



STRATEGIC PLAN

2022 - 2027

prepared by

openly



Introduction

This strategic plan has been developed in the middle of a global pandemic which has disproportionately impacted our local communities. We wanted to harness the experiences and insights that have emerged through this time to help shape our path forward.

During the summer and fall of 2021, we reflected on our pandemic journey with over 200 stakeholders. We asked them to assess FHC's contributions through this time and to help shape our future directions. As we listened to the perspectives of community members and grassroots leaders, partners, funders, staff and board members, a number of common themes and aspirations emerged. This guidance has helped us to develop a plan that deepens our work and collaborations, and that leverages the strength of the CHC's Model of Health and Wellbeing in addressing health inequities.

Moving forward, FHC will pay particular attention to connecting, aligning and working in solidarity with community partners to **eliminate health equity gaps for equity deserving communities that have been underserved**. It will require a significant, system-wide effort to engage equity deserving communities, dismantle barriers and connect networks of support. This is not new work for FHC and our partners; it builds upon our strengths and relationships and it brings clarity and focus to our organizational and collective efforts.

We acknowledge that our plan is ambitious and we must act with thoughtful urgency. At the same time, like many organizations, FHC is grappling with the cumulative effects of continuous change and increased needs. As we mobilize our community-facing strategy, we must simultaneously align, bolster and rejuvenate the wellbeing of our staff and the health of our organization. We are equally committed to deepening our community impact as we are to nurturing supportive, protective workplace conditions that sustain our staff, students and volunteers.

"We have connected with the communities we serve at a deeper level during the pandemic."

Staff Member



"The level of virtual care we have reached, we couldn't have dreamed of pre-Covid."

Staff Member



"I am encouraged by how FHC worked through the tensions that emerged with other organizations in the implementation of pandemic responses. Their leadership in the East Effort was particularly well received across the region."

Community Partner

Learning from the Pandemic

Our community engagement process helped to crystalize lessons learned that will shape our future directions:

Community relationships inspire trust and solidarity in times of crisis.

Strong community relationships and leadership helped to generate a sense of trust and unity in the face of inequitable health threats and stigmatization. This base of trust empowered FHC, community members and partners to join together in mobilizing meaningful responses.

Collaborations need clarity of purpose and fearless leadership to drive timely solutions.

Strong collaborations energized creative solutions, such as East Effort. At the same time, some collaborations were tested and, at times, became stressful and time consuming. Clarity of purpose and roles was not always negotiated upfront, which caused some confusion and missteps. Community members and partners are asking us to work as a leader among leaders, to fearlessly lean into system leadership with clarity of purpose, and to drive solutions together.

Virtual care must be designed for equity.

Our team and partners noted that FHC embraced digital care and increased our reach during lockdown periods. While some celebrated this shift, others expressed concerns about the ability for communities to equitably access and engage in virtual services. As we look to the future, a thoughtful strategy and analysis will be needed to ensure that virtual services are part of a broader, impactful response that considers reach and equitable access.

Creativity must be properly supported in order to be sustained.

FHC's ability to embrace change and rapidly adapt made it possible to respond to changing community needs. FHC's staff and partners are deeply committed and proud of their ability to continuously rise to these challenges. Over time, however, this spirit of creativity has been challenged. Systemic inequities, communication gaps and strained resources (i.e., remote vs. onsite work, staffing shortages, etc.) have stretched our staff as well as community and partners. There is a collective desire for recovery and rejuvenation.

"FHC kept us busy during the quarantine by providing online programs."

Community Member



Listening to Community Members

Peer Researchers helped to engage 100 community members in sharing their perspectives about FHC.

Community members told us that:

FHC makes the community **stronger**

95%

FHC is a **welcoming place**

97%

FHC's programs and services **meet their needs**

89%

It was **easy to access** FHC's services during the pandemic

82%



"People in FHC are very helpful and friendly."

Community Member

What community members like best about FHC:

- Kind
- Friendly
- Accommodating
- Helpful
- Quality primary care and social supports
- Diverse & accessible programs





What community members would like to see improved:

- More programming in languages other than English
- More translation services
- Increased access to free medical and dental services
- More mental health supports

"It's a strong group for mental health support."

Community Member

We also learned that some communities do not know about FHC and may have differing perspectives about FHC depending upon the language they speak at home. We are eager to build bridges between FHC and equity deserving communities that have been underserved.



Peer Researchers:

Community members were invited to share their perspectives about FHC via a brief survey which was distributed in 8 languages in both online and paper formats. A small group of knowledgeable and connected community members was recruited and trained to act as Peer Researchers who encouraged and assisted community members in completing the survey. The Peer Researchers helped to strengthen community engagement and reach by reducing barriers to participation. At the same time, FHC and community partners promoted the survey through their sites and channels.



Our Theory of Change

ULTIMATE IMPACT: All communities enjoy equitable health outcomes.

BY 2027:

Equity deserving communities will have improved access to high quality primary health care and the supports, rights and dignities afforded to others.

OUTCOMES

Stronger networks and relationships with the communities we serve

Greater influence by community in the design and delivery of health services and supports

A measurable increase in access to health services and supports by equity deserving community members

High impact relationships and collaborations that advance more equitable health outcomes

Greater influence in shaping health systems and disrupting the status quo

More effective advocacy on behalf of equity deserving communities

A workplace culture of safety, wellbeing, and work-life balance

Collaborative and communicative cross-functional teams

A highly engaged workforce representative of the communities we serve

PRIORITIES

We prioritize equity deserving communities by:

Catalyzing community-driven care

Aligning collective capacity

Embodying health equity from the inside out

VALUES

We commit to:

Health equity
Inclusion

Community engagement
Accountability & transparency

Excellence
Collaboration & partnerships

Our STRATEGY

FOCUS: Equity Deserving Communities That Have Been Underserved

We know that access to quality community centred primary health care is key to equitable health outcomes. Community members who shared their perspectives with us said they value and trust their relationships with FHC. However, we know that systemic racism and oppression lie at the root of disconnection for many communities. ***Significantly closing health equity gaps for equity deserving communities will be our focal priority for the next five years.***

We will mobilize a health equity strategy that prioritizes equity deserving communities that have been underserved. Placing these communities at the centre of our work will require learning, alignment and courageous action from the inside out. This priority will bring focus to our program and service design, our community development and collective action, and our organizational development and rejuvenation.

"Priority should be given to clients facing the greatest barriers."

Staff Member





"The programs offered
in different languages
help me as a Sudanese
newcomer to Canada.
Thank you."

Community Member

PRIORITY 1:

Catalyze Community-Driven Care

We must work to ensure that FHC offers high quality primary health care in a welcoming environment for equity deserving communities. We will work with urgency to learn about, connect with and develop trusting relationships with equity deserving communities that have been underserved. At the same time, we will work with humility and determination to dismantle barriers and build pathways between communities and FHC so that all communities access inclusive care and belonging in FHC's programs and services. This will require thoughtful alignment and expansion of FHC's resources so that our existing relationships remain strong while we grow our reach.

SUCCESS WILL LOOK LIKE:

- Stronger networks and relationships with the communities we serve
- Greater influence by community in the design and development of pathways to inclusion and belonging, and the design and delivery of health services and supports
- A measurable increase in the access of health services and supports by equity deserving community members historically underserved





"I'm very appreciative of FHC's role in supporting local partners in mounting Covid-related programming and services, their engagement with other CHCs and their commitment to anti-oppression and anti-racism work over the past 2 years. It will be very valuable and important to sustain these efforts moving forward."

Community Partner

PRIORITY 2: Align Collective Capacity

FHC can not achieve our impact goal on our own and we know that our community partners are equally committed to bridging equity gaps for equity deserving communities that are underserved.

Applying lessons learned from the pandemic, we must work to strengthen and focus collective action on this shared purpose. We will amplify the work of health and community partners, expand and deepen our networks, and mobilize the skills and capacities of resident leaders, peers and grassroots networks. Together, we will galvanize and align a networked, adaptable and accessible community health system that fully embraces these communities.

Given the breadth of collaborative efforts that FHC is engaged in, we will discern where our leadership and contributions will be most impactful, and where we can support and walk alongside others as they lead. This clarity of purpose and roles will enable us to lean fearlessly into system leadership with greater focus and intention.

SUCCESS WILL LOOK LIKE:

- High impact relationships and collaborations with other health systems and social service organizations and informal networks
- Greater influence in shaping health systems and disrupting the status quo to advance equitable health outcomes
- More effective advocacy to influence and contribute to health system planning, coordination, policies, and structures on behalf of equity deserving communities





"Staff should reflect the communities we serve, both in demographics and values."

FHC Staff Member

PRIORITY 3:

Embody Health Equity from the Inside Out

We know that FHC's capacity to achieve equitable health outcomes begins at home. Our staff choose to work at FHC because they are committed to our mission and proud to work with our communities. This has fueled the spirit of innovation and determination that has driven our team through the pandemic.

We also know that we have work to do to ensure that our organization reflects the aspirations we hold for our communities. This means embodying health equity in everything we do, including our guiding principles, practices and enabling structures. As we deepen our anti-racism commitments, we must redouble our efforts to recognize and dismantle white supremacy and eurocentric, systemic oppression in our own organization. This will require a concerted focus on nurturing a workplace culture that sustains our people and that strengthens the capacities, mindsets and teamwork we need to be creative and responsive.

SUCCESS WILL LOOK LIKE:

- A workplace culture of safety, wellbeing, and work-life balance with which staff report high levels of satisfaction
- Collaborative and communicative cross-functional teams
- A highly engaged workforce that embodies cultural sensitivity, anti-racism and anti-oppression, and that is representative of the communities we serve



Key Actions

	Identify	Connect	Align
Catalyze Community-Driven Care	Apply an equity lens to identify and continuously assess demographic changes, to highlight communities that are underserved by FHC and others, and to understand emerging needs and aspirations.	Build bridges between FHC and identified communities through local leaders, informal networks and community partners.	Work with communities to ensure FHC's programs and services are aligned with their cultural and linguistic needs and expectations, removing barriers to access and inclusion.
Align Collective Capacity	Work with community partners to continuously identify system barriers and priorities for advocacy and aligned action. Clarify FHC's role and contributions at the outset and along the way.	Expand and deepen partnerships, and mobilize the skills and capacities of community leaders, peers and networks as central to our collective action efforts.	Align FHC's efforts toward high-impact, system change collaborations. Coordinate and align services, resources and advocacy efforts to enable a concerted and sustained focus on our shared goals.
Embody Health Equity from the Inside Out	Develop mechanisms to regularly assess our workforce and workplace conditions in relation to our strategic goals, including through staff surveys and opportunities to check assumptions and have purposeful conversations.	Break down internal silos and enhance communication and collaboration within and across staff teams.	Align workplace culture to advance values of anti-racism and equity through our policies, practices and structures. Collaborate with staff to strengthen internal processes and enable inclusion, wellbeing, safety, and job satisfaction.



**"When connections
are made, it impacts
the health and
wellbeing of
whole families."**

Community Partner

Measuring our Progress and Impact

Meaningful Impact Looks Like	Signs and Signals of Impact
Equitable access to high-quality primary care in their communities, including to the supports, rights and dignities of life afforded to other communities	<ul style="list-style-type: none"> • % increase in access to health services and supports, including virtual services, by equity deserving community members • % increase in access to services in community members' own language/translation services • % of community members served who report receiving the quality care they need • FHC and partners are more responsive to ongoing and emerging community needs (<i>note: can further specify according to operational plan/activities</i>) • Enhanced network structures and processes are in place to coordinate care between health system partners (<i>note: can further specify according to operational plan/activities</i>)
Equitable health outcomes	<ul style="list-style-type: none"> • % change in health outcomes of community members served (<i>note: can further specify according to health services and supports delivered</i>)

Implementation Success Looks Like	Signs and Signals of Progress <i>(note: below are a number of indicators to choose from that can be further specified in operational plans)</i>
Priority 1: Catalyze Community-Driven Care	
Stronger networks and relationships with the communities we serve	<ul style="list-style-type: none"> • Peers and community member leaders are engaged
Greater influence by community in the design and development of pathways to inclusion and belonging, and the design and delivery of health services and supports	<ul style="list-style-type: none"> • Redesign/co-design initiatives (in outreach, intake, service delivery, etc.) • Hiring from the community • % of clients served who report high quality primary health care services and supports that meet their needs
A measurable increase in the access of health services and supports by equity deserving community members	<ul style="list-style-type: none"> • % change in access to health services and supports by equity deserving community members
Priority 2: Align Collective Capacity	
High impact relationships and collaborations with other health systems and social service organizations and informal networks	<ul style="list-style-type: none"> • Intentional relationship defined/developed between FHC staff, health and community service partners, and informal community networks of care to achieve shared goals • New collaborations across networks to advance equity-focused, community driven care • FHC seen to be a valuable, effective and collaborative partner providing leadership that bridges institutional health and community-based partners
Greater influence in shaping health systems and disrupting the status quo to advance equitable health outcomes	<ul style="list-style-type: none"> • Barriers identified and collaborative solutions put in place • Advocacy initiatives, together with community partners and health system partners, for adequate resources and supports focused on achieving equitable outcomes • Demonstrated ability to share expertise and resources to improve system outcomes
More effective advocacy to influence and contribute to health system planning, coordination, policies, and structures on behalf of equity deserving communities	<ul style="list-style-type: none"> • FHC contribution in advocacy efforts (<i>activities</i>) • Advocacy outcomes (<i>as they emerge</i>)

Implementation Success Looks Like	Signs and Signals of Progress <i>(note: below are a number of indicators to choose from that can be further specified in operational plans)</i>
Priority 3: Embody Health Equity from the Inside Out <i>KPIs will be developed to align with operational activities</i>	
A workplace culture of safety, wellbeing, and work-life balance with which staff report high levels of satisfaction	<ul style="list-style-type: none"> • Perceived experience of safety, wellbeing, and work-life balance • % of staff to report high levels of satisfaction
Collaborative and communicative cross-functional teams	<ul style="list-style-type: none"> • Leaders adopt a shared leadership approach (e.g. jointly frame problems and solutions; clarify who makes what decisions; utilize consensus-based decision-making tools) that creates space for staff/teams from different programs/functions to work together to solve shared problems and achieve shared goals • Joint planning in service delivery and coordination of services across teams
A highly engaged workforce that embodies cultural sensitivity, anti-racism and anti-oppression, and that is representative of the communities we serve	<ul style="list-style-type: none"> • Change in workforce (e.g. representativeness) and culture • Leaders reflect on feedback and facilitate meaningful change



"All the programs are so helpful for this community."

Community Member

Moving Forward

With this plan, we have identified a clear destination, high level strategies to help us get from here to there, and outcomes to measure along the way.

Though the pandemic has made us weary, we are ready for the next chapter of this journey. We know the work will be challenging yet we are buoyed by the support and collaboration of our community and partners. We will be enspirited by the relationships, learning and meaningful impacts that emerge along the way.



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