

Seven Years and Still Evolving

Spending time around a Health Centre can leave one impatient for change. Poverty is, after all, perhaps the most important and fundamental determinant of health, and these are hard times for many people. It is also a fact that the poor do not live as long as the rich, and that in places where there is a wide gap between rich and poor, even the rich don't live as long as their counterparts in more egalitarian societies. To the initiated, these issues can start to to seem almost cliched. It just seems so obvious that the way to recovery on all levels is to build strong communities starting at the grass roots.

Seven years ago, when I first joined the Board of the Barrie Community Health Centre (BCHC), I remember musing that if the increasing numbers of people who struggled could spare even a little of their energy for one another, they would all be so much better off. It was not an original thought. Forward thinking pioneers at the BCHC where already hard at work facilitating exactly that. I just joined the party.

It was quite a different party seven years ago. A Board composed of idealistic enthusiasts was only beginning to move toward its present, policy driven mandate. The BCHC had already joined forces with a network of stakeholders across the health continuum in order to help its clientele to navigate the system, and Local Health Integration Networks (LHINs) were just on the horizon. Our Health Promotion networks already extended even beyond the health system proper, into areas such as education, employment and immigration.

Seven years later, staff still advocate on behalf of community members who use the Centre and on behalf of the community it serves. Dedicated volunteers still gain skills and learn to improve their lives and the lives of others in the community. Board Members openly support Medicare and Staff efforts to help our country to move into the Second stage of Medicare, which involves the primary care and prevention that we do so well. But the climate in which the Centre operates has changed dramatically, and the Board has worked hard to to grow and diversify, in order to meet the challenges of a changing Health Care environment

None of us doubt that the key to a strong community is Community Governance. This kind of self directed mentoring is fundamental to taking responsibility for one's own health and the health of the community. During my 7 years on the Board I would have liked to have witnessed an increase in community governance in Primary Health Care throughout our region. It is too easy to be impatient, and can seem that short term fixes trump the obvious. I have to remind myself that a community is an ever fluctuating process of becoming. As a Centre, in part because of the challenges we have faced, I believe that we really are stronger.

I am personally grateful to have had this opportunity to grow as a community member, along with other Board and Committee Members, Staff, and our skilled and tenacious band of Volunteers. I am grateful that the spark is still there, and for the competent leadership of our Board Chair, Stephen Bertelsen and Executive Director, Christine Colcy. Kudos to everyone who continues to support this important community initiative, and to educate others about the efficacy of participating in its broad and inclusive mandate.

My seven year term on the Board has ended, but like so many who have become deeply involved with a Community Health Centre, I will never be far away.



The BCHC staff, Board and community would like to extend our sincere thanks to Beverly Pearl for her tremendous support and dedication to the BCHC as well as her leadership in volunteer community governance.

www.bchc.ca

Board Chairperson & Executive Director's Report

Despite the many challenges faced by the Board and staff of the

BCHC, there were many successes! Gary

Machan, Health Promoter, was the recipient of the 2nd Stage of Medicare Award at the June 2010 AOHC Annual Conference. To build on the successes of 20 years, BCHC also adopted and launched the provincial community health centre blue swirl logo followed by the keynote speech "The Sustainability of Medicare" by

Dr. Michael Rachlis at our 20th AGM.

Our greatest challenge, however, was maintaining business continuity with fewer staff while trying to minimize service disruptions. Given the Centre's deficit associated with a marked increase in rent/lease costs, the Centre was required to reduce its staffing complement to maintain a balanced budget.

The Centre was also challenged by pressures to integrate its back office functions as the Local Health Integration Networks embarked on the integration mandate as set out in the Local Health System Integration Act, 2006. Under the direction of the Association of Ontario Health Centres, KPMG released a pivotal report "System Integration and Community Health Centres". The report highlighted the tremendous amount of integration already taking place throughout the province at community health centres including service level and back office integrations. After a thorough analysis of feasible options, BCHC advocated to maintain its back office functions but also committed to exploring innovative solutions with other community based agencies.

Throughout the year, the process for receiving capital dollars from the Ministry of Health also changed. Despite a comprehensive capital proposal submission early in 2010, BCHC was required to subsequently comply with the new Pre-Capital process which included endorsement by the LHIN. Endorsement of the Pre-Capital submission for relocation was received by the NSM LHIN late in 2010. The Centre continues to work with the Ministry on the subsequent stages of the pre-capital process with the hopes of receiving permission to enter a capital project for relocation of the BCHC in the City of Barrie.

The last year also involved the rigorous preparation for renewal of the Centre's Accreditation through Community Organizational Health Inc. using the Building Health Organization tool. A tremendous amount of time and dedication went into preparing for the site visit by the accreditation team during the first week of March 2011. Full accreditation was received in June 2011.

Contributions by CHCs are fundamental to the sustainability of Medicare. Where "Every One Matters."

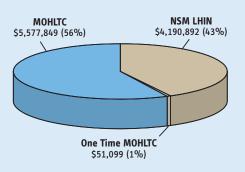
Christine Colcy
Executive Director

Stephen Bertelsen Board Chair

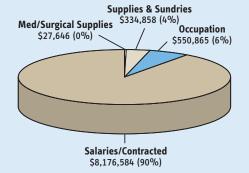
Every One Matters.



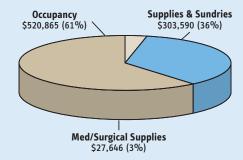
Financial Summary



Total MOHLTC BCHC Revenue



Total MOHLTC Expenses



CHC Program Operating Expenses excluding Salaries

Every One Matters!

The Outcome and Quality Assurance Committee

The primary functions of the Outcome and Quality Assurance Committee are;

- to evaluate the Centre's strategic objectives primarily (though not exclusively) through the use of the Balanced Scorecard
- ensure the Board is kept appraised of performance indicator data and results
- review recommendations of the Operation,
 Program Development and Evaluation Committee

2010/11 Initiatives

The Outcome and Quality Assurance Committee (OQAC) reviewed the Balanced Scorecard reporting tool on a continuous basis throughout the 2010/11 review period to ensure it continued to align with the Centre's Strategic Plan. Reporting targets for a variety of indicators were monitored and some were changed to ensure consistency with LHIN reporting requirements and Professional Standards. An Executive Dashboard document was also created to give Board members a high level overview on the Centre's statistical data. The Committee noted that the vast majority of targets were being met or exceeded. The Strategy Map was also modified to be consistent with a Resilience Framework (ie. building on individual and community resilience).

A new Quality Improvement Framework was presented to staff by the Executive Director. Favourable staff response was received regarding this initiative and several staff teams have been created to identify and address quality improvement initiatives throughout the Centre.

The OQAC recommended the adoption of the Ontario CHC logo to the Board in the fall of 2010. The basis of this recommendation was to provide consistent branding and communication to all residents who utilize Community Health Centres. The Board discussed the

recommendation and voted to adopt the new logo in August, 2010.

Risk Management Committee

In addition to the prudent management of an operating deficit and maintaining business continuity in fiscal 2010/11, the Risk Management Committee also:

- Assisted with the review and final approval/recommendations of the new Pre-Capital Health Service Improvement Plan (HSIP) required for the NSM LHIN as part of the relocation/capital request
- Reviewed and approved the 2010-12 Community Annual Planning Submission and the 2010-2014 Multi Sector Accountability Agreement
- Updated and revised the 2009 Finance Manual to comply with new accountability requirements and accounting legislative requirements
- Reviewed and completed an overhaul of the BCHC Personnel Manual
- Reviewed and updated the BCHC Emergency Planning Manual
- Reviewed and approved submission of the Pre-Capital Part A and B to the Ministry of Health and Long Term Care

Governance Committee

The Governance Committee updated the Member's Handbook, and continued to develop and encourage Board and Committee Member development. A very successful Board/Staff social was held to help facilitate communication between operations and policy development. Roberts Rules of Order was distributed as part of Board and Committee education and the mentoring process. The Governance Committee also honed its new protocol for the recruitment and selection of Board Standing Committee and Board members as well as conducted a rigorous Board evaluation process.

2010-2011 Board of Directors

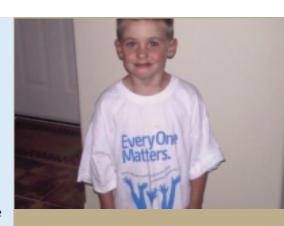
Bob Beckwith, Secretary
Stephen Bertelsen, Chair
Angela Blake
Myrna Clark
Lilliette Davidson
Patrick Jaycocks
Maria Kavanagh, Vice Chair
Beverly Pearl, Past Chair
Gayle Rushton, Treasurer
Robert Rymell
Christine Colcy,
Executive Director Ex-Officio

Mission:

The BCHC encourages personal responsibility for one's own health and that of the community through health promotion, illness prevention, chronic disease management, and integrated primary health care services.

Vision:

The Barrie Community Health Centre will lead the community with comprehensive health-care and health promotion services, provided by an interdisciplinary team in cooperation with Centre users who take an active role in managing their own health and that of the community.



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Please visit our website at www.bchc.ca/resources for a full version Annual Report.

BCHC Programs and Services

Community Health Promotion

- Volunteer Program
- Student Placement Program
- Information Desk
- Good Food Box
- Canadian Index of Wellbeing (CIW)
- Food Partners Alliance
- Crime Prevention & Safety
- Other Community Initiatives

Primary Health Care

- Medical nursing, social work, physiotherapy, dietitian services
- Primary Care Asthma Program
- North Innisfil specialized geriatric primary health care and Aging at Home initiative

Young Families

- Wednesday Health Clinic for pre-post natal care
- Wednesday Resource Room
- Family Mentor Program
- Mothercare and Next Step CAPC
- Playgroup

Chronic Disease

- Chronic Disease Self
 Management Program
- Breathe Easy Program (COPD/Asthma)
- Breathe Easy Program for Children
- Diabetes Management Centre Programs -Diabetes and Pre-diabetes program

BCHC Foundation

The BCHC Foundation seeks to acquire and invest donations, bequests, legacies and gifts for charitable purposes on behalf of the BCHC. Every donation is a valued contribution. Contact Evelyn Trainor, 734-9690 ext 247.

Diabetes Management Centre

The Barrie Community Health Centre's Diabetes Management Centre provides education and helps you manage vour diabetes.

Our diabetes educators are registered nurses and registered dietitians that are experts in diabetes. We will meet with you individually for your first appointment and follow-up with you as required Call for an appointment 719-4888
Funded by the Ontario Diabetes Strategy, Ministry of Health. (No charges/fees for services