative and innovative.

The community healthcare committee can be this group if most members are actively leading initiatives or working together on them.

Coordinating Multiple Organizations

While coordinating a small group of individuals is straightforward, coordinating “organizations” is more complex. Each organization will have its own structure, responsibilities, priorities, limits to human and financial resources, as well as processes and norms for decision-making, and identifying concerns.

When working with organizations, keep in mind:

- The initiative will need to visibly “**fit**” with the organization’s mission, goals, strategic plan, etc., so an organization may only be interested in working on one piece of an initiative or larger campaign.
- Organizations respond best when “**the ask**” has a clear role and outcome identified.
- The coordinator may need to invest time in working with both the organizational staff and the Board for collaboration to commence.
- A “**collaboration plan**” can be created to outline the larger project, as well as the smaller roles and contributions anticipated for a specific organization.
- Communication and respect are key to building trust and a mutual commitment to success. The coordinator’s actions in communication will be key to success.
- Success breeds success. The coordinator will ensure gratitude is communicated often and will highlight the community’s successes to solidify and sustain the relationships in community beyond the first initiative.

Coordination in Action

How to get started:

- Identify people who want to work together helping healthcare and emergency workers.
- Brainstorm ideas for an initiative people are interested/passionate about to help healthcare or emergency workers.
- Contact local healthcare agencies (see other tools in this Toolkit) to start discussions, and further identify and clarify needs.
- Draft an initiative concept, workplan and list of potential participants.
- Draft an initiative description for recruiting community support and volunteers.
- Organize regular meetings for champions of the initiative – regular meetings keep the process socially active, and also establish progress milestones everyone can work toward.
- Start “making it happen” to identify challenges and refinements needed to succeed.

See the healthcare strategy “tool” in the toolkit for a more fulsome outline of the range of actions to support a successful initiative.

The following recommendations focus on areas where local communities can take action to support the wellbeing of their healthcare and emergency workers. The following list of ideas provides a broad range of options for local governments working with other partners to have a meaningful impact in supporting healthcare workers.

Housing and Development Agreements to Support Healthcare Workers

Introduction

Housing costs and challenges have a major impact on the financial and mental well-being of healthcare and emergency workers. Local governments are the governing authority over housing in communities, and they enter into agreements with housing developers to provide housing targeted at certain groups under various terms. These terms are located in a Housing Agreement and/or a separate Development Agreement.

Development Agreements

Local governments often enter into Development Agreements with developers on a regular basis, generally for larger projects. Housing Agreements focus solely on housing terms, but Development Agreements articulate a wide range of terms where the local government and developer agree to exchange rights and responsibilities. Housing requirements can be included in a Development Agreement or allocated to a separate Housing Agreement.

Housing Agreements

Provincial legislation permits local governments to enter into Housing Agreements with a developer / builder to provide a certain number of housing units in a project to targeted groups under certain terms (Section 483 of BC's Local Government Act). These contributions by the developer are often driven by local government policies and regulations, as well as through initiatives to offset negative financial impacts to the developer, such as through providing density bonuses in exchange for below-market housing.

Each Housing Agreement will be unique to the community and the project. While there are common elements to all Housing Agreements, specific requirements can be used to target housing required for healthcare and emergency service providers.

Common elements of all Housing Agreements may include:

- **Recitals or "Where As" Statements** – provides background and context for the agreement and will typically set out the parties to the agreement, the nature of the development, and the purpose of the agreement.
- **Definitions** – provides definitions of any key terms. There may be a separate section in the agreement for definitions, or terms may be defined throughout the agreement.
- **Covenants** – sets out what each party is agreeing to do, or not to do. "Covenants" can be thought of as "promises." Covenants are legally created by using words such as "shall", "will" or "must" which can be compared to non-binding words such as "should", which is a suggestion, or "may" which is empowering and permissive.

For example, a developer may "covenant" or "promise" to build a certain number of affordable housing units, and "may" determine which units in the development will be designated as the affordable units all in exchange for the local government "promising" to provide project approvals or additional density.

- **Typical Clauses** – the following topics are often addressed in Housing Agreements:
 - Indemnity and Release – the developer will indemnify and release the local government from any losses the local government may incur in connection with the project.
 - Registration – the developer is typically responsible for having the Housing Agreement registered at its costs against title to the project in the Land Title Office.
 - Priority Agreements (Financial Charges) – lenders on title or other financial charge holders on title will be required to give housing and development agreements "priority" over their financial charges so that in the event of a foreclosure, the lender cannot "foreclose off" these agreements from title. These priority agreements are

signed by the lender and registered together with the housing or development agreement.

- Statutory Right of Ways – may be required to provide local governments or others with access over private lands for utilities, geotechnical or environmental matters, inspections by local governments for compliance with the agreement, or securing public access to certain areas or amenities. Priority agreement apply here as well.
- General / “Boilerplate” – addresses various matters such as notice requirements, governing law, time is of the essence, etc.
- **Organization** – agreements can be structured, or organized, in different ways and will often use headings or chapters to group similar topics together. For example, “Restrictions and Requirements – Healthcare and Emergency Workers” vs. “Insurance Requirements” vs. “Reporting Obligations.” The headings used in the agreement are not as important as the substance of the terms and the actual covenants given.

Working with Housing Agreements

The key area of a Housing Agreement that is of interest for the purpose of targeting housing to healthcare and emergency service workers are the “covenants” being agreed to by the developer. In other words, this is the section of the agreement that sets out what the developer is promising to do with respect to housing.

While the specific terms of each Housing Agreement will be negotiated by legal advisors of both parties, the following sample language can be used as a starting point in a Housing Agreement that secures housing for healthcare and emergency workers.

Defined terms which are used in the sample language are also provided below. These definitions could be included in the Definitions section of the Housing Agreement.

Sample Covenant: Provide Affordable Units to Healthcare Workers and Emergency Workers

Sample language to target affordable housing for healthcare and emergency workers is set out below. The capitalized and bold terms below would be defined elsewhere in the Housing Agreement and are described further below.

Restrictions and Requirements – Healthcare and Emergency Workers (rental)

1. The **Owner** covenants and agrees that the **Lands** must not be subdivided or built upon until and unless the **Development** includes three (3) residential dwelling units designated as **Affordable Units**.
2. Each of the **Affordable Units** on the **Lands** may only be occupied by:

- a. **Non-Owner(s)**; and
 - b. **Primary Healthcare Workers** and/or **Emergency Workers**.
3. All **Affordable Units** shall be rented at a rent that is equal or less than **Affordable Rent**.

Sample Definitions: General

Like all legal agreements, certain terms may be “defined terms” which have special or technical meanings. These terms may be defined in a particular section of the agreement or may be defined throughout the agreement, or both. These terms may be bold, italicized, and/or capitalized.

Below is sample language for definitions which give meaning to the Restrictions and Requirements example set out above.

Definitions

For the purposes of this Housing Agreement, the following terms have the following meanings:

“Affordable Units” mean those three (3) units to be designated by the Owner as those dwelling units within the Development to which this Housing Agreement shall apply.

“Affordable Rent” means the rental rates to be designated by the Local Government from time to time in its sole discretion with reference to the BC Government guidelines (if any).

“Development” means the new building consisting of residential dwelling units and related facilities to be constructed on the Lands.

“Lands” means those lands and premises located at 1234 Anywhere Road, in the Regional District of _____ and legal described as PID: 123-456-789, Lot A, Plan VIS1234.

“Owner” means the legal and beneficial owner of the Lands.

“Related Person” includes, where the registered or beneficial owner of the Lands or dwelling unit, as applicable, is:

- (i) a corporation or society:
 - (a) an officer, director, shareholder, or member of such corporation or society, or of another entity which is a shareholder or member of such corporation or society; or
 - (b) an Immediate Family of a person to whom paragraph (i) applies, or
- (ii) an individual:
 - (a) an immediate family of the registered or beneficial owner.

“Non-Owner(s)” means a person other than a Related Person or the Owner.

NOTE: The definitions in each agreement will depend on the particular requirements of each community and the intent of the agreement.

Sample Definitions: Primary Healthcare and Emergency Workers

If the intent is to provide housing for primary care providers (nurses, nurse practitioners, medical office assistant, hospital technicians, etc.) rather than anyone technically in the healthcare field (dentists, optometrists, etc.), then the definitions in the Housing Agreement can make this requirement clear.

Below is sample language for definitions which define who may occupancy the Affordable Units in the Restrictions and Requirements example set out above. These could be included in the definitions section of the agreement.

“Primary Healthcare Workers” includes any person who is regulated under the BC Health Regulators (BCHR), from time to time, and primarily practices in one of more of the following roles:

- Midwives
- Nurse practitioners
- Nurses
- Pharmacists
- Pharmacy technicians
- Physicians and Surgeons
- Practical nurses
- Medical office assistants

NOTE: Practice groups could be added or removed as required to address the needs of a specific community. Please see a list of healthcare professionals regulated in BC here: [Regulated Health Professionals - BCHR - BC Health Regulators](#)

“Emergency Workers” includes any person who is:

- (i) registered with a local emergency management organization, Provincial Ministry, or related agency; and
- (ii) holds a valid identity card or other registration confirmation from such organization, Provincial Ministry, or related agency.

NOTE: Further requirements or conditions could be added to either or both of the definitions of **Primary Healthcare Workers** and/or **Emergency Workers**. Two examples are set out below which requires two further conditions, namely the occupant being:

- (i) a member in good standing with the relevant regulator, society, or college (where applicable); and

- (ii) currently employed in the Community, or having a valid offer of employment or service contract, to provide primary healthcare services or emergency management services in the Community.

Child-Minding Services

Introduction

Healthcare and emergency workers regularly require access to childcare outside of regular daycare service hours due to their shift schedules and that they may be called in to deal with emergencies. It can be challenging and stressful for healthcare and emergency workers to find child-minding if they live and work in a community where they do not have a network of family and friends who can help.

To address these challenges and stressors, it is possible to establish a network of community support to provide child-minding services to support both the healthcare worker and the community who needs their services.

The provision of child-minding services is a complicated space of needs, expectations, legal issues, and liability. A community should be aware and prepared before providing childcare services either formally or informally.

The Legal Considerations

There are key differences between occasional child-minding and offering formal “daycare” services. Moving into “daycare” territory means that a host of regulatory requirements becomes applicable. Staying within the more informal “child-minding” space is the smoothest pathway to support healthcare and emergency workers as outlined below.

	CHILD-MINDING / BABYSITTING	DAYCARE
Frequency	Occasional, on a less scheduled basis.	Regular service on a more scheduled basis.
Duration	Various, less than a full day.	Full days (regular / scheduled)
Number of Children	One or two.	More than two, up to various numbers depending on what class of daycare is being operated.
Compensation	Uncompensated or compensated in a less formal way (e.g.: not invoiced).	Formally paid, with a formal agreement.

Location	Often at the home of the children, pending circumstantial elements.	At one's own home or facility, especially if in a specific area of your home dedicated to daycare services.
Licensing	No license is required, and providers are considered "unlicensed." If additional security is desired, one can be registered with the <u>Child Care Resource and Referral centres - Province of British Columbia</u> which includes: Criminal record check A home safety assessment First aid training Childcare training (various)	Formal licensing required for looking after two or more children not related to them for more regular or longer times.
Insurance	No insurance required.	Insurance required.
Facilities	No requirements for facilities, but it needs to be safe.	Strict facility requirements.

Further information on the differences between child-minding/babysitting and daycare can be found here:

- **B.C. Childcare Licensing Regulation** - https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/332_2007
- **Local government regulations and provincial licensing process** - <https://www.ubcm.ca/sites/default/files/2021-08/Local%20Gov.%20Child%20Care%20Planning%20Guide%204%20.pdf>
- **Childcare Victoria Types of Childcare Guide** - <https://www.childcarevictoria.org/wp-content/uploads/these-are-the-types-of-child-care-in-bc.pdf>
- **B.C. Family Child Care Association** - <https://bcfcc.ca/resources/child-care-provider-resources/>

Child-Minding Services for Healthcare Workers

A person or group of people in your community may want to offer informal child-minding services on an as-needed basis for healthcare and emergency workers who are facing challenges securing daycare when they need it.

Strategies to consider moving forward include:

Clarity on Regulations

- Gather regulation information for both child-minding and daycare, as outlined above, and ensure what your community chooses to offer is legal.

Safety

- Identify the safety elements required for offering child-minding services, including basic first aid skills, emergency contacts, and collecting information on the children’s food or other allergies, and medication.
- A safety review of any home hosting children should be conducted to ensure there are no unfortunate preventable accidents.

Access

- Clearly describe who will be providing care of children and any other persons who will be present while they are in care.

A Network of Minders

- If a healthcare or emergency worker is having significant difficulty finding or affording daycare, a group of volunteers may want to organize a network to take turns child-minding.

Availability

- The ability to say “no” to a request for child-minding should be firmly established as acceptable by all involved.

The Children’s Needs

- Clarity needs to be established regarding children’s needs and expectations, specific to their age to ensure the children have as calm and pleasant an experience as possible. This includes routines, disciplinary expectations, and general behaviour patterns.
- Any allergies or behavioural conditions should also be clarified, and appropriate accommodations arranged.

Activities and Entertainment

- Expectations and boundaries regarding activities, screen time, bed/nap time and many other aspects should be clarified.

Communication

- The ability to have direct communication between parents / guardians and child-minders needs to be arranged in case complex issues arise. Any incidents or concerns should be mutually communicated.

Offering Services

If you or a group want to offer occasional child-minding services, you can consider the following:

- Identify the scope, terms, and frequency each person can offer, and document them.
- Ensure you and your group are prepared, addressing the issues noted above.

- Connect with healthcare or emergency workers through local professional associations, places of work (healthcare facilities) or more personal/informal means to inform them of the availability of these services.
- Meet with interested healthcare workers to establish a relationship and explore expectations and needs on both sides. Establish and agree to the terms for terminating access to the child-minding services in a non-antagonistic manner.
- Start on a trial basis to see how things unfold and make refinements as needed.

Pet-Minding Services

Introduction

Healthcare and emergency workers regularly require access to pet-minding services outside of regular service hours due to their shift schedules and that they may be called in to deal with emergencies. It can be challenging and stressful for healthcare and emergency workers find pet-minding if they live and work in a community where they do not have a network of family and friends who can help.

To address these challenges and stressors, it is possible to establish a network of community support to provide pet-minding services to support both the healthcare worker and the community who needs their services.

Providing pet-minding services can entail a wide range of considerations and challenges and it is important to have clarity and be prepared in advance before offering this help to healthcare and emergency workers in your community.

Preparing to Offer Pet-Minding Services

There are a wide range of considerations when offering pet-minding services, and anyone offering these services needs to be prepared in advance with respect to the following issues:

Availability and Terms

- Before offering services, it is important to be clear about what is being offered regarding time, attention, flexibility, and others.

The Pet's Needs

- Each pet will have a diverse range of needs regarding food, health conditions, expectations for exercise or activity, a daily routine etc. It is important to ensure clarity with the owner on these issues so the pet-minding adventure will be the best experience for all involved. Discuss in advance so that pet needs such as bedding, litter boxes, enclosures and others can be provided for appropriately.

The Pet's Behaviour and Routines

- Pets often are attached to routines and react variously to different situations, the proximity of other pets and people, and others. It is important to understand how the pet will react to

different situations and to be informed and prepared for how to respond appropriately.

Pet-Proofing

- It is important to pet-proof any space where the pet will be so as minimize exposure to physical threats, toxic plants, items they could swallow, or other potential hazards.
- It is important to manage the interaction a new pet may have in a home that has other pets. Sometimes they may get along well (e.g.: two dogs playing together) whereas in others they may not (as in introducing a new cat into a home with existing cats).

Emergency Preparedness

- Ensure you have emergency contact information for the pet owners and that you have clarity on how to deal with an emergency, such as a health issue/visit to an emergency veterinarian, or others.

Compensation

- Ensure there is clarity on any compensation expected for the pet-minding.

Communication

- Be sure to communicate often and share information with each other about how things are going and any anomalies. Ask for detailed instructions as needed from the owner regarding feeding, medication, exercise, temperament, sociability, and any special needs.

Offering Services

If you or a group want to offer occasional pet-minding services, you can consider the following:

- Identify the scope, terms, and frequency each person can offer, and document them.
- Ensure you and your group are prepared, addressing the issues noted above.
- Connect with healthcare or emergency workers through local professional associations, places of work (healthcare facilities) or more personal/informal means to inform them of the availability of these services.
- Arrange for conversations with any interested healthcare workers to establish a relationship and explore expectations and needs on both sides. Confirm mutual understanding of the terms for terminating pet-minding services in a non-antagonistic manner.
- Start on a trial basis to see how things unfold, and make refinements as needed.

Written Agreements for Healthcare Worker Support Initiatives

Introduction

Undertaking initiatives to provide support to healthcare and emergency workers can entail a wide range of activities that involve multiple parties and/or involve quasi-contractual agreements. Contracts is a large and complex legal field where the involvement of lawyers and formal contracts is advisable for any agreement that may have liability or significant financial elements.

For much of what a community may undertake for support initiatives, the “agreements” will be verbal or simple. However, it is important to ensure that all parties who have agreed to work together have a shared understanding of what they have agreed to do.

Misaligned expectations where one party feels another party has not lived up to their commitments can have a negative impact on essential relationships for how a community works together, particularly to support healthcare and emergency workers.

As the proverb goes: “Failing to plan is planning to fail.”

The following list of elements to is offered for consideration in your work with other community members to ensure there is maximum clarity in mutual commitments and agreements.

Elements of an Agreement

The complexity of contracts or agreements tends to match the level of complexity of the project, and as such, some can become extremely complex (many binders in size). However, for most community initiatives, a verbal or written agreement needs only a few essential elements:

Clarity on Intent and Desired Outcome

This element is simply a statement of what the project is, and what you intend the desired outcome to be.

Clarity on the Work

It is useful to articulate in as much detail as possible, what each party intends to do as part of the project.

At the outset of any project, it can be difficult to determine all the actions and tasks that lie ahead. As such, it can be helpful to develop a “workplan” as a mutual working document that outlines:

- The desired outcome.
- The probable work that will need to be done to achieve that outcome.
 - Start with the big phases of work, and then you can break each down into smaller clear pieces. Discussing these is a good way to think through the best way to achieve your goals together.
- An allocation of what each party will do and in what sequence.
- A rough timeline for taking these actions – that fits with the reality of each party’s availability and resources.

Clarity on Partner Contributions

Each party in a project will bring some time, some resources, and a list of other things (introductions, access to equipment or facilities, others). It is important to create a list of what each person or group in the action team will bring.

A Simple Document

The most complex of agreements are typically first discussed verbally, and then written in a document. Often it can feel like there is full agreement between all parties when they are just talking about the project. When the terms are put on paper, it then becomes apparent that each party had a slightly different understanding.

The same is true for community-oriented initiatives. It is worth the time to write up the project description, workplan, what each party is contributing and doing, the timeline, and sharing it with everyone.

Once everyone agrees, having that document ensures a mutual understanding, agreement, and accountability on how to proceed.

Communication

It is also smart to regularly connect with your action team to compare notes on progress and discuss new issues or opportunities as they arise. Having a regular meeting time helps keep everyone moving forward.

Fundraising Initiatives

Community Healthcare Fundraising Strategies

Introduction

Initiatives to support healthcare and emergency workers may require financial resources and as such, various fundraising initiatives may need to be part of a support strategy. As many community and business organizations are involved in fundraising for social and community initiatives, consider engaging them for information and potential partnerships for fundraising. Local governments are much less involved in fundraising, but they can play a role, with appropriate guidance from Council /the Board. For the purposes of making action as easy as possible, we have included some suggestions and information on fundraising below.

The Fundraising Team(s)

A good first step is to implement a community healthcare working group/council to coordinate and oversee efforts to increase access to primary healthcare in your community, including fundraising

efforts. This group would manage the funds raised and direct them to recipients working to achieve support, retention, and recruitment of primary healthcare providers in your community.

There can be a number of parallel fundraising initiatives underway for various purposes, targeting different groups of contributors. Some may be organic and smaller in scale (bake sales, school-driven events, neighborhood initiatives, go-fund-me campaigns, etc.), and some may be associated with larger organizations and be larger and more formal (gala dinners, major auctions, others).

Fundraising Strategies

Your community healthcare working group/council can consider supporting some of the following strategies:

1. Community Events

- **Charity Runs/Walks:** Organize 5K runs or walks where participants raise money through sponsorships.
- **Health Fairs:** Host events that include health screenings, wellness workshops, and booths where local businesses can contribute.
 - **Partner with:** Local Health Authority Community Health; local Primary Care Network; local Community Health Network
- **Benefit Dinners/Galas:**
 - **Partner with:** Local restaurants or caterers to host a dinner event where attendees can donate.

2. Crowdfunding Campaigns

- **Online Platforms:** Use crowdfunding platforms like GoFundMe, Kickstarter, or Indiegogo to raise funds from a broad audience. Share stories, videos, and updates to engage donors.
- **Social Media:** Leverage social media to promote the crowdfunding campaign, reach a wider audience, and encourage sharing.

3. Partnerships and Sponsorships

- **Corporate Sponsorships:** Partner with local businesses to sponsor events or donate directly. In return, offer advertising or public recognition.
- **Education Institutions:** Partner with local education institutions to provide scholarships, bursaries, and other supports to primary healthcare workers.
- **Healthcare Providers:** Collaborate with local hospitals, clinics, and healthcare providers who might be willing to support the initiative.

4. Grants and Foundations

- **Apply for Grants:** Research and apply for grants from foundations and local government that focus on primary healthcare, community development, and/or issues faced by primary healthcare and emergency workers such as daycare, transportation, pet care etc.
- **Local Foundations:** Seek out local charitable foundations that may have a vested interest in improving access to primary healthcare in your community.

- **Healthcare Foundations:** There are a number of major health-oriented Foundations (such as Heart and Stroke; Easter Seals; others) who may be a good partner for some specific initiatives that align with their mission and strategic plans.

5. Donations and Pledges

- **Direct Appeals:** Send letters, emails, or make phone calls to potential donors, explaining the need and impact of the funds.
- **Recurring Donations:** Encourage donors to set up monthly or annual recurring donations, which provide a steady stream of income.

6. Merchandise Sales

- **Customized Products:** Sell T-shirts, wristbands, or other merchandise that promotes the cause. These can be sold online at events, or through local businesses.
- **Auctions:** Organize live or silent auctions where donated items or experiences are sold to the highest bidder.

7. Educational Workshops

- **Health Education Sessions:** Charge a fee for workshops on health topics, with proceeds going toward healthcare resources.
- **Online Webinars:** Host online webinars with expert speakers and charge an admission fee or suggest a donation.

8. Volunteer Efforts

- **In-Kind Donations:** Encourage community members to donate supplies, medical equipment, or volunteer their time and skills.
- **Resource Drives:** Organize drives for specific healthcare supplies like first aid kits, hygiene products, or over-the-counter medications.
 - [Examples: Please see Lily's Strategy, p.110](#)

9. Matching Gift Programs

- **Employer Matching:** Encourage donors to check if their employers offer matching gift programs, which can double or triple the donation.

10. Storytelling and Media Outreach.

- **Personal Stories:** Share powerful stories from those who have benefitted from healthcare resources or who are in need, to create an emotional connection.
- **Local Media:** Get coverage in local newspapers, radio, or TV stations to raise awareness and attract donations.

By combining these approaches, the community can rally together to generate the necessary funds to significantly improve access to primary healthcare in your community.

Implementation

To implement a fundraising strategy, a series of decisions need to be considered:

Goals and Techniques

What are our goals and how can we best match the fundraising strategy to the goal we have for support – both the amount and what it is for.

Target Audience

- Who will be most likely to contribute money / resources to this initiative?
- How much can they contribute and in what way will they be most engaged to contribute?
- What kind of relationship building should we do, and how long will that take, and who should lead it with each target audience?

Messaging and Experience

- What will our core messaging be to engage our audience?
- What stories can we share about the workers / initiatives we are trying to support?
- How do we make this a meaningful and exciting experience for them to engage and contribute?

Credibility

- How can we frame ourselves and our work to have credibility to create a relationship of trust?
- Who are some high-profile citizens or organizations we can engage in the fundraising initiative to add further exposure and credibility?

Legal and Taxes

- Are there any legal or ethical considerations we should address?
- Can we provide tax exemptions for the donations?

Workplan and Timeline

- When will be the most effective time to launch this initiative and connect with our target audience?
- What do we need to do to “stand out” in their busy world?
- What tasks does our workplan need to include? What is the draft timeline to implementation (working backward from our end date)?

Team and Budget

- Who is on our implementation team?
- What is the budget required?
- Is it appropriate to involve our target healthcare / emergency workers in some way?
 - It is important to ensure anyone we are helping keeps their dignity if we are bringing the challenges they are facing to light.

Risks

What could go wrong and how can we prepare to avoid those situations?

Reporting

- How are we going to report out the results of our campaign?
- How can this fundraising campaign set us up to launch future campaigns?

Grants

Writing grant applications can be a highly effective way for B.C. municipalities to secure funding and support for essential services like housing, daycare, and transportation for healthcare workers. Here's how grant writing can assist municipalities in addressing these needs:

1. Funding for Affordable Housing Projects

Grant funding can help municipalities develop or improve affordable housing specifically for healthcare workers:

- **Provincial and Federal Housing Grants:** Programs like the **B.C. Housing Community Housing Fund** and **Canada Mortgage and Housing Corporation (CMHC) grants** offer financial support for affordable housing development. By writing compelling grant applications, municipalities can access funding to build, renovate, or subsidize housing for healthcare workers, particularly in high-demand urban centres or rural areas.
- **Workforce Housing Initiatives:** Some grants target workforce housing specifically, which could allow municipalities to create housing incentives or subsidized rental units for healthcare workers.
- **Public-Private Partnerships (P3s):** Municipalities can also apply for grants that support partnerships with developers, non-profits, and healthcare institutions to co-fund housing projects.

2. Daycare and Childcare Resources for Healthcare Workers

Access to affordable childcare is crucial for healthcare workers, who often work irregular hours. Writing grants focused on this area can help municipalities:

- **Expand Daycare Services:** Grants from both the **Government of B.C.** and **Federal Childcare Initiatives** offer funding to expand childcare facilities or develop new daycare centres. These can be targeted specifically for healthcare workers, allowing municipalities to reduce the burden of childcare costs and access.
- **Flexible and Extended-Hours Daycare:** Some healthcare workers need daycare services that operate beyond regular hours. Grant funding can support municipalities in creating or expanding services that offer flexible and extended-hour childcare, meeting the needs of healthcare staff who work night shifts or weekends.
- **Subsidies and Vouchers:** Grants can also fund subsidy programs for healthcare workers, ensuring that even those in lower-paying healthcare roles can access high-quality childcare.

3. Transportation Solutions for Healthcare Workers

Efficient transportation is vital, especially for healthcare workers in rural or underserved areas. Grant applications can help municipalities:

- **Develop Public Transit Solutions:** Provincial and federal grants like the **B.C. Transit Infrastructure Program** and **Investing in Canada Infrastructure Program** support public transit improvements. These grants can be used to expand or optimize transit routes that healthcare workers use to commute to hospitals, clinics, and long-term care facilities.
- **Shuttle Services for Healthcare Workers:** Municipalities can apply for funding to create dedicated shuttle services, connecting healthcare workers to major hospitals or medical centres from residential areas that are poorly served by public transit.
- **Biking and Carpooling Programs:** Writing grants for sustainable transportation initiatives can help municipalities establish biking or carpooling programs for healthcare workers, particularly in cities where traffic congestion or lack of parking is a challenge.

4. Attracting and Retaining Healthcare Workers

Offering these types of resources (housing, daycare, and transportation) can make municipalities more attractive to healthcare workers, helping to address staffing shortages:

- **Incentive Packages:** Municipalities can apply for grants to create incentive programs that provide healthcare workers with subsidized housing, childcare, and transportation as part of an employment package.
- **Recruitment and Retention:** Grant funding can support outreach and recruitment efforts by municipalities or healthcare providers to attract healthcare workers to underserved areas, offering a combination of housing assistance, daycare access, and transport solutions.

5. Innovative Pilot Programs and Research

Many grant programs prioritize innovative solutions to community problems, and municipalities can apply for funding to pilot new ideas:

- **Pilot Housing Models:** Grants can fund new approaches to healthcare worker housing, such as co-housing models, tiny home communities, or mixed-use developments that combine housing, daycare, and community services.
- **Feasibility Studies:** Municipalities can apply for research grants to conduct feasibility studies on housing, daycare, or transportation projects. These studies can help municipalities assess needs and design effective, scalable solutions.

6. Collaborative and Regional Approaches

Writing grant applications can also enable municipalities to work collaboratively across regions:

- **Regional Transportation Networks:** Grants can support the development of regional transportation networks that ensure healthcare workers in neighboring municipalities have reliable access to work, especially in areas with shared health services.
- **Inter-Municipal Daycare Partnerships:** Municipalities can apply for joint grants to create regional daycare centres, reducing costs and increasing capacity for healthcare workers in multiple communities.

7. Specific Grants Available for Municipalities in B.C.

Here are some grant programs that municipalities can target:

- **B.C. Housing Community Housing Fund:** Supports the construction of affordable housing units.
- **Canada Mortgage and Housing Corporation (CMHC) Seed Funding Program:** Offers grants and loans for affordable housing project development.
- **Childcare B.C. New Spaces Fund:** Provides capital funding to create new childcare spaces, including for healthcare workers.
- **B.C. Transit Infrastructure Grants:** Supports public transit expansion and infrastructure improvements.
- **Investing in Canada Infrastructure Program (ICIP):** Offers funding for transportation and infrastructure projects that improve access to services.

By writing strong grant applications, B.C. municipalities can secure funding to develop affordable housing, expand daycare services, and improve transportation for healthcare workers. These supports not only enhance the wellbeing of healthcare workers but also strengthen the healthcare system by making it easier for these essential professionals to live, work, and thrive in the communities they serve.



[Please see Appendix G: Grants](#)

Estate Planning

Leaving a charitable gift in your Will allows you to make a lasting impact on the causes you care about while still providing for your loved ones. By allocating a small portion of your estate to charity, you can create a significant contribution, such as a \$42,000 donation from just 5% of an average estate. This approach also offers tax benefits, reducing the estate taxes owed and potentially even eliminating them, while preserving your family's inheritance. Planning ahead and having open discussions about your charitable intentions with family members can help ensure that your wishes are honored and create a meaningful legacy that aligns with your values.

Learn more at www.willpower.ca.

Establishing Non-Profit Societies to Support the Healthcare System

There are many initiatives that a community can undertake to support healthcare and emergency workers and to enhance local services. Some can be done in an informal way, while others are best

undertaken in a more structured way via a non-profit organization.

There are several types of non-profit organizations:

Non-Profit Societies

- These are organizations registered as a society with the B.C. Societies Register that conduct activities that are aligned with their mission. They are only required to have a basic structure (a few executive positions) and to keep basic records and submit a short report annually to the province. They are easy to set up, and most operate on small budgets from donations and fundraising. Many rely on volunteers.

Charitable Organizations

- Charitable organizations are societies that acquire charitable status which permits them to give tax receipts for donations to their organization and work. These can be structured as a non-profit society or as a legally incorporated organization. It is difficult to acquire charitable status and as such, they tend to be larger and more resourced, and often with staff. These organizations can access larger grants and other sources of funding than a regular society.

Social Enterprise Organizations

- A social enterprise organization is a business entity that operates with the primary goal of achieving a social, environmental, or cultural mission while also generating revenue. It differs from a non-profit/ charitable organization in that it makes a profit, and it differs from a traditional business in that its profits are reinvested to further its social objectives, rather than distributed to shareholders or owners.

It is often a good idea to start one of the more formal organizations if you intend to undertake larger and longer standing initiatives in your community and want the ability to access more grants, funding, or revenue opportunities. It is likewise important to recognize that a formal organization requires some administrative work (books, meetings, records, annual reports, others) and will require more attention and resources than an informal working group/task force.

Why Start a Community Non-Profit Society?

As communities consider ways to address health-related gaps and unmet needs, creating non-profit societies is a potential pathway to address identified gaps and improve health outcomes. Some common reasons communities have created non-profit societies to address health-related gaps include:

Accessibility and Affordability

- **Unmet Needs:** Often, there are segments of the population that are underserved by existing healthcare services. A non-profit can focus on providing healthcare to these groups, such as low-income families, the elderly, or people in rural areas.

Public Health Initiatives

- **Preventive Care:** Non-profits can run programs focusing on preventive care, such as vaccination drives, health education, and screenings for diseases.
- **Health Education:** Educating the community about healthy lifestyle choices and disease prevention can lead to a healthier population overall.

Specialized Care

- **Focus on Specific Conditions:** Non-profits can concentrate on specific health issues, such as cancer, mental health, or chronic diseases, providing specialized care and support.
- **Support Groups and Counselling:** They can offer support groups, counselling, and other mental health services that might not be readily available in for-profit healthcare settings.

Advocacy

- **Policy Advocacy:** They can advocate for policy changes to improve healthcare access and quality at the local, state, or national level.

Community Engagement and Empowerment

- **Volunteer Opportunities:** Non-profits often engage community members as volunteers, fostering a sense of community and collective action.
- **Local Solutions:** By being community-based, these organizations can tailor their services to the specific needs and cultural contexts of the people they serve.

Filling Systemic Gaps

- **Addressing System Shortfalls:** Non-profits can step in where the public and private healthcare sectors fall short, such as providing care during emergencies or natural disasters.
- **Innovation and Flexibility:** They can be more innovative and flexible in their approaches to healthcare delivery, as they are governed by an independent board of directors.

Partnerships and Collaboration

- **Building Networks:** Non-profits can collaborate with other organizations, government agencies, and private entities to create a more integrated and effective healthcare system.
- **Resource Mobilization:** They can mobilize resources from various donors, grants, and fundraising activities to support their initiatives.

Humanitarian and Ethical Reasons

- **Altruism:** Many non-profits are founded on the principles of helping others and improving human welfare.
- **Ethical Imperatives:** Addressing healthcare disparities and ensuring everyone has the right to health can be a strong ethical motivator.

Improving Health Outcomes

- **Measurable Impact:** Non-profits often have specific, measurable health outcomes they aim to achieve, which can lead to significant improvements in community health over time.
- **Long-Term Focus:** They can take a long-term approach to health issues, focusing on sustainable improvements rather than short-term gains.

Non-profit societies in healthcare play a crucial role in addressing diverse, complex health challenges by leveraging community strengths, focusing on equity, and filling critical gaps left by other sectors.

Examples of Successful Non-Profit Healthcare Societies

British Columbia

British Columbia (B.C.) is home to several successful community non-profits that focus on various aspects of healthcare. These organizations provide essential services to diverse populations, often filling gaps in the public healthcare system and addressing unique community needs. Here are some notable examples:

Community Health Centres

In British Columbia (B.C.), a Community Health Centre (CHC) is a non-profit organization that provides a wide range of primary healthcare and social services to individuals and communities, with a focus on accessible and comprehensive care. CHCs are designed to address the specific health and wellness needs of the communities they serve, often targeting underserved populations and aiming to reduce health disparities. Currently, approximately 30 community health centres provide health services in B.C.

If you want to explore setting up a CHC, you can find more information at <https://bcachc.org/>.

Community Foundations

Community foundations in British Columbia play a crucial role in supporting and enhancing the wellbeing of their communities through various philanthropic efforts.

These foundations are non-profit organizations that manage and invest donated funds to create a permanent endowment. The income generated from these investments is used to fund local initiatives, projects, and organizations across a wide range of areas, including healthcare, social services, education, arts and culture, and the environment.

Some examples of successful community foundations include:

<https://www.vancouverfoundation.ca/>

<https://victoriafoundation.bc.ca/>

Additional information and resources can be found here:

<https://ngobase.org/stwa/CA.BC/HLT/health-ngos-charities-british-columbia>

Canada

The Canadian Mental Health Association (CMHA)

Founded in 1918, CMHA is one of Canada's oldest and most established community health organizations. It focuses on mental health promotion and support services. CMHA offers a wide range of services including counseling, support groups, crisis intervention, and public education campaigns aimed at reducing the stigma around mental health issues. CMHA operates in over 330 communities across Canada, making mental health resources accessible to a large portion of the population.

<https://cmha.ca/>

USA

NUKA System of Care (South Central Foundation, Alaska):

One of the fundamental aspects of the NUKA System is that it is an Alaska Native-owned and operated healthcare system, which allows for a high degree of community involvement and control. This model is built around the idea that the community should dictate its own healthcare needs and priorities.

NUKA employs a system where care is coordinated around the patient through integrated care teams. These teams often include a variety of healthcare providers such as physicians, nurse practitioners, behavioral health consultants, and case managers. This approach aims to treat the whole person, recognizing the interconnection between physical, mental, and emotional health.

Patients in the NUKA system are referred to as "customer-owners" to emphasize their central role in healthcare delivery and decision-making. This concept promotes a partnership between patients and healthcare providers, with a strong focus on patient empowerment and involvement in care planning.

The system heavily invests in preventive care and wellness programs to maintain the health of the community. This includes comprehensive screening,

<https://www.southcentralfoundation.com/nuka-system-of-care/> educational programs, and proactive health management strategies.

<https://www.southcentralfoundation.com/nuka-system-of-care>

These non-profits illustrate the diverse ways in which community-based organizations can make a significant impact on healthcare, tailored to the unique needs of the populations they serve. They provide essential services that complement the public healthcare system, often addressing gaps and promoting health equity.



[Please see Appendix F: Resources for Starting a Not-For-Profit Organization](#)

Community Peer Network

The Community Healthcare Support Systems team is currently developing a website and web platform to connect with communities across B.C. to support engagement, facilitate communication, and provide information to communities. Here is an overview of what is planned:

1. A User-Friendly, Responsive Web Platform

- **Mobile and Desktop Accessibility:** The platform is optimized for both desktop and mobile devices, as many users in rural and urban areas may primarily use smartphones for internet access.
- **Localization Features:** Includes localization options that allow users to access content in multiple languages (e.g., English, French, Indigenous languages) to accommodate B.C.'s diverse population.
- **Community-Specific Content:** Uses geo-targeting features that allow users to find content, services, and events that are relevant to their specific community (e.g., Vancouver, Kelowna, or Prince George, etc.).

2. Interactive Features for Community Engagement

- **Community Forums and Discussion Boards:** Online spaces where users can engage in discussions, share resources, or collaborate on local initiatives. These forums may be segmented by region or topic, allowing users to connect with others in their specific community.
- **Virtual Events and Webinars:** Virtual town halls, workshops, or webinars tailored to different regions. For example, topics could range from healthcare worker access to housing in rural B.C. to transportation solutions for healthcare and emergency workers in urban areas.
- **Surveys and Feedback Tools:** Polls and surveys will be used to gather input from communities about their needs, preferences, and feedback on CHSS services.

3. Community Resource Hub

- **Local Directory:** A directory of local services, businesses, non-profits, and government agencies relevant to each community in B.C. will be created.
- **Job Board:** Include a job board that highlights healthcare worker employment opportunities across B.C., with filters for region and job type.
- **Events Calendar:** An events calendar will list virtual and in-person community events supporting healthcare and emergency workers, including webinars and information sessions, volunteer opportunities, and more as it happens across B.C.

4. Content Tailored to Specific Communities

- **Regional Blogs and News:** Publish regular blog posts and news articles that focus on issues relevant to specific regions or demographics in B.C. This could range from updates on housing initiatives in Langford to tech innovation hubs in Vancouver.
- **Social Media Integration:** Integrated social media feeds will showcase regional updates and allow for real-time engagement.
- **Educational Content and Resources:** Educational content (e.g., articles, videos, guides) that speaks to local issues or interests will be provided.

6. Partnerships with Local Organizations

- **Collaboration with Community Leaders:** Partner with local community organizations, non-profits, Indigenous groups, and municipalities to co-create CHSS initiatives or host events. These partnerships will help build CHSS reach in different parts of B.C.
- **Support for Local Initiatives:** Local initiatives will be featured and promoted on the web platform.

7. Community Support

- **Volunteer Portal:** The web platform will host a portal where users can sign up for volunteer opportunities in their communities.

8. Support for Remote and Indigenous Communities

- **Remote Community Access:** The CHSS platform is accessible to communities with limited internet connectivity by optimizing for low bandwidth and including offline features where possible.
- **Indigenous Community Collaboration:** The CHSS team will collaborate with Indigenous leaders and organizations to ensure the platform respects cultural values and offers specific services tailored to Indigenous communities.

Conclusion

Whereas the Community Healthcare System Support Playbook describes **what** communities can do to address crucial healthcare challenges related to the retention, support and recruitment of healthcare and emergency workers in British Columbia, this Toolkit describes **how** to implement specific strategies that bring communities together to improve access to healthcare for all community members.

The supportive policies and tools found in this Toolkit describe viable pathways that focus on multi-partner collaboration within communities to increase the retention, support and recruitment of healthcare and emergency workers.

The CHSS Playbook and Toolkit exist thanks to the drive and dedication of the Saunders Family Foundation, Thrive Social Services Society, community members, and funding support from the Ministry of Health and the Saunders Family Foundation. The need for this work to address our current healthcare access challenges reminds us that systems are constantly changing due to a combination of internal inefficiencies and external pressures, including technological advancements, social movements, policy changes, economic conditions, crises, and cultural shifts. The overarching goal of the CHSS Playbook and Toolkit is to embrace system change as an opportunity for improvement to create more sustainable, resilient, and equitable systems that better support the wellbeing of our communities.

While addressing healthcare challenges is often the responsibility of federal and provincial governments, we know local involvement is crucial. The CHSS Toolkit describes actionable steps that empower communities and their local governments, businesses, real estate developers, educational institutions, and others to actively contribute to the retention, support and recruitment of valued healthcare and emergency workers. The supportive policies and tools found in this Toolkit describe viable implementation pathways that focus on multi-partner collaboration within communities to achieve these outcomes.

The CHSS Team thanks the Ministry of Health for supporting the development and promotion of the Playbook, as well as the numerous local and provincial subject matter experts we consulted, and the community organizations who have hosted our presentations thus far. We look forward to seeing the CHSS strategies implemented in communities around the province and celebrating the positive impacts you experience.

Appendix A: Primary Care Network Partnerships for Community Impact

The Importance of Local Government and Community Connection to the Primary Care Network in your Region

Examples of B.C. PCN locations (not an exhaustive list) include the following:

1. Fraser Health Authority

- PCNs: Abbotsford, Brentwood/Hastings, Edmonds, Mission, Pitt Meadows, and more.

2. Vancouver Coastal Health Authority

- PCNs: Bella Coola, Pemberton, Squamish, Vancouver - Westside, Whistler, and more

3. Island Health Authority

- PCNs: Campbell River, Cowichan, Long Beach, Nanaimo North, Port Alberni, and more.

4. Interior Health Authority

- PCNs: East Kootenay, Kamloops, Kelowna Central, Lower Thompson, Salmon Arm, and more.

5. Northern Health Authority

- PCNs: Burns Lake, Dawson Creek, Fort Nelson, Fraser Lake, Hazelton, and more.

You can find more detailed, interactive maps through the websites of each health authority or by using B.C. Ministry of Health resources like [HealthLinkBC](#) to locate PCNs by community.

What Services are Available in PCNs?

Each PCN includes a range of healthcare providers such as family doctors, nurse practitioners, pharmacists, social workers, and other healthcare professionals. The services provided can include chronic disease management, mental health care, perinatal care, addiction services, and preventative healthcare.

Why Connect with your local PCN?

Recruitment

B.C.'s Primary Care Strategy includes the implementation of Primary Care Networks throughout B.C. PCNs work with the community to develop local healthcare solutions to meet the unique needs of their communities.


The development of PCNs is being led by the Ministry of Health in partnership with the Doctors of BC, Nurses and Nurse Practitioners of BC, Health Authorities (including First Nations Health Authority), Divisions of Family Practice, Indigenous partners, patient and community representatives, and other partners depending on the community.

The following strategy describes how your community can partner with these organizations and their recruiters to provide community-level supports and incentives to potential healthcare and emergency worker recruits.

 [Please see pp. 50-56: Community Strategy for Recruitment of Healthcare and Emergency Workers](#)

Data

When your community decides to retain, support, and attract health care workers, it will need data to understand the current state of the community and better focus its initiatives. You can work with your local Primary Care Network to access a range of data for your initiatives.

 [Please see Appendix B: Primary Care Network Data](#)

Community Advisory Group

Each Primary Care Network in B.C. is required to have a Community Advisory Group (CAG) to ensure the inclusion of diverse community perspectives, such as local government leaders, patients and caregivers, local non-profits, and other community organizations in decision-making regarding primary health care that contributes to the health of the community.

Consider a reciprocal membership arrangement between your community healthcare support initiative and your local Primary Care Network Community Advisory Group to ensure key perspectives are present and informing the work at both tables.

Unfilled Primary Care Provider Jobs in your Community

Your local PCN can provide you with current information about where unfilled Primary Care provider jobs are located to enable your community healthcare support initiatives to target efforts such as housing, daycare, and transportation toward specific neighbourhoods.

Physician Recruitment

Your local PCN and Division of Family Practice typically work together on the recruitment of new

physicians. You can learn more about the initiatives currently underway and how the community might contribute support by connecting with your local Division of Family Practice at <https://divisionsbc.ca/divisions-in-bc>

Appendix B: Primary Care Network Data

Primary Care Networks (PCNs) in British Columbia have access to a range of **community health network data** to support integrated and coordinated healthcare. This data helps PCNs better understand the broader health context of their community, enabling them to provide more tailored services, identify gaps in care, and address social determinants of health. Here is an overview of the types of community health network data PCNs typically have access to:

1. Population Health Data

- **Demographic Trends:** Aggregate data on population demographics, such as age distribution, ethnic backgrounds, and gender ratios, which help identify community health needs and inform service planning.
- **Disease Prevalence:** Information on the rates of chronic diseases (e.g., diabetes, hypertension, heart disease) and other conditions within the community.
- **Health Risk Factors:** Data on the prevalence of risk factors such as smoking, obesity, substance use, and sedentary lifestyles that affect population health outcomes.

2. Public Health Data

- **Immunization Rates:** Information on vaccination rates for conditions like influenza, COVID-19, or childhood diseases. This information helps PCNs promote immunization campaigns and manage disease outbreaks.
- **Infectious Disease Monitoring:** Community-level data on the spread of infectious diseases (e.g., flu, COVID-19, sexually transmitted infections) that PCNs can use to monitor and respond to outbreaks.
- **Mental Health Trends:** Statistics on the prevalence of mental health conditions like anxiety, depression, and substance use disorders. PCNs use this data to allocate resources for mental health services and outreach programs.

3. Social Determinants of Health

- **Income Levels:** Information on average income, employment rates, and poverty levels in the community. PCNs use this data to connect patients with social supports, subsidies, or financial assistance programs.
- **Housing Stability:** Data on homelessness, housing insecurity, and overcrowded living conditions. This data helps PCNs design programs that address health issues related to unstable housing, such as increased stress, mental health concerns, or communicable diseases.
- **Education and Literacy Rates:** Community education levels can influence health outcomes and inform how PCNs design health education campaigns to ensure that materials are accessible and understandable.
- **Access to Food and Nutrition:** Information about food security and access to healthy foods in the

community, helping PCNs coordinate services for nutrition and address issues such as malnutrition or obesity.

4. Healthcare Utilization and Access Data

- **Primary Care Access:** Data on the availability and utilization of family doctors, nurse practitioners, and other primary care services in the community. This information helps PCNs identify underserved areas and direct resources where they are most needed.
- **Emergency Room Visits:** Information on how often community members use emergency departments for non-emergency issues. High usage may indicate gaps in primary care access or the need for better chronic disease management.
- **Walk-In Clinic Usage:** Data on the frequency and reasons for walk-in clinic visits can help PCNs identify trends in care-seeking behavior and address gaps in regular care.
- **Health Services Wait Times:** Information on wait times for specialists, diagnostic imaging, and surgeries, which PCNs use to prioritize referrals and coordinate care more efficiently.

5. Community Health Resources

- **Local Healthcare Providers:** Information on the availability of healthcare providers such as general practitioners, specialists, physiotherapists, and mental health professionals in the community. This information helps PCNs coordinate referrals and provide team-based care.
- **Community Health Organizations:** Data on community health organizations, social services, and non-profits offering support in areas like mental health, addiction treatment, elder care, and Indigenous health services.
- **Pharmacies and Medication Access:** Information on the distribution and accessibility of pharmacies, especially in rural or remote areas.

6. Indigenous Health Data

- **Indigenous Health Trends:** Data related to the health of Indigenous populations within the community, including prevalence of chronic diseases, mental health needs, and access to culturally appropriate care.
- **Cultural Safety:** Information about the needs of Indigenous communities to ensure that care provided by PCNs is culturally safe and respectful of traditions, with access to Indigenous healthcare providers and services.

7. Mental Health and Addiction Services

- **Substance Use Data:** Information on opioid use, alcohol dependency, and other substance-related issues in the community. This helps PCNs coordinate addiction treatment services and connect patients to harm reduction programs, such as supervised consumption sites or needle exchanges.
- **Mental Health Crisis Data:** Community-level statistics on mental health crisis incidents, including

suicide rates or emergency mental health interventions. PCNs use this data to ensure mental health services are responsive and adequate to the community's needs.

8. Environmental Health Data

- **Air and Water Quality:** Information on environmental factors that may impact health, such as pollution levels, water quality, or proximity to industrial areas. PCNs may use this data to address health concerns related to respiratory issues or other environment-related illnesses.
- **Food and Waterborne Disease Data:** Trends in illnesses caused by foodborne or waterborne pathogens (e.g., E. coli, Salmonella) that may affect community health.

9. Health Inequities and Vulnerable Populations

- **Vulnerable Groups:** Data on populations who face barriers to accessing healthcare, such as newcomers, refugees, low-income families, or people with disabilities. PCNs use this data to develop targeted outreach and support programs.
- **Inequities in Health Outcomes:** Disparities in health outcomes based on ethnicity, gender, socioeconomic status, or geographic location, allowing PCNs to address health equity issues through tailored care and outreach.

10. Health Research and Innovation Data

- **Community-Based Research:** Data from studies or pilot programs conducted in the community to assess the effectiveness of healthcare interventions, including innovations in primary care delivery, telemedicine, or chronic disease management.
- **Privacy and Data Sharing:** Community health network data that PCNs have access to is typically anonymized and aggregated to protect individual privacy. Access to personal data is governed by provincial privacy laws such as the B.C. Freedom of Information and Protection of Privacy Act (FIPPA), ensuring that any personal health information shared between healthcare providers is secure and used appropriately.

Appendix C: B.C. Ministry Contacts

Ministry	Email
Agriculture and Food	agriservicebc@gov.bc.ca
Attorney General	servicebc@gov.bc.ca
Children and Family Development	mcf.info@gov.bc.ca
Citizens' Services	servicebc@gov.bc.ca
Education and Childcare	servicebc@gov.bc.ca
Emergency Management and Climate Readiness	emcr.minister@gov.bc.ca
Energy and Climate Solutions	servicebc@gov.bc.ca
Environment and Parks	servicebc@gov.bc.ca
Finance	servicebc@gov.bc.ca
Forests	servicebc@gov.bc.ca
Health	hlth.health@gov.bc.ca
Housing and Municipal Affairs	servicebc@gov.bc.ca
Indigenous Relations and Reconciliation	servicebc@gov.bc.ca
Jobs, Economic Development, and Innovation	servicebc@gov.bc.ca
Labour	lbr.minister@gov.bc.ca
Post-Secondary Education and Future Skills	aest.generalinquiries@gov.bc.ca
Public Safety and Solicitor General	servicebc@gov.bc.ca
Social Development and Poverty Reduction	sdpr.minister@gov.bc.ca
Tourism, Arts, Culture and Sport	servicebc@gov.bc.ca
Transportation and Transit	tran.webmaster@gov.bc.ca
Water, Land and Resource Stewardship	servicebc@gov.bc.ca

<https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries>

Appendix D: Funding Opportunities

Family Physician Recruitment and Retention

[Provincial Rural Retention Program](#)

The Rural Retention Program benefits are paid to physicians working in eligible communities covered under the Rural Practice Subsidiary Agreement. The incentive program was designed to enhance the supply and stability of physicians in rural communities.

[Recruitment Incentive Fund](#)

The physicians who are recruited to fill current or pending vacancies in eligible rural communities receive an incentive from \$5,000 - \$20,000.

[Recruitment Contingency Fund](#)

Annual fund to assist eligible rural communities with recruiting expenses for filling a vacancy.

Healthcare Workers Recruitment and Retention

Many Regional Health Authorities have incentive programs for health care workers:

[Recruitment Incentives for Healthcare Workers in the Interior](#)

Incentives for Nurses including rural retention grants for hard-to-fill positions and certain Medical Laboratory Technologists in the Interior (up to \$10,000). Other funding opportunities include the Health Career Access Program that offers paid working and training for Healthcare Support Workers and the Medical Device Reprocessing Technicians Grant that offers paid training and education.

[Northern Health – Living and Working Here – Benefits and Incentives](#)

Northern Health offers benefits and incentives from extended health coverage to cash bonuses for positions ranging from physicians and nurses to diagnostic imaging and medical laboratory technologist recruitment.

[Vancouver Coastal Health Authority – Relocation Assistance and more](#)

Vancouver Coastal Health provides relocation assistance for select regular-status, hard-to-fill positions.

[Island Health Authority – North Vancouver Island Incentives](#)

Retention incentives and temporary travel incentives exist for opportunities based in north Vancouver Island.

[B.C. Nurses Union Bursaries and Funding](#)

Various bursaries and funding are available for student nurses. Eligibility categories include Indigenous, internationally educated, student members who aren't currently employed, humanitarian focused, and more.

Loan Forgiveness

[B.C. Student Loan Forgiveness Program](#)

Recent graduates in select in-demand occupations can have their B.C. student loans forgiven by agreeing to work at publicly funded facilities in underserved communities in B.C.

[Canada Loan Forgiveness Program](#)

Offers eligible recent graduates to exchange loans for work in the community.

Community Foundations

Many communities have foundations that support local non-profit organizations in areas that include healthcare. A few examples are listed below:

[Community grants | City of Vancouver](#)

There are over 20 grants available to non-profit social service groups in Vancouver such as childcare centres and services to at-risk communities.

[Vancouver Foundation Grants - Province of British Columbia](#)

Vancouver Foundation grants support projects to help build healthy, vibrant, and livable communities across B.C., including Systems Change Grants for charities taking action to address the root causes of pressing social, environmental, or cultural issues (from \$20,000 to \$300,000).

Primary Care Support

[Family Practice Services Committee \(FPSC\)](#)

FPSC provides various incentive compensation to family physicians to support aspects of longitudinal family practice.

[Rural Coordination Centre of British Columbia Rural Health Initiatives](#)

Grants for projects spearheaded by rural physicians and their partners practicing and doing research in underserved communities, including The Rural Global Health Partnership Initiative and the Rural Physician Research Grant Program (up to \$10,000).

Other

[Investing in Canada Infrastructure Program - British Columbia - Rural and Northern Communities Infrastructure - Province of British Columbia](#)

Cost-sharing of infrastructure projects that support sustainable and inclusive communities while driving economic growth. Eligibility is based on public use and benefit.

[Northern Development Main Street Revitalization – Capital Program - Province of British Columbia](#)

The Main Street Revitalization – Capital program provides local governments and First Nation bands with funding to complete strategic public investments in public infrastructure within a community's downtown/main street area, including grants for cultural, economic, and recreational infrastructure (up to

\$300,000).

[Community Gaming Grants - Province of British Columbia \(gov.bc.ca\)](http://gov.bc.ca)

Community Gaming Grants are provided annually to not-for-profit organizations to support ongoing programs and services that meet the needs of their communities (up to \$125,000 per year for local organizations, and up to \$250,000 a year for regional organizations).

Appendix E: Healthcare Organization Resources

Organization	Description	Comments
Pathways Medical Care portal	This website portal allows you to find doctors, nurses, midwives, and other healthcare providers in your region. https://pathwaysmedicalcare.ca/	This website can help assist in identifying healthcare professionals to start a discussion with – about their needs and ways we can help.
Healthmatch BC	This organization focuses on health recruitment services for B.C. communities. https://www.healthmatchbc.org/ https://www.bchealthcareers.ca/	This site links employers with those looking for career opportunities in healthcare. It can be of assistance when trying to recruit additional healthcare workers.
Primary Care Networks	A PCN is a clinical network of local primary care service providers located in a geographical area, with patient medical homes (PMHs) as the foundation. A PCN is enabled by a partnership between a local division of family practice, their regional health authority, local First Nations, and other community partners. https://fpsc.bc.ca/news/news/refreshed-primary-care-network-approach	The PCNs are a key point of connection for physicians and the community, within a regional context.
Divisions of Family Practice	A Division of Family Practice in British Columbia is a community-based group of family physicians who work together to improve primary care delivery and address local healthcare needs. Each division is geographically based and focuses on collaborating with health authorities, other healthcare professionals, and the community to provide comprehensive care. Each geographical area of the DFP have recruiters who works to recruit https://divisionsbc.ca/provincial/about-us	This group is a key channel to communicate with the group of physicians within your region.
B.C. Rural Health Network	The B.C. Rural Health Network (BCRHN) consists of healthcare advocacy organizations working in cooperation with healthcare policymakers. The purpose of the Network is to promote and support a health services system	This group can be a great resource and point of connection for smaller rural communities to engage their regional primary care healthcare workers.

	that improves and sustains the health and well-being of residents of rural communities across British Columbia https://bcruralhealth.org/about-us/	
Island Docs	This group represents Divisions of Family Practice across Vancouver Island, who work together to recruit physicians to communities on Vancouver Island. https://islanddocs.com/	This can be a great resource for communities on Vancouver Island who are working to recruit healthcare workers.
Association of Nurse and Nurse Practitioners of BC	The Association of Nurses and Nurse Practitioners of British Columbia (NNPBC) is the professional association that represents the voice of all four nursing designations in B.C. – RNs, LPNs, RPNs and NPs. https://www.nnpbc.com/about-us/	This organization can be a portal to engaging discussions about nurses in your community, and who you might want to build a local relationship with to get better connected to nurses.
Canadian Nurses Association (national)	The CNA is a national nursing organization leading the development of health policy across Canada. Representing Canada's 466,000 regulated nurses, across all 13 provinces and territories. https://www.cna-aiic.ca/en/home	This organization primarily plays a national role, but they can be a source of connections and of information.
Doctors of BC	Doctors of BC is a voluntary association of more than 16,000 physicians, residents, and medical students in British Columbia. It focuses on representing doctors' views in policy discussions, and in providing support for physician's wellbeing. https://www.doctorsofbc.ca/about-us	This group is another source of information and possible connections to physicians or related organizations in your region.
BC Surgical Society	This organization is a professional association for surgeons in B.C. https://bcss.ca/	This organization can be a source of information and contacts for your community if you are recruiting or engaging surgeons.
BC Family Doctors	This group is a professional membership organization representing the issues and views of family doctors in B.C. https://bcfamilydocs.ca/	This group can be a source of information and contacts for family doctors.
Registered Nurses Foundation of BC	The Foundation focuses on raising money and providing bursaries and financial support to nurses and nursing students. https://www.rnfbcc.ca/about/	This organization can be a conduit for information and for financial support to nurses in your community.
BC Association of Community Health Centres	BCACHC is the association of Community Health Centres (CHC), which supports the creation and management of full-service	This organization can be a good source of information and contacts for anyone wanting to set up a new

	<p>clinics with a broad range of wrap-around services in a community. These are non-profit entities, independent of Health Authorities.</p> <p>https://bcachc.org/about-bcachc/</p>	<p>clinic. They also offer a “start-up toolkit” for setting up a CHC.</p>
Medical Office Assistants Network	<p>There MOAs do not have a robust organization representing them. There is a Facebook page where information is shared.</p>	<p>Connecting with this group may assist in initiatives targeting support for MOAs.</p>
Midwives Association of BC (and Canadian Assoc of Midwives)	<p>The MABC is the professional association for midwives in BC.</p> <p>https://www.bcmidwives.com/about.html</p>	<p>This group can be a source of information and opportunities to support midwives in a community.</p>
BC Pharmacy Association	<p>The B.C. Pharmacy Association (BCPhA) has a membership of more than 5,000 pharmacists, pharmacies, pharmacy students, pharmacy technicians and industry representatives, the BCPhA is the organization recognized for representing the interests of pharmacies and pharmacists in communities throughout the province of British Columbia.</p> <p>https://www.bcpharmacy.ca/about</p> <p>The College of Pharmacists is the regulatory body for professional Pharmacists.</p>	<p>This group can be a source of information and of contacts for pharmacists in a community.</p>
BC Assoc of Social Workers	<p>This organization supports and advocates for social workers in B.C., providing resources, professional development, and a collective voice for social work professionals in the province</p> <p>https://www.bcasw.org/about-bcasw</p>	<p>This organization can be a source of information and of contacts for social workers for a community.</p>
BC Association of Emergency Healthcare workers and Ambulance Paramedics of BC	<p>This organization includes paramedics, the B.C. Ambulance Service and associated services and workers associated with out-of-hospital and inter-hospital health services throughout B.C.</p> <p>http://www.bcehs.ca/</p> <p>https://www.apbc.ca/</p>	<p>This organization can provide information and contacts related to emergency ambulance and paramedics in a community.</p>
BC Professional Fire Fighters Association	<p>This organization represents the 4,500 professional firefighters and organizations in B.C.</p> <p>https://www.bcpffa.net/</p>	<p>The BCPFFA has 55 locals throughout B.C. and can be a source of information and connections for a community.</p>

Volunteer Firefighters' Association of BC	The VFABC represents volunteer firefighters in B.C. and provides education and advocacy. https://vfabc.ca/	This group can be a source of information and contacts for smaller communities with volunteer fire depts.
BC Police Association	The BCPA, represents over 3000 frontline police officers in B.C. https://www.bc-pa.ca/home	This group can be a source of information and contacts for issues related to police in a community.
BC Association of Healthcare Auxiliaries	The BCAHA is an organization of a wide variety of volunteers who work to support healthcare in various ways, including raising money for equipment and advocacy. https://bchealthcareaux.org/about/	This organization can be a source of information, volunteers, and initiatives to support healthcare services in a community.
Health Sciences Association	The HSA is a main organization / union representing 20,000 health science and healthcare workers in over 250 hospitals and agencies in B.C., with 7 regions. https://hsabc.org/about	This organization can be a source of information and contacts for healthcare workers.
The Federation of Community Social Services	The FCSS is a larger network / list of community social service organizations. https://fcssbc.ca/	This network can be a key source of information and community agencies to connect with.

Appendix F: Resources for Starting a Not-For-Profit Organization

Starting a Non-Profit Society in British Columbia

1. Province of British Columbia:

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

- [Start a society](#)
- [Maintain a society](#)
- [Look up information about a society](#)
- [Amalgamate societies](#)
- [Dissolve or end a society](#)
- [Restore a society](#)
- [Types of societies and not-for-profit organizations operating in B.C.](#)

2. Pacific Legal and Education Outreach Society – The B.C. Societies Act FAQs

The information in Societies Act FAQs is intended for British Columbian non-profits that want to understand the requirements of B.C.'s Societies Act, SBC 2015, c. 18, and compliance with this legislation.

<https://www.pacificlegaloutreach.com/resources>

3. Vantage Point – Non-profit Start-up Education

<https://thevantagepoint.ca/services/standard-workshops/>

The right learning at the right time.

Choose from the following cost-effective Vantage Point standard workshop topics: board governance, leadership, capacity building, or people engagement [workshops](#) to be delivered in your virtual or in-person workspace... when you need it.

Standard Workshops Available

- [Board Fundamentals: Roles & Responsibilities](#)
- [Human Resources: Positive Volunteer Relationships](#)
- [Essentials for New Managers](#)

4. Steps to Incorporate (and maintain) a Non-Profit in B.C.

<https://www.peopleslawschool.ca/how-to-incorporate-non-profit/>

Incorporate Your Non-profit

- Step 1. List your officers and directors
- Step 2. Pick and reserve a name
- Step 3. Determine your purpose
- Step 4. Prepare your bylaws
- Step 5. Go online and file
- Step 6. Open a bank account

Maintain Your Non-profit

- Step 1. Keep an organized file of all your records
- Step 2. Annually, file a report with the registrar
- Step 3. If things change, make any required filings

Applying to become a registered charity is a 4-step process. Within the four steps below, you will find tools to help you decide whether you should apply, and what documents to send in with your application.

Make an informed decision about becoming a registered charity

Determine whether you should apply to become a registered charity.

Set up your organization before applying for registration

Things you need to know before establishing yourself as a legal entity.

Apply for registration

Applying for charitable registration or re-registration, information, and documentation you will need to provide, and tips about the application.

Application review process

Our review process after you have submitted your application

Documents You will Need When Starting a Canadian Nonprofit Organization

<https://quickbooks.intuit.com/ca/resources/nonprofit-organizations/starting-nonprofit-essential-documents>

In many ways, setting up a Canada nonprofit is similar to setting up any other business. However, you will find that your nonprofit has slightly different legal obligations and must handle accounting according to different requirements. During the startup phase, your nonprofit also has to file a specific set of documents to qualify as a nonprofit corporation. Take a look at the basic requirements.

Required Documents When Forming a Nonprofit Organization in Canada

When you apply for a certificate of incorporation as a Canadian nonprofit, your nonprofit document packet

must include:

- Your Articles of Incorporation. This is Form 4001, which must be completed and signed. Your Articles of Incorporation may be in English, French, or both.
- Your Initial Registered Office Address and First Board of Directors. This is Form 4002.
- The results of a nonprofit name search that has been done within the most recent 90 days. Even if you have already received approval for your organization's name, you must include the Nuans name search report, along with a letter from Corporations Canada that confirms the approval of the name. No name search report is required if your proposed name is composed entirely of numerals.
- Your filing fee. If you file your application online, your filing fee is slightly less than if you file by email, mail, or fax. Turnaround time is also faster if you apply online.

Document Updates Required on a Regular Basis

Once your Canada nonprofit organization has been approved, you still have nonprofit documents to take care of on a regular basis. You must file an Annual Return yearly within 60 days of your organization's anniversary. This is not your organization's income tax return, but rather is a statement of updated information about your nonprofit corporation.

If you want to change your organization's main address, you might file a change-of-address form with Corporations Canada. In addition, you must notify Corporations Canada if you add or remove any members of your board of directors, as well as of any change of address of the directors.

If your organization solicits donations from the public or if it receives significant government grants, you must file financial statements yearly, as well as a public accountant's report. Corporations Canada makes all these documents available to the public.

You must also make official changes to your Articles of Incorporation if you change the organization's name, province, number of directors, classes of members, restrictions on the organization's activities, purpose, or distribution of property. In addition, you must file a copy of your by-laws with Corporations Canada, providing updates whenever any information in your by-laws changes.

Other Requirements for a Canadian Nonprofit

Canadian nonprofits create statements of financial position every year in lieu of the balance sheets created by most for-profit corporations. Statements of financial position include details about the organization's net assets and liabilities, and they are often prepared using fund accounting, which focuses on accountability regarding how funds are spent and provides the kind of information nonprofits need to report back to their donors.

Canadian nonprofits fall into one of two categories: registered charities and nonprofit organizations. Donors to registered charities are allowed to claim charitable tax credits on their tax returns, and those charities must issue donation receipts to their donors. They must also register with the Canada Revenue Agency.

Nonprofit organizations must file tax returns with the Canada Revenue Agency, but the registered charities and non-profits must file different types of forms. Registered charities never pay income tax. Other nonprofits, however, may have to pay taxes on capital gains or on income received from property. Both types of nonprofits must pay sales taxes. Understanding what application and reporting requirements exist for nonprofits in Canada helps these vital corporations stay organized and meet their obligations to the nation.

Legal Help for Non-Profit Organizations

Access Pro Bono: <https://accessprobono.ca/get-legal-help/legal-help-non-profit-organizations>

New Non-profit Network Established in B.C.

The B.C. Provincial Government is providing Vantage Point, an organization that serves other non-profits in B.C., with \$650,000 to lead the development of a provincewide non-profit network to help non-profit organizations strengthen their potential and improve their ability to support and advocate for the people and communities they serve. More people will benefit from stronger and better-connected services, such as health supports, housing, and food security.

Vantage Point will use this funding to support research, planning, and data sharing regarding the state of the non-profit sector in the province. Vantage Point will develop a steering committee of sector leaders that will set a governance model and strategic priorities for a formal B.C. non-profit network. This network will meet regularly to collaborate and advance work that addresses issues affecting all non-profit organizations in the sector.

Quick Facts:

- B.C. has more than 31,000 non-profit organizations employing approximately 335,000 people.
- Women make up 74% of employees in the non-profit sector.
- Non-profit organizations make an economic contribution of \$28 billion to the province's GDP.
- Since 2022, government has provided more than \$90 million to support unrestricted multi-year grants to non-profit organizations providing key services for people and communities through a partnership with the Vancouver Foundation.

Learn More:

To learn more about Vantage Point, visit: <https://thevantagepoint.ca/>

The British Columbia Societies Act [SBC 2015] Chapter 18

British Columbia (provincial law). Governs how societies (not-for-profit corporations) are created and run in B.C.

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/15018_01

Appendix G: Grants

B.C. Growing Communities Fund

The Growing Communities Fund provides a one-time total of \$1 billion in grants distributed among all of B.C.'s local governments. Growing Communities Fund grants support the delivery of infrastructure projects necessary to enable community growth. Grant funding is incremental to currently planned infrastructure and amenity projects and may include related project costs such as early-stage development work.

<https://www2.gov.bc.ca/gov/content/governments/local-governments/grants-transfers/grants/bc-s-growing-communities-fund>

Community Gaming Grants

Community Gaming Grants provide \$140 million annually to not-for-profit organizations throughout B.C., to support their delivery of ongoing programs and services that meet the needs of their communities.

<https://www2.gov.bc.ca/gov/content/sports-culture/gambling-fundraising/gaming-grants/community-gaming-grants>

Capital Project Grants

Capital Project Grants provide \$5 million annually to not-for-profit organizations throughout B.C., to support the completion of inclusive, accessible capital projects that meet community-identified needs and priorities.

<https://www2.gov.bc.ca/gov/content/sports-culture/gambling-fundraising/gaming-grants/capital-project-grants>

The Victoria Foundation

Vibrant and Caring Community Fund - Bolsters projects, programs, and services in all areas of greatest need in our region – from health and wellness, to education, to housing, and more. Many donors choose to make their gifts to this fund to allow the Foundation to strategically and flexibly respond to needs as they arise.

<https://victoriafoundation.bc.ca/vibrant-caring-community/>

Health and Wellness Fund - Supports local initiatives that improve physical and mental health and promote good health and wellness practices. A few examples include initiatives aimed at preventing long-term chronic diseases, delivering physical literacy programs for children, improving access to one-on-one mental health support, and reducing social isolation.

<https://victoriafoundation.bc.ca/health-and-wellness-fund/>

Community Credit Unions – (e.g. Coastal Community Credit Union – serving Vancouver Island & the Gulf Islands)

Building Healthier Communities Fund

The Building Healthier Communities Fund helps support long-term initiatives that strengthen and sustain our Island communities.

<https://www.cccu.ca/about/community/community-funding-request>

Local Government Grant in Aid

Local Government Grants-in-Aid are one-time grants to fund special projects and activities, awarded to community non-profit organizations who deliver projects benefiting electoral areas. They are awarded to projects or activities which are beyond the scope of local government services and represent an appropriate use of tax dollars to benefit an electoral area.

Organizations already being funded directly on an ongoing basis by taxation, or industrial, commercial, or business undertaking or private individuals **are not** eligible for assistance under this program. Grants-in-Aid **are not** intended for the personal benefit of any individual, proprietor, member, or shareholder.

This program is outlined in Section 263(1)(c) of the Local Government Act and allows local governments to aid with the purpose of benefiting the community. The Committee of the Whole considers grant requests and makes funding recommendations to Council. Please visit your local government website for details.

Appendix H: Housing Programs

City of Langford - Attainable Housing Program

Langford's Attainable Housing Program helps qualified buyers secure up to 75% of the down payment for their home. The grant money comes from the City's Affordable Housing Reserve Fund, which is funded by contributions provided by developers as a condition of rezoning for increased density. No taxpayer dollars are allocated toward this Fund. Qualified buyers do not have to repay the grant.

<https://langford.ca/langfords-innovative-attainable-housing-program-broadens-eligibility/>

Attainable Housing Development Society

The Attainable Housing Development Society focuses on assisting organizations with funding, development & delivery of middle-income housing in the areas that need it the most in B.C. and beyond.

<https://attainablehousingsociety.ca/>

B.C. Builds – Homes for People

B.C. Builds helps government, non-profit, First Nations, and community landowners like local health authorities, school districts, colleges and universities, faith groups, service clubs, and more.

For government, non-profit and community landowners:

<https://www.bcbuildshomes.ca/landowners>

For residential developers and housing operators:

<https://www.bcbuildshomes.ca/developers>

TL Housing Solutions – Committed to Our Communities

Over the past ten years, TL Housing Solutions has crafted innovative housing models to benefit those in need through partnerships with not-for-profits, legions, churches, and healthcare providers.

<https://tlhousingsolutions.com/about>

Appendix I: Principles for Community Engagement

(Association of American Medical Colleges)

Here are [10 principles](#) that community stakeholders endorse as the guiding compass for your journey to establish trustworthiness.



1. The community is already educated; that's why it doesn't trust you.

Words matter. Be mindful of how you frame your relationship. It is not your job to teach to the gaps you assume the community has. Mistrust is a rational response to actual injustice. The community knows what it doesn't know and will ask when it thinks you have answers it can trust. (This goes for "empowering" the community, too.)



2. You are not the only experts.

People closest to injustice are also those closest to the solutions to that injustice. (That is probably not you or your organization and, even if it is, there's a power imbalance.) Listen to people in your community. They have deployed survival tactics and strategies for decades — centuries, even. Take notes. Co-develop. Co-lead. Share power.



3. Without action, your organizational pledge is only performance.

Walk the walk, please. Deploy resources. Coordinate across your organization. Hire someone to the C-suite and a network or coalition of experts to be responsible for transformation because transformation is not a one-person job. Be authentic. Don't just say you're committed to the goal of health equity; do the work to achieve it.



4. An office of community engagement is insufficient.

One full-time employee doesn't cut it. Don't jam this work into your existing diversity and inclusion office, either. Trustworthiness is not a "minority tax"; we are *all* responsible. This is systemwide, all-hands-on-deck work and, as such, should be acknowledged, incentivized, and promoted in material ways.



5. It doesn't start or end with a community advisory board.

Running *your* thoughts by a group of self-appointed community leaders for a thumbs-up does not suffice. Take to the streets to get some unfiltered opinions. And then work together with the community to put that wisdom into the work. Make it clear to all you've done so, and explain the benefits accrued.



6. Diversity is more than skin deep.

We are diverse within our diversity. Do not rely solely on matching skin tones to make a difference. Think intersectionality and multiple identities, but remember: humility and honesty are the foundation for earning trust.



7. There's more than one gay bar, one "Black church," and one bodega in your community.

Not all gay people go to the club, and not all people of color go to the same church (or go at all). Know all of your community's assets. Visit them. Meet the patrons. Meet the leaders. Break bread and share a meal — at their tables.



8. Show your work.

The community does not think you are perfect, and the past is always present. So be transparent about your limitations, your biases, your goals, your funding, and the outcomes that matter to you. Then ask the community to do the same. Identify the "win-win" for all parties. No secrets, no surprises.



9. If you're going to do it, take your time, do it right.

Demonstrating trustworthiness is not a one-and-done proposition. Keep at it. Be mindful. Remember, it takes a long time to build trust and only a split second to destroy it. Pace yourself.



10. The project may be over, but the work is not.

Do not drop in and drop out. Share results. Partner on next steps. Close the loop. The community is constant — it is not there only for the duration of your grant or initiative. Be there for the community, always, and it is more likely to want to be there for you.

Appendix J: Collective Impact



The Collective Impact framework was launched in 2011 by John Kania and Mark Kramer of FSG Consulting. Their Stanford Social Innovation Review article of the same name distilled some of the key ingredients of successful community efforts to move “from fragmented action and results” to “collective action and deep and durable impact.”

The approach was built on five conditions:

- 1. Common Agenda**
- 2. Shared Measurement**
- 3. Mutually Reinforcing Activities**
- 4. Continuous Communication**
- 5. Backbone Support**

Since 2011, Collective Impact’s popularity has exploded and is now employed across the globe by coalitions and collaboratives working to impact poverty, homelessness, health, climate change, the justice system, student achievement and many more issues and opportunities.

At the Tamarack Institute, we recognize the importance of long-term commitment in a Collective Impact initiative. In 2016, Tamarack published Collective Impact 3.0 which built on the original framework and deepened our understanding of how to get the most out of intentional, collective action.

We are excited to launch our Collective Impact Toolkit resource to assist other change-makers and organizations on their own Collective Impact journey. We want to equip you with the practical tools needed to navigate the various pre-conditions, conditions, and phases of a long-term Collective Impact effort. The tools and resources contained within are pulled from over twenty years of community change work, informed in partnership with local changemakers from communities across the globe.

Collective Impact requires commitment, content and context expertise, and time. We hope that this Toolkit provides you with enough resources to get started on your Collective Impact journey, and enough knowledge and wisdom to help you ask the right questions of the right people along the way.

Click here to embark on your Collective Impact journey:

<https://www.tamarackcommunity.ca/collective-impact-toolkit?hsCtaTracking=a8f6726e-1c07-43c9-b0d6-c68c0cbbacec%7Cc29ff223-8bf4-4918-8136-eda301d5b9ae>

Appendix K: A Guide for Age-Friendly Cities and Communities

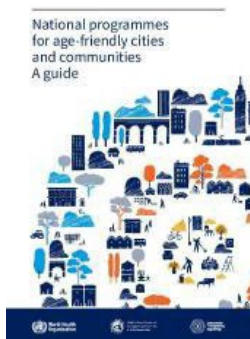
Overview

This publication is also available in: [Español](#) | [Português](#)

Our physical and social environments are major influences on how we experience ageing and the opportunities it brings. Creating age-friendly environments enables all people to age well in a place that is right for them, continue to develop personally, be included, and contribute to their communities while enabling their independence and health.

Developing age-friendly cities and communities (AFCC) is a proven way to create more age-friendly environments – for everyone. This guide provides direction to national authorities and stakeholders responsible for or involved in forming or sustaining national programs for AFCC.

The guide includes suggestions for meaningful engagement of older people in creating age-friendly environments, detailed examples of existing national AFCC programs, and practical steps for creating or strengthening such a program. The vision of this guide is for all countries to establish a national AFCC program by the end of the [UN Decade of Healthy Ageing \(2021–2030\)](#) – neighbourhood by neighbourhood, city by city, and country by country.



<https://www.who.int/publications/i/item/9789240068698>

Appendix L: Resource Documents

British Columbia Rural Health Network (BCRHN) – Helicopters Without Borders

What We Do

Helicopters Without Borders is a non-profit organization that delivers health, wellness, and critical support to remote communities and population struck by disaster across B.C.

Across Canada, thousands of people in rural and remote communities are negatively impacted by inefficient supply chains as a result of geography, poor transportation infrastructure, and severe seasonal weather. We provide air transportation solutions to bridge this gap and increase access to health and wellness in British Columbia.

British Columbia Societies Act [SBC 2015] Chapter 18

British Columbia (provincial law). Governs how societies (not-for-profit corporations) are created and run in B.C.

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/15018_01

Practice Ready Assessment – Physicians for B.C.

The PRA-BC is an assessment program for internationally trained family physicians who have completed residencies in Family Medicine outside of Canada. This program, known as Practice Ready Assessment – British Columbia (PRA-BC), provides qualified family physicians with an alternative pathway to licensure in B.C. As a program, PRA-BC has assessed 243 family physicians since 2015. These family physicians were placed in 68 communities throughout BC.

For each PRA-BC session, B.C. health authorities identify underserved communities where successful candidates must complete a three-year return of service (ROS). View the official Government of B.C. Return of Service Programs page. The PRA-BC Contract is under the “Documents” sidebar on the right.

The list of identified ROS communities will differ with each PRA-BC intake (Spring and Fall annually). Health authorities, ROS community clinics, and physicians involved in the interview process strongly urge candidates to learn as much as possible about B.C. and the communities identified for PRA-BC candidates.

<https://www.prabc.ca/>

Appendix M: Community Fundraising Initiative Examples



ComfyKids - CommunitiesHelpingFamilies

Cancer affects everyone. Children in our communities are diagnosed with cancer every year. The news that a child has been diagnosed with this horrible illness cripples a family and ripples through the entire community.

While we are very fortunate to have access to cancer treatment and care in British Columbia, not all communities have a complete pediatric oncology program and must travel to B.C. Children's Hospital in Vancouver. Often these treatments last for several days, weeks and even months. Traveling to and from Vancouver with an ill child for treatment creates many challenges and stresses, including financial burden and travel in adverse weather conditions.

Two initiatives were launched to support children with cancer and their families:

1) **Communities Helping Families Initiative**

Unites individuals, families, businesses, support groups and medical/research service providers, to help raise awareness and support for children/family affected by cancer living on Vancouver Island.

2) **Comfy Kids Program**

Provides a new courtesy vehicle for families in need of transportation to and from Victoria to Vancouver. The children and family will be "Comfy" as they travel in an All-Wheel Drive fully loaded vehicle.

Sea Plane Flights from Vancouver Island to Vancouver can also be provided for those unfortunate circumstances when time and priority is of the essence. The vehicle, sea plane flights, vehicle insurance, fuel, cleaning and a goodie bag for each child has been donated.

To access the Comfy Kids program: <https://ikca.ca/programs/>

Lily's Strategy



At the age of 9, I was diagnosed with stage 4 Burkitt's Leukemia (cancer). I was blessed with some of the most amazing doctors and nurses and many support staff. Having to spend many months as an inpatient, the doctors and nurses became like family for me. They worked so hard providing myself and other kids great care for which I'm so grateful.

The nurses were always there working long hours and I would usually get the same nurse 3 days in a row during the day and another nurse at night 3 days in a row and then they would rotate. On days I was feeling well I liked pulling pranks on them with my mom's help. This kept my spirits up and made us all laugh. I enjoy singing so I would do karaoke and it brought some of the kids on the ward together to listen, especially the little ones. I believe Laughter is a number one key to get through tough times not only did it help me but helped the doctors and nurses too. I appreciated their care so much that I would have my mom buy them treats and I would make arts and crafts for them. I made sure each nurse and doctor was given a special gift when I completed my chemo and was well enough to leave the hospital as I wanted them to have a little piece of me to remember me by and show my gratitude for being a part in saving my life.

When I arrived back home, I gained some new outpatient nurses and doctor who really are very special people. They made me feel so comfortable as I was so scared starting my "new normal" after cancer. Every checkup, every test they were angels. For this love and care I made them a treasure box where they got to pull out surprise gifts. We had fun doing this as they didn't know what they were getting.

As I got better and better, I really wanted to do more to give back, so I started fund raising and the best way for me to do that was by collecting bottle donations. With this money I go buy many fun toys and gift cards for all age groups to be given to the amazing kids at the hospital. I know this can help put a smile on their faces even in their hard moments. I have to say this just makes me feel so happy to do. I continue to collect bottles but now that I'm a bit older I got a job to which now I can contribute some of my own money to buy gift cards and toys for the kids and staff. Together we can make a difference in patients, doctors, and nurses lives. Creating a circle that keeps on giving.

Cowichan Valley Hospice Society

In the 1970s, three Cowichan women met in each other's homes to plan for a Cowichan Hospice. In 1981, the Cowichan Valley Hospice Society was formed and still continues to grow. Fundraising for the Cowichan Hospice House was a comprehensive and community-driven effort, involving multiple strategies and contributions from various organizations and individuals:

Major Donations and Grants:

The project received substantial financial support from the Cowichan Valley Regional Hospital District, contributing \$10 million toward the capital costs (Victoria Foundation). The Cowichan District Hospital Foundation also secured funds through donations and grants (Business Examiner).

Community Events and Campaigns:

The Purica Foundation organized its first major fundraising gala in November 2017, which raised \$130,000. This event included live auctions, silent auctions with over 160 items, and donations from over 400 attendees who participated in a themed “Jazz Era” gala (IHR Magazine).

Various community events, smaller fundraising activities, and campaigns were held throughout the Cowichan Valley, engaging local businesses, volunteers, and residents in the fundraising efforts (Business Examiner).

Corporate and Individual Contributions:

Local businesses and individual donors contributed generously to the cause. This included both financial donations and in-kind contributions, such as auction items and volunteer support for events (IHR Magazine).

The grassroots involvement of community members, many of whom have personal connections to the hospice's mission, was vital in building widespread support and raising the necessary funds (Cowichan Hospice).

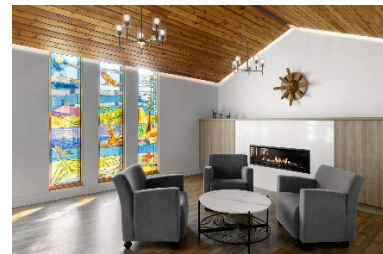
Partnerships and Collaborative Efforts:

The project benefited from partnerships with Island Health, which provided operational support and resources to ensure the hospice could deliver high-quality care (Business Examiner).

Collaborative efforts with local organizations, including Cowichan Tribes, helped ensure the facility met the cultural and spiritual needs of the community (Victoria Foundation).

These efforts collectively enabled the successful fundraising for Cowichan Hospice House, allowing it to become a reality and serve the Cowichan Valley community with much-needed palliative care services. For more information, you can visit the Cowichan Hospice House website.

Currently, Cowichan Hospice offers support, information, and companionship to those living with an advancing illness, their family, and friends, and those grieving the death of a loved one. Services are offered by staff and volunteers in each community in the Cowichan region, free of cost. Our volunteers receive training, ongoing education, and supervision so they may support clients through palliative and grief journeys.



Appendix N: Resources for Healthcare Providers

Financial Advice and Solutions for Doctors, Dentists and Students

Take care of your finances as well as you care for your patients. From Financing School to Starting a Clinic, We Can Help. Benefit from the support and solutions you need to succeed today and prepare for the journey ahead.

<https://www.rbcroyalbank.com/healthcare-financial-solutions/index.html>

Appendix O: Private Physician Recruitment Firms

1. Physicians For You – Medical Recruitment Specialists – British Columbia

<https://physiciansforyou.com/about-us.html>

2. Cherry Health – A platform that includes B.C. Physician Recruiting 101:

<https://ca.cherry.health/resources/physician-recruiting-bc>

3. CanAm Recruiting – International Medical Graduates – Canada-Wide

<https://canamrecruiting.com/services/>

4. MDWork – Consolidated physician jobs in Canada.

Free, unrestricted access to all employment opportunities. MDWork.com is the first and most comprehensive registry for doctor jobs and physician recruitment in Canada. We were started by a Canadian doctor to save residents & physicians time in their job search, and to help fill vacancies.

<https://mdwork.com/about/>