

Regional District of Nanaimo

FEASIBILITY REPORT: COMMUNITY HEALTH AND WELLBEING SERVICE

Gabriola Island

December 2022

ATTENTION TO:
Planning and Development Department
Regional District of Nanaimo
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EXECUTIVE SUMMARY

This report presents the findings of a feasibility study to assess the value of creating a Community Health and Wellbeing Service for Gabriola Island. This work was conducted by Urban Matters CCC on behalf of the Regional District of Nanaimo. Presented in this report is information discovered during research, a summary of considerations used to conduct analysis, a summary of the analysis, and recommendations.

Methodology

The work for this report was supported by a group of stakeholder organizations on Gabriola Island who have filled a needed role in coordinating health and wellbeing related services in the absence of a local formalized body. Their input guided the authors in understanding the needs a service would fill and how a service could best fulfill those needs. In addition, a background review to understand the health and wellbeing needs of residents, and research to explore similar services, was conducted.

Functions of a Service

A Community Health and Wellbeing Service would be carried out by a paid staff position which plays a facilitation and coordination role in the community with the goals of establishing and/or supporting:

- Facilitated community collaborations and committees
- Reduced gaps in service provision and wellness planning
- Improved health and wellness outcomes for residents of Gabriola
- Improved access to funding for local service providers
- Ongoing evaluation and outcome monitoring of health and wellness interventions and services

This service would provide the following core functions:

- Coordination function across organizations and networks involved with health and wellness
- Develop and implement strategic planning which identifies key priorities, strategic goals and objectives, and then support monitoring and evaluation of the pursuit of those goals and objectives
- Administrative function (meeting coordination, minutes, distribution lists, etc.)
- Support for funding applications
- Communication among various service providers, working groups, external partners, and residents

Analysis

With the input of the stakeholder group, and findings from research which explored similar services in other communities, four options were explored as potential ways of achieving the desired functions of a new service. These four options consisted of the status quo (no service), a part-time administration focused service to support current collaboratives, a part-time position which would do coordination alongside administration, and a full-time position which would focus on coordination and implementation funding. The evaluation of these options considered the following elements:

Core Functions – whether each explored service would meet the core functions determined.

Feasibility – benefits, challenges, and risks of the option including the ability to achieve the vision, aspirations and enabling factors.

Operating costs—estimated ongoing costs related to the service. Please see Appendix C for details about operating cost estimates, including components, assumptions, and detailed costs.

Summary table of analysis / findings

	OPTION 1: STATUS QUO	OPTION 2: PART-TIME ADMINISTRATION ONLY	OPTION 3: PART-TIME ADMINISTRATION & COORDINATION	OPTION 4: FULL-TIME COORDINATION & IMPLEMENTATION FUNDING
DESCRIPTION	Continue with “business as usual” scenario with community health and wellbeing coordination carried out by volunteers or on an ad hoc basis.	Provide part-time administration support through the Gabriola Health and Wellness Collaborative (GHWC) to coordinate Collaborative meetings and complete basic administrative tasks.	Hire a part-time staff person to support and build on the work of existing groups seeking to improve services on Gabriola Island. This service option would include a small amount of implementation dollars to help further impact of initiatives.	Establish a full-time coordinator role for Community Health and Wellbeing initiatives on Gabriola. Guided by the GHWC and housed within an existing organization. This service option would include implementation dollars to help support strategic action.
ANNUAL OPERATING COST	\$0	\$25,100	\$49,600	\$100,600
EVALUATION SUMMARY	This option is <u>not</u> recommended. The current scenario is not meeting the needs of community and is leading to volunteer burnout.	This option is <u>not</u> recommended. The part-time administrative option is more feasible from a financial standpoint but does not meet the vision and aspirations to be achieved, nor does it meet core function needs.	This option is recommended, provided that a review is completed after 1-year of service to confirm that the provision of part-time hours is effectively fulfilling community need. This service option provides a good opportunity to pilot the service with lower risk and meets most core function needs.	This option is recommended. A full-time service option would achieve the vision and aspiration if resources were secured to do so. It would also provide the most robust implementation support and likely have greater impact.

RECOMMENDATION

Establish a service that implements Option 3: Part-Time Administration and Coordination as a pilot with the intention of growing the service over time.

This option offers the most feasible way to establishing an initial Community Health and Wellbeing Service. It allows for an iterative process that can demonstrate impact over time, while still achieving the stated purpose and aspirations of the role. This option also carries the lowest risk for the organization who would establish a service agreement, as well as the Regional District. Learning and iteration could serve to create a stronger Community Health and Wellbeing Service over time.

RATIONALE

The key benefits of Option 3: Part-time Administration and Coordination are as follows:

- If implemented, this option would likely be able to achieve the stated purpose, aspirations, and functions identified as core to creating a sustainable Community Health and Wellbeing Service.
- A “start small” approach allows for growth of service offerings in the future and incorporates learning and iteration which could lead to a stronger service over time.
- Hiring a part-time position may create less strain and risk for the host organization who would carry a service agreement, as well as the RDN.
- Building on the service and role over time may allow for greater input from key partners, such as Snuneymuxw, who can help to shape the final service and role over time. In this option there is room for collaboration and additional input into a final service arrangement as the service proves successful over time.

Next Steps

1. RDN Staff and Electoral Area B Director will review the feasibility study and determine if and how to move forward with a service request.
2. Further consultation with Snuneymuxw First Nation is required. The participants of this project acknowledge the historical and ongoing relationship Snuneymuxw has with these lands and the wellbeing of all those living on it. It is a stated desire that they be invited to participate in the planning, organization, and ongoing activities of this service.

INTRODUCTION

This report presents the findings of a feasibility study to assess the value of creating a Community Health and Wellbeing Service for Gabriola Island. This work was conducted by Urban Matters CCC on behalf of the Regional District of Nanaimo. Presented in this report is information discovered during research, a summary of considerations used to conduct the analysis, a summary of the analysis, and recommendations.

The work for this report was supported by a group of stakeholder organizations on Gabriola Island who have filled a needed role in coordinating services in the absence of a local formalized body. Their input determined the elements of a potential service and guided the authors in understanding the needs a service would fill and how a service could best fulfill those needs.

CONTEXT: THE NEED FOR COORDINATION

Gabriola Island is serviced by multiple agencies (Islands Trust, Regional District of Nanaimo, School District, etc.) which can contribute to a complicated layering of governance and service provision responsibilities. In addition to the multiple regulatory and service agencies serving the area, there are over 67 non-profits, networks, co-ops, and community groups on Gabriola Island. Effectively managing local area services can be challenging in this context. Presently there is no entity capable of coordinating services; there is currently only voluntary coordination between these organizations in addressing community health and wellbeing. Currently the distinct services these groups provide are not able to address all the needs of residents of Gabriola Island. Participants in this research noted that the overlapping regulatory frameworks and multiple service providers creates a high need for coordination, which is not sustainable through the current voluntary networks.

Gabriola Island's geographic location also contributes to servicing challenges. Gabriola Island is separated from Vancouver Island and yet a direct connection by ferry and relatively short 'commute' between the two islands has resulted in many services being allocated to the larger center of Nanaimo. Regional service delivery models for services such as health care, social or supportive housing, and provincial service offices often allocate services based on population and focus amenities in more densely populated areas. The relatively small population (4,500 residents, as per the 2021 census) does not qualify Gabriola Island for the full breadth of services a larger center would have, however the population, by nature of its island geography, does require the local delivery of many programs. Meeting the needs of residents will require local leadership, careful allocation of resources, and effective coordination.

To address these concerns and others, several voluntary associations, collaboratives and working groups have formed on Gabriola Island to address topics such as health care, community services, and economic development. Coordination of health and wellness services on Gabriola Island are currently done by a local volunteer-run group called the Gabriola Health and Wellness Collaborative (GHWC). Consisting of representatives from 40 organizations and individuals across a range of sectors (health, social services, emergency response, environment, economy, arts and culture and faith groups), this group meets regularly to identify priorities requiring collaborative action, conduct research to gauge need, identify solutions, and

coordinate provision of services. The volunteer-based model of coordinating the work of the GHWC, though, is believed by GHWC members to be unsustainable.

The residents of Gabriola Island have high levels of need for services. Across multiple indicators of wellness, Gabriola Island's population is proportionately more impacted than Nanaimo or provincial averages. For example, Gabriola Island's unemployment rate is 9.6%, compared to 7.7% in Nanaimo and 6.7% in BC (2020 Gabriola Health Report). Rates of children and youth living in low-income households are significantly higher on Gabriola Island (38.4%) than in Nanaimo (22.2%) and BC (18.5%) as well (2020 Gabriola Health Report). Renters are particularly impacted by housing need, with over 52% spending 30% or more of their income on housing costs (2020 Gabriola Health Report). More detailed findings are discussed later in this report; however, it is important to the context of this study that residents of Electoral Area B are more likely to experience poverty and ill health compared to residents of Nanaimo or BC.

FEASIBILITY STUDY PROCESS AND KEY FINDINGS

This feasibility study was completed in three phases, each of which are discussed in this report. This chapter focuses on the information gathered during research and engagement findings which formed the basis of the analysis and recommendations.

Table A - Phases and processes of this feasibility study

STEPS	DETAILS
<p>PHASE 1- RESEARCH</p>	<ol style="list-style-type: none"> 1. Background Review 2. Current Practices Review <p>Using census data, recently written reports and studies from the region, and an environmental scan, information on the need for a community health and wellbeing service and how similar services are operating was collected.</p>
<p>PHASE 2 – ENGAGEMENT</p>	<ol style="list-style-type: none"> 3. Stakeholder Meetings <p>Two workshops were held with stakeholders to formulate a vision for a potential service and establish parameters. This work also established the options to explore for a service.</p>
<p>PHASE 3 – ANALYSIS</p>	<ol style="list-style-type: none"> 4. Analysis of Findings 5. Recommendations <p>Using the vision and aspirations identified in stakeholder meetings, the various service compositions were analyzed for their ability to fulfill these purposes. Using that analysis, recommendations were formed.</p>

BACKGROUND REVIEW FINDINGS

To determine the need for a community health and wellbeing service, a background review was conducted. This review focused on available data to create a profile of Gabriola Island. A full summary report is available in Appendix A.

POLICY ALIGNMENT

Goals of studies and strategies at three levels of government (regional, provincial, and federal) support action on social needs through work that focuses on the social determinants of health and wellness, as well as collaboration and local area action.

In 2021, a Social Needs Assessment was completed by the Regional District of Nanaimo to better understand and plan for the social health and wellness needs of residents. This report explored background information and reports as well as conducting original research to look at how residents are accessing (or not) needed social infrastructure and services.

The goals identified in the Regional District of Nanaimo Social Needs Assessment (2021) are aligned with the Together BC Poverty Reduction Strategy and the Federal Opportunity for All poverty reduction strategy. Three goals to be accomplished by 2024 were articulated in the RDN’s Social Needs Assessment (2021):

1. Reduce proportion of people living in a low-income household by 25%

2. Reduce the proportion of renters spending more than 30% of their income on housing by 25%
3. Reduce the proportion of children with vulnerability scores on the EDI by 50%

Additionally, the Social Needs Assessment outlined core practices and recommendations for taking a regional approach to improving social health and wellbeing. These recommendations supported:

- the development of a social planning position to coordinate services and collaborative action;
- strengthening and building capacity of existing coalitions, collectives and networks addressing social needs; and
- implementing actions within the region that recognize regional variations in social needs and leverage local expertise.

Ultimately, the Regional Board did not pass a resolution to adopt the Assessment and its recommendations, thus there is currently no commitment for implementation. However, the assessment does provide a summary of needs and actions related to community health and wellbeing that can further inform work moving forward.

KEY LEARNINGS REGARDING SOCIAL NEEDS

- Gabriola Island has an aging population. The median age is 61 years, which is significantly older than the RDN (51 years) and BC (43 years). Over a third (37%) of the population is over 65 years old. There is an emerging need for more senior-friendly housing and transportation options, as well as attention to affordability as older residents typically have a fixed income.
- Wealth distribution patterns are unequal. Only the 65+ age group on the Island has comparative relative low-income (LIM-AT)¹ rates to the RDN and BC. The younger age groups have significantly higher rates, which implies that wealth is concentrated at older age groups. This may also explain why there is a high incidence of child vulnerability on the Island.
- While the median monthly shelter costs on Gabriola Island is lower than the RDN, there were greater proportions of households paying more than 30% of their income on shelter costs. On the Island, 26% spent more than 30% of their income on their housing. This represents 536 of the 2145 households. On Gabriola Island, 15% of households were in core housing need.² Nine percent (9%) required major repairs, compared to 6% in the RDN and BC. There are currently no subsidized housing units available on Gabriola Island.
- The rate of homelessness on Gabriola (1 in 65 residents) is significantly higher than in Nanaimo (1 in 270) and BC (1 in 653).
- Gabriola Island had significantly lower labour participation rates and higher unemployment rates than in the RDN and BC. Males (12%) on Gabriola Island had significantly higher unemployment rates than females (7%). Among those who worked, only 28% worked full-time all year, compared to 43% in the RDN and 46% in BC. A greater proportion of workers on

¹ The Low-income measure after tax (LIM-AT) is a fixed percentage (50%) of median adjusted after-tax income of households observed at the person level, where 'adjusted' indicates that a household's needs are taken into account. <https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/fam021-eng.cfm>

² A household is said to be in 'core housing need' if its housing falls below at least one of the adequacy, affordability or suitability standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards). <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/households-menage037-eng.cfm>

- Gabriola Island were self-employed (39%) than the RDN (16%) and BC (14%). Both self-employment and seasonal employment have financial risks regarding stable, consistent income. A greater proportion of residents on Gabriola Island relied on government transfers as a source of income (21%), than in the RDN (16%) and BC (11%), particularly females (23%).
- Reflecting the lower incomes on Gabriola Island, a greater proportion of residents were under relative low-income (e.g., LIM-AT rate) compared to the RDN and BC across all age groups. However, unlike the RDN and BC, fewer females compared to males were under relative low-income. Children and youths were particularly challenged, as approximately 40% of people aged 0-17 were in households under relative low-income.
 - People with disabilities and unattached individuals were disproportionately affected by food security. Children were a significant proportion of the people served by the food bank and local meal programs.

CURRENT PRACTICES REVIEW

A current practice review was completed to help inform service options and provide a better understanding of how other Regional Districts are delivering similar community health and wellbeing services across the province. The review looked at twenty-one Regional Districts and determined that only one is currently providing a dedicated service of this kind, qathet Regional District, located in the sunshine coast region. An interview was then conducted with staff members within qathet to gather insights into how the service is delivered, the process for establishing the service, and what is working well.

Key findings include:

- The service is delivered at a regional level and is supported through a partnership with the City of Powell River and Tla'amin Nation, with each partner funding a portion of the service based on their population size.
- It took time to establish the service, with initial discussions between partners beginning in 2017 through facilitation and support from Vancouver Coastal Health. The service was not formally established until 2019.
- The service currently funds one position for a Social Planner and much of the project work undertaken (poverty reduction strategy, housing needs assessment, child care planning) are completed through grant funding opportunities.
- An ad-hoc governance committee oversees the work of the Social Planner.

Though the structure of this service differs from what is being proposed within the Regional District of Nanaimo, with only one electoral area participating, these insights still help to inform the general structure and function of a proposed service.

Additionally, the operations of Community Health Networks within the Island Health region were reviewed to provide insight into funding allocation and job descriptions for coordinating and community facing roles similar to those proposed within the Community Health and Wellbeing Service explored here. The Community Health Networks across Vancouver Island vary in their structure and operations but are generally supported by a facilitator who is hired through the local area government (typically the regional government) with funding provided by Island Health. These facilitators take direction from a collaborative

group of service providers and residents. They aim to improve health and wellness by initiating action on local priorities in the social determinants of health. The Health Networks provide a platform for citizens and stakeholders to come together to address challenges.

Key findings include:

- Health Networks have varying levels of success in different communities
- The job description of the Network Facilitators includes many of the key features a service such as this would run, including facilitating and convening partners at a collaborative table, supporting with strategic planning and oversight of projects, and managing a budget.
- The budget for these programs allows for a combination of a paid staffing position and an operating budget to support initiatives of the networks. This model seems to work well in that the funds available can be used to spark or initiate action on local priorities where there is agreement amongst stakeholders. This can support pilot projects and leverage other funding in some cases.

STAKEHOLDER MEETINGS

Two stakeholder workshops were held to a) identify the goals and intended outcomes of creating a new Community Health and Wellbeing Service for Gabriola Island, and b) review the feasibility of a program and collectively determine the key factors for implementation. A full summary of the outcomes of these meetings can be found in Appendix B.

The results of these workshops were analyzed to determine the vision and aspirations of a potential service, as well as to co-create the options analyzed for this study. Additionally, a set of criteria for analysis of these options was established.

VISION AND ASPIRATIONS

This section outlines the intended purpose (vision) and outcomes (aspirations) of creating a Community Health and Wellbeing Service for Gabriola Island.

PURPOSE

A Community Health and Wellbeing Service would be carried out by a paid position which plays a facilitation and coordination role in the community with the goals of establishing and/or supporting:

- Facilitated community collaborations and committees
- Reduced gaps in service provision and wellness planning
- Improved health and wellness outcomes for residents of Gabriola
- Improved access to funding for local service providers
- Ongoing evaluation and outcome monitoring of health and wellness interventions and services

ASPIRATIONS

If established the Community Health and Wellbeing position(s) would provide or support activities such as:

- Engagement, convening, and communications
- Coordination and administration
- Needs assessments
- Data analysis
- Applying for and coordinating funding
- Research and evaluation
- Relationship building

These activities would serve the community by:

- Bridging gaps between diverse entities providing services on Gabriola Island
- Supporting the existing Gabriola Health and Wellness Collaborative and other local organizations to operate effectively and relieve overburdened volunteers
- Assist in streamlining and better organizing the array of committees, boards, and other working groups with related missions
- Providing staff assistance to local work through engagement, funding applications, data collection and analysis, and potentially other roles as needed.
- Helping with prioritization and strategic planning for collaborative activities which support the health and wellbeing of community members
- Increasing capacity to pursue funding opportunities through dedicated grant writing and funding applications
- Ongoing engagement with the community, including information sharing, planning forums, and increasing volunteer participation

- Improved health and wellbeing outcomes across the social determinants of health through improved programming, increased funding for community needs, and better coordination of services
- Supporting ongoing volunteerism by providing administration and coordination support to reduce undue burden on volunteers. Coordination could support volunteers to contribute based on their strengths and capacity.

KEY ROLE FOR SERVICE

In reviewing the service options identified in the first workshop the Stakeholders focused in on the most important functions of a paid position.

CORE FUNCTIONS:

- Coordination function across organizations and networks involved with health and wellness
- Develop and implement strategic planning which identifies key priorities, strategic goals and objectives, and then support monitoring and evaluation
- Administrative function (meeting coordination, minutes, distribution lists, etc.)
- Support for funding applications
- Communication among various service providers, working groups, external partners, and residents

RISKS AND LIMITATIONS

DUPLICATION OF WORK

The key risk that was identified by stakeholders was the possibility of duplication of work among the various stakeholders. There are a variety of initiatives and collaborations currently operating on Gabriola Island. The need therefore is for coordinating and maintaining a high-level strategic overview that can support and clarify the work already being done. A duplication could lead to additional work for an already tapped volunteer pool.

RESPECT FOR SNUNEYMUXW

The role of Snuneymuxw remains to be seen. There was discussion on pausing this process to engage with Snuneymuxw to determine what role they would like to play. Acknowledging their rights and title was seen as critical to doing health and wellness work in their territory. It was also acknowledged that their involvement in this work may not be a priority within their current capacity, though, and continuing the work is seen as important. It is acknowledged that there is not a solution at this time but there is intention to work with Snuneymuxw to learn how they might want to also shape and participate in this work.

LIMITATIONS

A caution must be made that the estimated financial costs of each option is based on 2021 budgets from Community Health Networks and other Regional Districts operating similar services. The Health Networks are similar in scope of work and staff function; however, they may not reflect the full cost of a Regional District service provided to Gabriola Island. True cost may change as scope and services are more distinctly defined through broader engagement and the experiences of the service over years.

OPTIONS

CONSIDERATIONS FOR EVALUATION

In evaluating Community Health and Wellbeing Service options, we considered the ability of each option to meet the intended outcomes of a potential service. Early in the process, during engagement with stakeholders, it was identified that key factors for a service include a) having a staff person to coordinate and lead, b) having an operational budget to action ideas and needs of the community, and c) a governance structure which allows for enhanced collaboration amongst various service providers without creating duplication of work.

The evaluation considered the following elements:

- Core Functions** – whether each explored service will meet the core functions determined.
- Feasibility** – benefits, challenges and risks of the option including the ability to achieve the vision, aspirations and enabling factors.
- Operating costs**— estimated ongoing costs related to the service. Please see Appendix C for details about operating cost estimates, including components, assumptions, and detailed costs.

Table B - Summary of Findings

	OPTION 1: STATUS QUO	OPTION 2: PART-TIME ADMINISTRATION ONLY	OPTION 3: PART-TIME ADMINISTRATION & COORDINATION	OPTION 4: FULL-TIME COORDINATION & IMPLEMENTATION FUNDING
DESCRIPTION	Continue with “business as usual” scenario with community health and wellbeing coordination carried out by volunteers or on an ad hoc basis.	Provide part-time administration support through the Gabriola Health and Wellness Collaborative (GHWC) to coordinate Collaborative meetings and complete basic administrative tasks.	Hire a part-time staff person to support and build on the work of existing groups seeking to improve services on Gabriola Island. This service option would include a small amount of implementation dollars to help further impact of initiatives.	Establish a full-time coordinator role for Community Health and Wellbeing initiatives on Gabriola. This service option would include implementation dollars to help support strategic action.
ANNUAL OPERATING COST	\$0	\$25,100	\$49,600	\$100,600

<p>EVALUATION SUMMARY</p>	<p>This option is <u>not recommended</u>. The current scenario is not meeting the needs of community and is leading to volunteer burnout.</p>	<p>This option is <u>not recommended</u>. The part-time administrative option is more feasible from a financial standpoint but does not meet the vision and aspirations to be achieved, nor does it meet core function needs.</p>	<p>This option is recommended, provided that a review is completed after 1-year of service to confirm that the provision of part-time hours is effectively fulfilling community need. This service option provides a good opportunity to pilot the service with lower risk and meets most core function needs.</p>	<p>This option is recommended. A full-time service option would achieve the vision and aspiration if resources were secured to do so. It would also provide the most robust implementation support and likely have greater impact.</p>
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OPTIONS CONSIDERED

There are many ways in which a service such as the one proposed can be operated. Through two workshops with stakeholders, a set of parameters were defined for the service which helped to determine the operations and role of a staff person. These parameters are expressed in part in the enabling conditions. Additional parameters were that the service be operated by a local governance committee which sets direction in a collaborative way; that the service be held within an existing entity; and that the service be operated by a paid position that oversees and coordinates local collaborations and services rather than a granting program which distributes funds for local projects. Options which did not meet these parameters were not explored in this study as they are out of scope.

FINANCING

This structure allows for funding to be provided by the RDN, raised through a tax levy on residents of Gabriola Island. The funds would be collected and distributed by the RDN and a third party (existing organization) on Gabriola would be contracted to hold and manage the funds through a service agreement.

GOVERNANCE STRUCTURE

A proposed governance structure to meet the needs of this service is presented here. In this arrangement, a single entity is responsible for hiring, supervision, and funds management. This entity is supported by a leadership committee with representatives from multiple stakeholders who can help set the direction of the work and provide local knowledge and insight to the role. In this way, the staff person supports existing services and collaboratives to better achieve their aims and coordinate service across multiple parties.

This governance structure is preferred by stakeholders to ensure that:

- a) the staff person hired has a direct supervisor for support and guidance
- b) the service is housed locally on Gabriola Island and ideally the staff person resides on Gabriola
- c) a new entity is not created

d) duplication is limited by focusing on building capacity of existing organizations.

The composition of a leadership team to provide guidance is still a discussion point and would need further exploration. At this time, it is reasonable to expect that the Gabriola Health and Wellness Collaborative (GHWC) would provide this leadership at least for the interim. The Collaborative already has a membership which consists of key partners for this role.

It is important to note from a governance perspective that the Regional District of Nanaimo would not be involved in the application of, nor the receiving or holding of grant funds related to this service or its activities. This should be taken into consideration as discussion around a governance structure further develops.

OPTIONS EXPLORED IN THIS STUDY

Four options for a service were created and explored through this feasibility study, the first option being “status quo” or no change to current service. Three of the four options reflect ways in which a service could be operationalized through staff support for the existing GHWC to reduce redundancy and expand its scope.

Table C – Options 2 through 4 for a Community Health and Wellbeing Service

	Option 2	Option 3	Option 4
Paid Staff Person	Part time	Part time	One full time or two part time (job share)
Operational Budget	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Small budget for implementation of community priorities. 	<ul style="list-style-type: none"> • Budget includes funding for research and evaluation, communications, and support for planning activities.
Job Description / Key Tasks	<ul style="list-style-type: none"> • Provide administrative services currently being done by volunteers: <ul style="list-style-type: none"> ○ Meeting coordination ○ Meeting minutes ○ Manage and communicate with distribution list ○ Some financial oversight 	<ul style="list-style-type: none"> • Support for the existing GHWC as a Coordinator • Provide administrative services currently being done by volunteers • Streamline and continue building the Collaborative work ongoing in Gabriola Island to: <ul style="list-style-type: none"> ○ Improve effectiveness ○ Build organizational capacity ○ Improve focus on program deliverables through strategic planning 	<p>All of Option 3 tasks with the addition of the following:</p> <ul style="list-style-type: none"> • Evaluation of Collaborative actions, outcomes, and impact • Communications between community, organizations, committees and working groups, external partners, and residents • Address gaps in service areas through research, advocacy, grant writing and distributing funding • Support program design and implementation to fill gaps

- Support funding and grant sourcing and applications
- Regularly connect with organizations such as RDN, local services, Island Health, etc.
- Builds relationship, protocols, and respectful space to work with Snuneymuxw
- Research and analysis of data to identify gaps/needs related to health and wellbeing
- Identify and strategically plan community priorities for taking action based on data analysis
- Coordination of local action teams

OPTION 1: STATUS QUO

DESCRIPTION

Status quo would be continuing the current situation where much of the work that would be covered under a service is being carried out by volunteers. There are several community groups working on aspects of community health and wellbeing, and efforts at coordination and collaboration are made. The GHWC is the primary group which brings together several stakeholders and service providers on Gabriola Island to work on shared research and action collective goals. This group meets monthly. This group consists of local entities and has limited capacity and reach to extend their work to influencing broader service coordination.

CORE FUNCTIONS

In the status quo model, the fulfillment of core functions is reliant on volunteers. Due to lack of volunteer capacity, not all of the core functions are being fulfilled.

Coordination function across networks and across collaboratives	NO
Develop and implement strategic planning which identifies key priorities, strategic goals and objectives, and then support monitoring and evaluation	NO
Grant and Funding Sourcing and application support	NO
Communication between various service providing entities, working groups, external partners, and residents	Communication between service providers and working groups locally is regular, but communication with external partners is dependant on partner participation and communication with residents is limited.
Administrative function (meeting coordination, minutes, distribution lists, etc.)	Presently fulfilled by volunteers. This is unsustainable and unpredictable as there is no assigned entity or individual.

FEASIBILITY

Collaborative, citizen-led action is a powerful way to provide services to a community and brings many rewards. The benefits of a volunteer run structure are in the cost savings and the grass roots approach to systems change. The work of the Collaborative, for example, has provided strong evidence of needs on Gabriola Island and mobilized knowledge holders and service providers to find ways to streamline and work together.

While this collaboration is of significant benefit, the volunteers themselves have expressed that the model is not sustainable. There is significant risk of this work eventually being discontinued as volunteers leave their positions, or as their capacity is taken by other endeavors. Additionally, being volunteer-run without coordination requires volunteers to spend their time on administrative tasks rather than where their knowledge and efforts are best suited.

There are also significant gaps in the ability of the current structure to manage strategic planning, build relationships with external service providers and funders, and fulfill leadership roles. The current structure is not presently meeting the core functions desired, nor is it a sustainable option.

OPTION 2: PART-TIME ADMINISTRATION ONLY

DESCRIPTION

A part-time administrative position fulfilled through a Community Health and Wellbeing Service for Gabriola Island would focus on alleviating administrative work currently being undertaken by community volunteers through the GHWC. This would be accomplished through the hiring of a part-time staff person to undertake meeting coordination and minutes, manage the Collaborative distribution list, and perform minor bookkeeping tasks.

CORE FUNCTIONS

This service options allows for the administrative function of the GHWC to be carried out by a part-time paid staff person, alleviating some pressure on volunteers who currently carry-on administrative tasks. A part-time position, however, would have limited capacity to carry out additional tasks or serve a strategic purpose of addressing community health and wellbeing issues.

Coordination function across networks and across collaboratives	NO
Develop and implement strategic planning which identifies key priorities, strategic goals and objectives, and then support monitoring and evaluation	NO
Grant and Funding Sourcing and application support	NO
Communication between various service providing entities, working groups, external partners, and residents	NO

Administrative function (meeting coordination, minutes, distribution lists, etc.)	Administrative functions of the Gabriola Health and Wellness Collaborative could be fully shifted to this position, creating capacity for volunteers to provide more dedicated time to coordination and strategic action to address issues of community health and wellbeing.
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FEASIBILITY

The benefits of a part-time paid staff person to support the Gabriola Collaborative Service Committee are mostly in the ability of that staff person to take on administrative tasks currently undertaken by volunteers, providing a greater continuity and perhaps longer-term sustainability. This role would fulfill these core functions by offering a single administration person and point of contact.

There are several challenges associated with this option. Recruiting and maintaining qualified staff for a part-time position is proving to be difficult for other organizations in the area. Without a competitive wage it may prove difficult to maintain an individual in this role.

OPTION 3: PART-TIME ADMINISTRATION AND COORDINATION

DESCRIPTION

A part-time administrative and coordination position focuses on hiring a paid staff person to support and build on the work of the existing groups seeking to improve services on Gabriola Island. This option provides for a part-time staff person to support with administrative and communications functions, a small amount of implementation dollars, as well as coordination of the Collaborative, thus relieving the volunteers and freeing up their time for more action-oriented tasks. Additionally, this role would seek to build relationships outside of the Collaborative to extend their reach and capacity to influence the health and wellbeing of Gabriola Island residents.

In this option, a part-time staff person is hired to provide administrative support to the existing Gabriola Health and Wellness Collaborative and expands their capacity by providing additional services to the community such as sourcing funding options and assisting with grant applications to service providers and other community collaboratives.

CORE FUNCTIONS

This option allows for the administrative and communication functions to be carried out by a paid staff person, thus increasing the capacity of existing volunteer-based collaboratives to do more action-oriented tasks. This would be further supported by assistance with sourcing and applying for grants and include a small amount of implementation dollars in the service. A part-time position, however, would have limited capacity to provide a coordinating function across multiple networks and collaboratives through strategic planning.

Coordination function across networks and across collaboratives	A part-time position would lend some capacity for coordination across networks and across collaboratives.
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Develop and implement strategic planning which identifies key priorities, strategic goals and objectives, and then support monitoring and evaluation	Service allows for some staff time to coordinate, deliver, and monitor activities of this service, including strategic planning and evaluation. As part of regular stakeholder meetings, direction of services could be conducted on an annual basis.
Grant and Funding Sourcing and application support	A part-time position would offer some capacity for this function but have limitations.
Communication between various service providing entities, working groups, external partners, and residents	Communication and relationship building would be improved by this role.
Administrative function (meeting coordination, minutes, distribution lists, etc.)	Administrative functions of the GHWC could be fully shifted to this position.

FEASIBILITY

The benefits of a paid staff person to support the GHWC are mostly in the ability of that staff person to take on administrative and communications tasks as well as coordination and outreach. This role would fulfill these core functions by offering a single administration person and point of contact. A reasonable expectation of this position for communications is a newsletter, website, and mailing lists, as well as time to attend meetings and build relationships with the various service providers and working groups currently operating. This would enhance the flow of information and improve how needs are identified and addressed on Gabriola Island.

There are challenges associated with this option. Firstly, finding qualified staff for a part-time position and maintaining an individual in the role over the long-term is proving challenging for many organizations presently. A part-time position may not attract suitable applicants. There are also limitations in what can be reasonably expected as an outcome, with limited working hours, and the ability to coordinate multiple working groups and services is limited without reliance on a continued strong volunteer involvement.

OPTION 4: FULL-TIME COORDINATION AND IMPLEMENTATION FUNDING

DESCRIPTION

A full-time coordinator would be hired to administer and deliver a Community Health and Wellbeing Service on Gabriola Island. Implementation funding for local initiatives and engagement activities would also be included under this service option. Funding would allow for greater impact, more sustainable outcomes, and greater ability to direct strategic action to address key community issues. This position would receive strategic direction from the GHWC and key tasks would include research, advocacy, grant writing on behalf of local organizations, coordination of local action teams, strategic communication, implementation of actions to address strategic priorities, evaluation of outcomes, and relationship building. The position would ideally be located locally on Gabriola Island.

CORE FUNCTIONS

This option allows for dedicated staff time to coordinate, deliver, and monitor activities associated with the Community Health and Wellbeing service. Additionally, this service option would include implementation dollars to increase capacity to more strategically address key issues of community health and wellbeing on Gabriola Island and fund direct action.

Coordination function across networks and across collaboratives	This service option would fulfill a coordination function across networks and collaboratives working to address community health and wellbeing needs on Gabriola Island.
Develop and implement strategic planning which identifies key priorities, strategic goals and objectives, and then support monitoring and evaluation	Service allows for dedicated staff time to coordinate, deliver, and monitor activities of this service, including strategic planning and evaluation.
Grant and Funding Sourcing and application support	Grant and funding sourcing would be supported through a dedicated staff person who could coordinate and apply for funding on behalf of local organizations.
Communication between various service providing entities, working groups, external partners, and residents	A key function of this service option would be dedicated and ongoing communication between local entities, working groups, residents, and external partners.
Administrative function (meeting coordination, minutes, distribution lists, etc.)	Administrative functions of the GHWC could be fully shifted to this position.

FEASIBILITY

Service option 4 provides the most opportunity for impact related to establishing a community health and wellbeing service. With greater funding and dedicated staff hours, positive outcomes are more likely. This options also allows for the greatest support to volunteers to shift work to more strategic action-oriented tasks as well as provide strategic funding for implementation of action.

Risks associated with service option 4 are the need for clear governance and strategic direction for the role. As with all the paid position options, an existing entity would need to be identified to house the position and service agreement. A vehicle for collective governance, such as a governance committee of the Collaborative, would then need to be established to provide clear direction to the position. A full-time paid position with implementation dollars is also inherently the most expensive service option being explored.

COST

The total projected costs for service options 1 through 4 are provided in Table D - Projected Costs Summary (per year). A full breakdown of the budget(s) can be found in Appendix C.

Table D - Projected Costs Summary (per year)

	Staff Cost	Operating Budget	Service Provision Budget	Total
Option 1 – Status Quo	\$0	\$0	\$0	\$0
Option 2 – Part-time Administration Only	\$24,500	\$600	\$0	\$25,100
Option 3 – Part-time Administration and Coordination	\$29,700	\$9,900	\$10,000	\$49,600
Option 4 – Full-time Coordination and Implementation Dollars	\$64,800	\$10,800	\$25,000	\$100,600

RECOMMENDED OPTIONS

This section summarizes the evaluation findings for each service option.

SUMMARY OF OPTIONS

Table E - Summary of Options

Option 1: Status Quo	Option 2: Part-time Administration Only	Option 3: Part-time Administration and Coordination	Option 4: Full-time Coordination and Implementation Dollars
Under the status quo, the work that would be done by this service is being carried out by volunteers. There are several community groups working on aspects of health and wellness, and efforts at coordination and collaboration are made.	Provide part-time administration support through the Gabriola GHWC to coordinate Collaborative meetings and complete basic administrative tasks.	Hire a part-time staff person to support and build on the work of the existing groups seeking to improve services on Gabriola Island. This service option would include a small amount of implementation dollars to help further impact of initiatives.	Establish a full-time coordinator role for Community Health and Wellbeing initiatives on Gabriola. Guided by the GHWC and housed within an existing organization. This service option would include implementation dollars to help support strategic action.

Table F – How likely is it that each option will achieve the purpose?

<p>Purpose: A Community Health and Wellbeing Service would be carried out by a staff person who plays a facilitation and coordination role in the community with the goals of establishing:</p> <ul style="list-style-type: none"> - Facilitated community collaborations and committees - Reduced gaps in service provision and wellness planning - Improved health and wellness outcomes for residents of Gabriola - Improved access to funding for local service providers - Ongoing evaluation and outcome monitoring of health and wellness interventions and services 			
Option 1: Status Quo	Option 2: Part-time Administration Only	Option 3: Part-time Administration & Coordination	Option 4: Full-time Coordination & Implementation Funding
Low	Low	Medium	High

Table G – How likely is it that each option will achieve the aspirations?

	Option 1: Status Quo	Option 2: Part-time Administration Only	Option 3: Part-time Administra tion & Coordinati on	Option 4: Full-time Coordination & Implementati on Funding
Aspirations				
Bridging gaps between diverse entities providing services on Gabriola Island	Low	Low	High	High
Supporting the existing GHWC and other local organizations to operate effectively and relieve overburdened volunteers	Low	Medium	Medium	High
Assist in streamlining and better organizing the array of committees, boards, and other working groups with related missions	Low	Low	High	High
Provide staff assistance to local work through engagement, funding applications, data collection and analysis, and potentially more	Low	Low	Medium	High
Help with prioritization and strategic planning for collaborative activities which support the health and wellbeing of community members	Low	Low	Medium	High
Increase funding for services on Gabriola Island through increased grants and funding. Position to support searching for funding opportunities and writing applications	Low	Low	Medium	Medium
Ongoing engagement with the community, including information sharing, engagement, and increasing volunteer participation	Low	Low	Medium	High
Improved health and wellbeing outcomes across the social determinants of health through improved programming, increased funding for community needs, and better coordination of services	Low	Low	Medium	Medium

RECOMMENDATION

Establish a service that implements Option 3: Part-Time Administration and Coordination as a pilot with the intention of growing the service over time.

This option offers the most feasible way to establish an initial Community Health and Wellbeing Service. It allows for an iterative process that can demonstrate impact over time, while still achieving the stated purpose and aspirations of the role. This option also carries the lowest risk for the organization who would establish a service agreement, as well as the Regional District. Learning and iteration could serve to create a stronger Community Health and Wellbeing Service over time.

RATIONALE

The key benefits of Option 3: Part-time Administration and Coordination are as follows:

- If implemented, this option would likely be able to achieve the stated purpose, aspirations, and functions identified as core to creating a sustainable Community Health and Wellbeing Service.
- A “start small” approach allows for growth of service offerings in the future and incorporates learning and iteration which could lead to a stronger service over time.
- Hiring a part-time position may create less strain and risk for the host organization who would carry a service agreement.
- The lower initial financial commitment may prove easier to justify to those who may be opposed to establishing a service of this kind.
- Building on the service and role over time may allow for greater input from key partners, such as Snuneymuxw, who can help to shape the final service and role over time. In this option there is room for collaboration and additional input into a final service arrangement as the service proves successful over time.

APPENDIX A: BACKGROUND REVIEW

BACKGROUND REVIEW – HEALTH AND WELLNESS NEEDS ON GABRIOLA ISLAND (ELECTORAL AREA B)

CONTENTS

- 1. Demographic Profile of Gabriola Island
- 2. Factors of Health and Wellbeing
- 3. Review of RDN Social Needs Assessment (2021)
- 4. Social Needs on Gabriola Island

DEMOGRAPHIC PROFILE OF GABRIOLA ISLAND

POPULATION

From 2016 to 2021, the population of Gabriola Island increased by 12%, from 4,033 to 4,500 people³. However, from 2014 to 2019, Gabriola Island had a higher death rate than birth rate. This means that the population growth is due to immigration into the island.

AGE

The median age is 61 years, which is significantly older than the RDN (51 years) and BC (43 years). Over a third (37%) of the population is over 65 years old. The Island’s age distribution likely explains the relatively high death rates.

TABLE 1: AGE DISTRIBUTION IN GABRIOLA ISLAND AND THE RDN (SOURCE: STATISTICS CANADA, 2016)

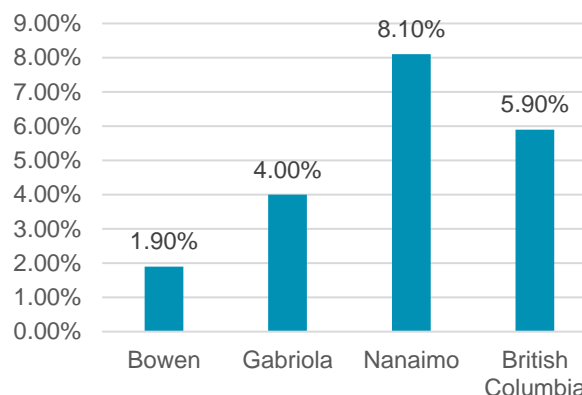
	Gabriola Island	RDN
0-14	7%	13%
15-64	55%	60%
65+	37%	27%

³ Unless otherwise stated, all data represented within this document is from the 2016 Statistics Canada Census.

ETHNO-CULTURAL COMPOSITION

Compared to the RDN and BC, a lower proportion of the population identified as Indigenous in Gabriola. Of those who identified as minorities, the Island had a greater proportion of non-visible minorities (98%) compared to the RDN (93%) and BC (70%) (Statistics Canada Census, 2016). A greater proportion of residents on the island were non-immigrants (78%), compared to BC (70%), but lower than the RDN (83%) (Statistics Canada Census, 2016).

Figure 1: Proportion of Residents Who Identified as Indigenous (2016)



EDUCATION

Among those between 25 and 64 years old, post-secondary education rates were higher in Gabriola Island (69%) compared to the RDN (62%) and BC (64%). Females in Gabriola had much higher rates of post-secondary education than males at 71% and 65%, respectively (Canadian Census, 2016).

TABLE 2: LEVEL OF EDUCATION BY SEX AND GEOGRAPHY (SOURCE: STATISTICS CANADA, 2016)

	Gabriola			RDN			BC		
	T	M	F	T	M	F	T	M	F
BELOW HIGH SCHOOL	8%	10%	6%	10%	12%	8%	10%	11%	8%
HIGHSCHOOL	24%	24%	23%	28%	29%	28%	27%	27%	26%
POST-SECONDARY	69%	65%	71%	62%	59%	64%	64%	62%	66%

HOUSEHOLD CHARACTERISTICS

There was a total of 2,154 households in Gabriola in 2016.

Household Size: The Island's average household size is smaller than that of the RDN and BC, at 1.9 people. Furthermore, most households (85%) were either 1 person (36%) or 2 people (49%). Most households were single-family (60%) followed by unattached individuals or groups of unattached individuals (39%). (Gabriola Health Report, 2020)

Family Type: Among census families, 74% were couples without children, 18% were couples with children, and 8% were lone-parent families.

Childcare: Among licensed childcare spaces, 35 were for children between 1.5 to 5 years old, and 58 were for children older than 5 years old. (Gabriola Health Report, 2020)

HOUSING

Cost of Housing: While the median monthly shelter costs on the Island was lower than the RDN, there was a greater proportion of households paying more than 30% of their income on shelter costs. On the Island, 26% spent more than 30% of their income on their housing. However, only 21% of owners spent more than 30% of their income on their housing, whereas most renters (53%) spent more than 30%. Furthermore, the median monthly shelter costs for owners were \$508 and \$768 for renters. On Gabriola Island, 15.4% of households were

in core housing need⁴, 9% required major repairs, compared to 6% in the RDN and BC. (Gabriola Health Report, 2020)

Homelessness: The rate of homelessness in Gabriola (1 in 65 residents) was significantly higher than in Nanaimo (1 in 270) and BC (1 in 653) (Gabriola Health Report, 2020).

Affordable Housing: There are currently no subsidized housing units available in Gabriola Island, however, the Gabriola Housing Society is working on developing units. (Gabriola Health Report, 2020)

LABOUR AND ECONOMICS

Industry: The top 6 industries in Gabriola were retail trade (12%), professional, scientific, and technical services (11%), construction (10%), administrative & support waste management & remediation services (both tied at 9%), followed by healthcare and social assistance (7%).

Businesses: The majority of Gabriola businesses were owned and operated by women (61%), compared to 16% of businesses, nationally. Furthermore, 2% of business owners identified as LGBTQIA2S+. (Gabriola Health Report, 2020)

TABLE 3: EMPLOYMENT STATISTICS BY SEX AND GEOGRAPHY (2015) (SOURCE: STATISTICS CANADA, 2016)

	Gabriola			RDN			BC		
	T	M	F	T	M	F	T	M	F
PARTICIPATION RATE	46%	48%	45%	55%	58%	52%	64%	68%	60%
EMPLOYMENT RATE	42%	42%	41%	51%	53%	49%	60%	63%	56%
UNEMPLOYMENT RATE	10%	12%	7%	8%	9%	7%	7%	7%	6%

Employment: Gabriola Island had significantly lower labour participation rates and higher unemployment rates than in the RDN and BC. Males (12%) in Gabriola Island had significantly higher unemployment rates than females (7%). Among those who worked, only 28% worked full-time all year, compared to 43% in the RDN and 46% in BC. A greater proportion of workers on Gabriola Island were self-employed (39%) than in the RDN (16%) and BC (14%) (Gabriola Health Report, 2020).

TABLE 4: SOURCE OF INCOME BY SEX AND GEOGRAPHY (SOURCE: STATISTICS CANADA, 2016)

	Gabriola			RDN			BC		
	T	M	F	T	M	F	T	M	F
EMPLOYMENT INCOME	44%	45%	43%	59%	62%	55%	71%	74%	66%
OTHER MARKET INCOME	35%	36%	35%	25%	25%	25%	18%	17%	19%
GOVERNMENT TRANSFER	21%	19%	23%	16%	13%	20%	11%	8%	15%

⁴ A household is said to be in 'core housing need' if its housing falls below at least one of the adequacy, affordability or suitability standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards).
<https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/households-menage037-eng.cfm>

Source of Income: A greater proportion of residents on Gabriola Island relied on government transfers as a source of income (21%), than in the RDN (16%) and BC (11%), particularly females (23%). (Gabriola Health Report, 2020)

TABLE 5: MEDIAN AFTER-TAX INCOME OF ECONOMIC FAMILIES (2015) (SOURCE: STATISTICS CANADA, 2016)

	Gabriola	RDN	BC
ALL ECONOMIC FAMILIES	\$56,440	\$69,084	\$77,002
COUPLES WITH CHILDREN	\$67,840	\$90,807	\$96,176
LONE PARENT	\$34,176	\$41,856	\$46,668
COUPLES WITHOUT CHILDREN	\$58,048	\$65,871	\$70,464
UNATTACHED INDIVIDUAL(S)*	All: \$22,984 Male: \$20,984 Female: \$24,307	All: \$26,153 Male: \$26,696 Female: \$25,786	All: \$28,320 Male: \$29,815 Female: \$27,221

Income: The median after-tax incomes in Gabriola Island were lower across family types, compared to the RDN and BC. However, unlike the RDN and BC, female unattached individual(s) made significantly more than males.

TABLE 6: LIM-AT RATES BY SEX AND AGE (2015) (SOURCE: STATISTICS CANADA, 2016)

	Gabriola			RDN			BC		
	T	M	F	T	M	F	T	M	F
Total	25%	25%	25%	16%	15%	17%	16%	15%	16%
0-17	39%	38%	39%	22%	23%	22%	19%	19%	19%
0-5	37%	42%	38%	23%	23%	23%	18%	18%	18%
18-64	29%	31%	27%	16%	16%	17%	15%	14%	16%
65+	16%	15%	17%	12%	10%	14%	15%	13%	17%

Low-income: Reflecting the lower incomes in Gabriola Island, a greater proportion of residents were below relative low-income⁵ (e.g., LIM-AT rate) compared to the RDN and BC across all age groups. However, unlike the RDN and BC, fewer females compared to males were below relative low-income. Children and youths were particularly challenged, as approximately 40% of people aged 0-17 were in households below relative low-income. (Gabriola Health Report, 2020)

⁵ The Low-income measure after tax (LIM-AT) is a fixed percentage (50%) of median adjusted after-tax income of households observed at the person level, where 'adjusted' indicates that a household's needs are taken into account. <https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/fam021-eng.cfm>

FACTORS OF HEALTH AND WELLBEING

CHILDHOOD VULNERABILITY

The Cedar-Wellington-Gabriola neighbourhoods had significantly more children who were vulnerable on one or more of the Early Learning Development Indicator scales than the Nanaimo-Ladysmith school district and BC (Human Early Learning Partnership, 2019). Most children (53%) were vulnerable. The most critical vulnerabilities were in emotional maturity (34%) closely followed by physical health and wellbeing (32%) and social competence (28%). Language and cognitive development (20%) were also a significant vulnerability. The only scale that the area scores better on than Nanaimo-Ladysmith and BC was in communication skills and general knowledge at 8%.

TABLE 7: EARLY DEVELOPMENT INDICATOR BY GEOGRAPHY (SOURCE: HUMAN EARLY LEARNING PARTNERSHIP, 2019)

	Cedar-Wellington- Gabriola	Nanaimo- Ladysmith	BC
VULNERABLE ON ONE OR MORE SCALES	53%	37%	33%
PHYSICAL HEALTH AND WELLBEING SCALE	32%	20%	15%
SOCIAL COMPETENCE SCALE	28%	18%	16%
EMOTIONAL MATURITY SCALE	34%	20%	18%
LANGUAGE AND COGNITIVE DEVELOPMENT SCALE	20%	14%	11%
COMMUNICATION SKILLS AND GENERAL KNOWLEDGE SCALE	8%	11%	14%

Health: To meet the recommended number of physicians per number of patients in rural areas, Gabriola Island would need 2 additional physicians (Gabriola Health Report, 2020).

The emergency department utilization and number of hospitalizations has been steadily growing over the last decade, especially among seniors (Gabriola Health Report, 2020).

Residents of Gabriola Island have a higher prevalence of mood and anxiety disorders than in BC, and 22 new cases are diagnosed per 1,000 people annually. It is also estimated the suicide rate in Gabriola Island was 2.5 times greater than Nanaimo (Gabriola Health Report, 2020).

TABLE 8: PREVALENCE OF CHRONIC DISEASE (PER 100 PEOPLE) ON GABRIOLA ISLAND, TOP TEN CONDITIONS (SOURCE: GABRIOLA HEALTH REPORT, 2020)

MOOD AND ANXIETY DISORDERS	36.2
DEPRESSION	28.8
HYPERTENSION	26.5
OSTEOARTHRITIS	15
ASTHMA	9.9
ISCHEMIC HEART DISEASE	9.7
DIABETES	7.9
OSTEOPOROSIS	6.9
CHRONIC OBSTRUCTIVE PULMONARY DISORDER	5.1
GOUT	4.0

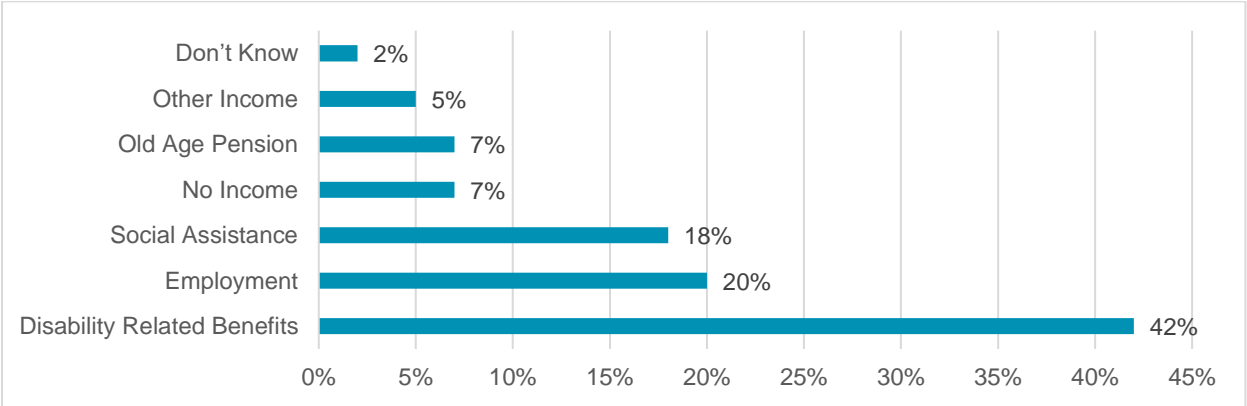
FOOD SECURITY

The 2020 Gabriola Health Report indicated that people with disabilities and unattached individuals were disproportionately affected by food security. Additionally, a significant proportion of people served by the island’s Grocery Program (food bank) were children (25%) (Gabriola Health Report, 2020).

Forty-five percent (45%) of participants of the Grocery Program were renters, while 20% owned their homes. Moreover, 42% of participants accessed the program because their social assistance was too low to allow them to afford food and 15% did not work enough hours to afford their food needs (Gabriola Health Report, 2020).

On Gabriola Island, 19% of the land is available for food production, which allows for enough food to last residents for three days should food supply lines be an issue. There are between 18 and 20 working farms on the Island. According to People for a Healthy Community Gabriola, 48,002 lbs of food were recovered from unsold or excess food from Nester’s Market, of which 54% went directly to the community (Gabriola Health Report, 2020).

Figure 2: Grocery Program (Food Bank) Usage by Primary Income Source (Gabriola Health Report, 2020)



TRANSPORTATION

In partnership with the RDN, People for a Healthy Community offers taxi saver coupons for 50% discounted taxi travel for medical appointments in Nanaimo for seniors and people with disabilities (Gabriola Health Report, 2020). A community bus service, GERTIE (Gabriola’s Environmentally Responsible Trans-Island Express), also operates on the island. The service operates Monday through Saturday and is a flag down bus system with set routes. GERTIE is partially funded through Area B taxation delivered through the RDN and is operated by the Gabriola Community Bus Foundation.

COMMUNITY PARTICIPATION

There are over 67 non-profits, networks, co-ops, and community groups in Gabriola Island which have 2,077 members, and 1,581 volunteers (Gabriola Health Report, 2020).

The Gabriola Recreation Society offers several programs, kid’s programs being utilized the most (453 participants out of 744). The most common were kids’ recreation (286 participants) followed by drop-in sports (160 participants) (Gabriola Health Report, 2020).

CRIME

From 2018 to 2020, incidents of violent crime on Gabriola Island increased, with a significant spike in the number of incidents in 2019 and 2020. This increase in incidents is consistent with a trend seen both provincially and nationally over the same time period. The COVID-19 pandemic had a profound impact on society during this time and most Canadians were typically spending more time at home and away from work, placing economic pressure on many and weakening social ties. These changes did, at least in some part, affected crime patterns across the country (Statistics Canada, 2020). The trend in violent crime rates should continue to be monitored, however, it is anticipated that rates will begin to decrease and normalize again in 2022 and 2023.

TABLE 9: PERCENTAGE CHANGE IN VIOLATIONS (SOURCE: STATISTICS CANADA, 2022)

	Gabriola Island					BC				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
TOTAL CRIMINAL CODE VIOLATIONS ACTUAL INCIDENTS	183	125	163	221	288	412,478	398,788	413,412	487,404	449,341
TOTAL CRIMINAL CODE VIOLATIONS* PERCENT CHANGE	-24%	-26%	+24%	+27%	+19%	-1%	-4%	+2%	+16%	-12%
ACTUAL VIOLENT CRIME INCIDENTS	16	12	18	62	60	54,246	53,540	59,088	79,813	80,298
VIOLENT CRIMINAL CODE VIOLATIONS PERCENT CHANGE	-49%	-26%	+46%	+243%	+12%	-6%	-3%	+9%	+33%	-3%

* EXCLUDING TRAFFIC VIOLATIONS

AREAS OF NEED IDENTIFIED IN THE SOCIAL NEEDS ASSESSMENT

In 2021, the Regional District of Nanaimo conducted a Social Needs Assessment, which gathered data on the experiences of residents navigating their community and pursuing their wellness. The report findings indicate the level of need for services in the RDN. Additionally, it outlines recommended actions which support services such as the one being reviewed for this feasibility study.

The following section shares the findings for the RDN as a whole. While Electoral Area B faces many of the same challenges, the scale of need (number of people in need of support as a proportion of the population) is, in many cases, higher in Electoral Area B. The comparison of needs can be found in the 2020 Gabriola

Health Report and are reported above. The results of this regional survey highlight challenges that are faced across the region, including services which are needed. This information clarifies the broader context in which Electoral Area B residents access services and gives some insight into the social needs of Electoral Area B residents.

PUBLIC SURVEY RESULTS (2021)

A public survey was administered as part of the regional Social Needs Assessment. The data shared here is for the region as a whole. It is notable, though, that 25% of the respondents to this survey stated they live on Gabriola Island.

Challenges: In a public survey (2021) administered by the RDN, 17% of respondents reported that they almost always or often faced challenges meeting their basic needs each month. The top three greatest daily challenges faced by respondents were the cost of living (43%), lack of social connection (23%), followed by a tie between mental health & addiction and access to affordable, safe, and appropriate housing (18% each).

Emergency Income: Thirty-four percent (34%) of respondents felt like they did not have enough money to cover a one-time expense without it affecting other bills.

Transportation: A quarter of respondents did not think the available public transit is sufficient for their transportation needs.

Among challenges in getting around the area, 70% of respondents noted that road maintenance was inadequate; 61% noted that there were inadequate cycling lanes and crossings, followed by 48% noting that unpaved roads or sidewalks were an issue. Subsequently, 70% of respondents claimed that the region was not bicycle friendly.

Regarding sidewalks in the community, 76% strongly or somewhat disagreed that the infrastructure is designed to support walking and pedestrian safety, 78% strongly or somewhat disagreed that the infrastructure accommodates people with accessibility or mobility issues/needs nor accessible under all weather conditions.

Services and Programs

- Twenty-six percent (26%) of valid responses believed that childcare services were unaffordable for their family.
- Twenty-five percent (25%) of valid responses believed that sports and recreation programs were unaffordable for their family.
- Thirty-three percent (33%) of valid responses found that primary healthcare services were not accessible when needed and 40% found that supplementary health services were not affordable.
- Forty-five percent (45%) of valid responses believed that mental health and/or substance abuse supports were not available when needed.
- Sixty-nine percent (69%) of valid responses were unable to access job search and skills training opportunities when needed.
- Forty-six percent (46%) of valid responses could not find year-round employment opportunities that matched their skill level.

- Twelve percent (12%) of valid responses did not find it easy to find information about social programs and services, and 27% were unsure.
- Fourteen percent (14%) of respondents used drugs for non-medical reasons.
- Among valid responses, 45% could only access the services they needed from a different community.
- Among services that respondents needed, 31% of respondents could not access an emergency shelter for domestic violence, 25% could not access mental health services, 12% could not access social housing, and 12% could not access employment services.
- Nine percent (9%) of respondents did not have access to nutritious food all year. Thirty-three percent (33%) of respondents sacrificed health foods to pay for other necessities.

KEY FINDINGS BY PRIORITY AREA

The following key findings by Priority Area (determined by the Regional District and project partners as key areas of need in the RDN) speak to the types of community health and wellness needs which residents of the RDN are experiencing.

1. Programs for Families, Youth, and Children

- Childcare is not available and/or affordable for all families who need it.
- The region scored higher on the childhood vulnerabilities index than other areas in BC.
- Youth programming is limited, especially in the rural areas.
- There is a need across the region to improve access to child and youth programs and services, including important early intervention programs for children with special needs.

2. Social Supports and Services

- Health supports such as family doctors, medical services, and especially, mental health and addiction services are lacking.
- Cost of recreation programs and activities are a barrier to participation for low-income residents.
- Recreation programs and public services are not meeting the needs of all communities, such as LGBTQIA2S+ and immigrant families.
- Public services and supports are not able to keep up with demand, and in some areas, needed services are unavailable.

3. Discrimination and Stigma

- Not all residents feel welcome in the region. People who are members of equity-seeking groups face discrimination in public spaces. While a minority of participants, members of equity seeking groups shared stories of bullying, verbal aggression, name calling, and even assault.
- People who are visible minorities and LGBTQIA2S+ shared stories of discrimination and violence in public spaces in the RDN.

- There are many options for creating inclusive spaces, including physically designing public spaces for accessibility and diversity, and creating policies and procedures that reduce unconscious biases.

4. Access to Health and Affordable Food

- Food programs struggle to keep up with demand in the community
- Fresh and local foods are not affordable for many families

5. Safe and Affordable Transportation

- There are gaps in the regional public transit system resulting in unequal distribution of services
- Active transportation systems are not continuous across the region, meaning some areas are not easily accessible for people who do not drive

6. Access to Housing and Reducing Homelessness

- Housing is one of the biggest concerns of the community
- Housing affordability, related to cost of living and average incomes, makes suitable housing out of reach for low- and middle-income families
- There is an increasing need for diverse housing options which account for a variety of needs (accessibility, bedrooms, price range, etc.) available in all communities throughout the region, as well as an overall increase in supply.

REGIONAL SOCIAL NEEDS POLICY CONTEXT

The Social Needs Assessment conducted by the Regional District of Nanaimo was funded through UBCM as part of supporting local governments to contribute to the goals of the provincial Poverty Reduction Strategy: TogetherBC. The TogetherBC Strategy outlines provincial targets for poverty reduction:

1. Reduce proportion of people living in a low-income household by 25%
2. Reduce the proportion of renters spending more than 30% of their income on housing by 25%
3. Reduce the proportion of children with vulnerability scores on the EDI by 50%

REGIONAL STRATEGIES

To accomplish these goals and address the social needs priority areas, 8 strategies were identified as potential ways forward. These strategies, while not endorsed by the RDN Board, demonstrate the importance of collaboration and the creation of services which consider the social determinants of health and community servicing needs, with the goal to improve the health and wellness outcomes of all community members. The recommended strategies below outline key elements of collaborative, community-based responses to social, health and wellness needs.

1. Demonstrate leadership in convening and communicating across various community stakeholders and partners as part of implementing this Strategy: Hiring a social planner within the RDN

2. Amplify the Community Health Network's (CHN) role: Join the tables by participating and sitting at the community action tables across the region
3. Facilitate the integration of the Truth and Reconciliation Commission's Calls to Action as part of implementing this Strategy: Meet with local First Nations and urban Indigenous organizations to deepen relationships and find opportunities to collaborate and support them in addressing their social needs.
4. Adopt social planning as a core practice within the RDN to support coordination and implementing of this Strategy. This should involve:
 - Applying systems change approach to regional social planning
 - Creating and adopting a GBA+ Equity Analysis lens for all local government service areas
 - Convening and facilitating collaborative action among community partners across the region
5. Create and implement regional strategies for priority areas where additional planning and processes are required, including:
 - Establishing a Regional Housing Strategy to address housing affordability and supply challenges
 - Supporting community partners in implementing the Mid-Island Child Care Action Plan
 - Exploring the feasibility of creating a regional food policy council to support ongoing food insecurities
 - Developing regional transportation strategies for active transportation options
6. Define key indicators for success and collective targets related to specific priority area actions in support of achieving this Strategy's goals, including:
 - Committing to achieve BC's poverty reduction targets
7. Implement actions within the region that recognizes regional variations in social needs and leverages local expertise by:
 - Continuing to identify and share what these various needs are across the region and target actions where needs are highest
 - Focusing on providing both physical and social infrastructure supports to increase access to services in rural areas and better connect services across the region
 - Continuing to enable local area action and community leader engagement through collaboration with CHN
8. Establish an accountability structure to monitor and track progress of actions occurring across the region by:
 - Using targets to monitor the progress being made annually
 - Hosting annual, region-wide, community social infrastructure and social services event to share data on the targets, convene stakeholders to inform them of progress, and assess where more work is needed

SOCIAL NEEDS ON GABRIOLA ISLAND

The following table provides an analysis of the needs of Gabriola Residents based on the findings of the Social Needs Assessment (2021). Although these can help to inform a social health and wellbeing service for the Island, these actions are not necessarily the role of the new service.

TABLE 10: KEY HEALTH AND WELLBEING NEEDS OF GABRIOLA RESIDENTS

PRIORITY	GABRIOLA ISLAND CONTEXT	POTENTIAL ACTIONS
<p>PROGRAMS FOR FAMILIES, YOUTH, AND CHILDREN</p>	<p>The high rates of child vulnerability and low-income (LIM-AT rates) on the Island must be addressed to ensure that children and youth have proper care and development as they transition into adulthood</p> <p>The labour participation rate on the Island is lower than in the RDN and BC and there are also lower rates of employment-sourced income. From the Public Survey (2021), a quarter of respondents believed that childcare was unaffordable to their family. This may indicate that parents/caregivers face barriers to working more.</p>	<p>Wrap around services or programs for families that address multiple challenges at once. For example, affordable childcare services with complementary nutritious food could allow parents or givers to pursue more employment opportunities. More streamlined childcare services could also help address the high rates of child vulnerability across four of the five predictors of adult wellbeing.</p>
<p>SOCIAL SUPPORTS AND SERVICES</p>	<p>Given the lower incomes and labour participation and higher reliance on government transfers, there may be a greater need on the Island for more social supports and services. From the Public Survey, 12% did not find it easy to find information and about social programs and services, and 27% were unsure. Furthermore, only slightly over half of valid responses noted that they could access the services they needed on the Island.</p>	<p>Determine the primary social supports and services residents on the Island frequently use in adjacent areas (eg Nanaimo) and move towards offering them on the Island.</p> <p>Create a community hub as a one-stop shop for information and resources on services and programs.</p> <p>Consider virtual forms of offering services to reduce the necessity of going off the Island to access them.</p>
<p>DISCRIMINATION AND STIGMA</p>	<p>The Island has a high prevalence of mood & anxiety disorders, depression, and suicide. The factors as to why these occur at such high rates must be addressed, as well as whether</p>	<p>The high rates of mental health disorders may be related to other factors such as the high rates of relative</p>

	<p>specific demographics are affected more intensely. From the Public Survey (2021), 45% of valid responses noted that mental health services were not available when needed. This indicates that there are inadequate mental health supports on the Island.</p> <p>Almost a quarter of respondents on the Public Survey (2021) faced challenges in social connections within the community.</p>	<p>low income (LIM-AT)⁶, lower rates of labour participation, and other challenges. These determinants may be necessary to address first to mitigate the mental health stressors.</p> <p>Dedicate more resources to mental health services (e.g., more practitioners on the Island) or offer virtual services.</p> <p>Promote more community events or spaces to enable the community to make more meaningful social connections. Leverage the multitude of organizations on the Island to promote community wellbeing.</p>
<p>ACCESS TO HEALTHY AND AFFORDABLE FOOD</p>	<p>People with disabilities and children were more likely to access food banks, which indicates they encounter barriers which prevent them from meeting their food needs. Furthermore, unattached individuals also accessed the food bank at high rates, which may be correlated with the much lower incomes of unattached individuals on the Island.</p> <p>From the Public Survey (2021), a significant portion of respondents sacrificed healthy food to pay for other necessities and almost a tenth did not have access to nutritious food year-round.</p>	<p>Scale up the Grocery Program (food bank) and ensure the most vulnerable have access to it.</p> <p>Promote food literacy and food independence programs (e.g., gardening, growing own food).</p>
<p>SAFE AND AFFORDABLE TRANSPORTATION</p>	<p>A quarter of respondents on the Public Survey (2021) did not think the Island’s public transportation was sufficient for their needs.</p>	<p>Leverage provincial or federal support to fund infrastructure for more forms</p>

⁶ The Low-income measure after tax (LIM-AT) is a fixed percentage (50%) of median adjusted after-tax income of households observed at the person level, where 'adjusted' indicates that a household's needs are taken into account. <https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/fam021-eng.cfm>

	Moreover, the infrastructure for active transport was noted by most respondents as being inadequate.	of public or active transportation.
ACCESS TO HOUSING AND REDUCING HOMELESSNESS	On Gabriola Island, 26% of residents spent more than 30% of their income on their housing (53% of owners and 21% of renters). The rate of homelessness in Gabriola (1 in 65 residents) is significantly higher than in Nanaimo (1 in 270) and BC (1 in 653). There are currently no subsidized housing units available in Gabriola Island.	Leverage provincial or federal support to fund or advocate for more affordable housing on the Island.

OTHER POTENTIAL OR EMERGENT ISSUES ON GABRIOLA ISLAND

- Given the aging population on the Island and large seniors population, the Island may face a future issue of having a large enough working-age population to operate businesses, provide labour, offer programs/services, etc. The age distribution on the Island may also affect what kinds of services are available and may explain why some services are only accessible off the Island. Furthermore, it may become increasingly important for the housing stock to be senior- friendly.
- Only the 65+ age group on the Island has comparative LIM-AT rates to the RDN and BC. The younger age groups have significantly higher rates of poverty, which implies that wealth is concentrated at older age groups. This may also explain why there is a high incidence of child vulnerability on the Island.
- The Island experienced a growth in crime rates over the 2019 and 2020 period. The increased rate of crime is likely linked to impacts of the COVID-19 pandemic and resulting restrictions. However, a growing crime rate can also indicate social need. Rates should continue to be monitored over 2022 and 2023 to ensure they are normalizing to pre-pandemic numbers.

APPENDIX B: STAKEHOLDER MEETING SUMMARY

STAKEHOLDER WORKSHOP #1 SUMMARY

Workshop Date: May 9th, 2022

Location: The Haven, Gabriola Island

Time: 10:30am – 12:30pm

NEED FOR A SERVICE

There is an identified need for a multi-function position(s) to navigate and coordinate health and social wellbeing issues on Gabriola Island. The need is derived from the following current challenges in delivering effective services and coordination on Gabriola:

- Current capacity to effectively identify and address barriers and challenges is limited.
- Coordination of services is currently done by a local volunteer-run group, the Gabriola Health and Wellness Collaborative. The volume of work required is not sustainable for the volunteers.
- Funded mechanisms of community based and collaborative service coordination, such as the Community Health Networks, are regional and not able to respond effectively to the local needs.
- Gabriola Island is serviced by multiple agencies (Islands Trust, Regional District of Nanaimo, School District, etc.) but presently there is little coordination between these organizations in addressing community health and wellbeing, nor are the services they provide meeting the needs of Gabriola Island residents. An intermediary who can work with these multiple organizations and look for areas of synergy, advocate for the needs of Gabriola residents, and identify areas for improvement is needed to ensure that there is an appropriate level of service on Gabriola Island.
- To effectively coordinate services related to health and wellness, including the social determinants of health such as housing, transportation, environmental protection, etc., the needs of Gabriola should be understood as a distinct service area and have a single 'hub' which connects overlapping and intersecting services, organizations, collaborations and other parties involved.

WHAT WOULD A SERVICE PROVIDE?

The participants in the workshop hope that a Community Health and Wellbeing Service would alleviate duplication of work, pressure on volunteers, and streamline logistics of coordinating health and wellbeing services on Gabriola Island. Many of the attendees noted that they are on several boards and committees, each with their own distinct but interconnected work. A Community Health and Wellbeing service could reduce duplication and more efficiently coordinate across a broader range of sectors to provide a cohesive and effective approach to coordinated services.

If established the Community Health and Wellbeing position(s) would provide or support services such as:

- Engagement, convening, and communications
- Coordination and administration
- Needs assessments

- Data analysis
- Apply for and coordinate funding
- Research and evaluation
- Relationship building

These services would serve the community by:

- Supporting the existing Gabriola Health and Wellness Collaborative and other local organizations to operate effectively and relieve overburdened volunteers
- Assist in streamlining and better organizing the array of committees, boards, and other working groups with related missions
- Provide staff assistance to local work through engagement, funding applications, data collection and analysis, and potentially more
- Help with prioritization and strategic planning

ORGANIZATIONAL AND FUNDING CONSIDERATIONS

There are several organizational and funding issues that arise with creating this service and require consideration.

- Under which organization would this service be governed? Having staff employed by the RDN or an existing organization on Gabriola were seen as the two best options.
- Who will fund this service, and would funding be operational-funded or contractual/grant?
- The position(s) associated with this service will be held on the Island, but there are difficulties in attracting and retaining people to the Island.
- The Gabriola Health and Wellness Collaborative is seen as a possible leadership body for the position for strategic direction and regular convening of stakeholders. However, if one of the member organizations holds the funds for the position is there a potential for conflict of interest?
- Determining a single person as the supervisor of employee(s) is important for clear lines of reporting and communication.
- It is important that the Snuneymuxw First Nation and peoples be invited to participate in the governance and strategic direction planning of this service.

OTHER CONSIDERATIONS

If a permanent position is established, the Collaborative and other stakeholders should agree upon the role’s mandate and the local strategic long-term goals.

DEFINING A POSITION/ SERVICE

Participants were asked to describe how a service could operate. Both an ‘ideal’ and an ‘at minimum’ scenario was described.

	IDEAL (MAX SPECS)	AT MINIMUM (MIN SPECS)
PAID STAFF PERSON	One full time or two part time (job share)	Part time (20 hours a week)

LOCATION	On Gabriola Office in shared space with other service providers (I.T, clinic, healthcare foundation office, Madrona)	On Gabriola Work from home or float in offices of other services
STRUCTURE	Existing non-profit with new service agreement	Coordinator/ Facilitator for Collaborative
JOB DESCRIPTION/ KEY TASKS	<ul style="list-style-type: none"> • Administration support for Collaborative and other working groups/ committees or services • Operates from a shared office space with other services and as part of their role supports with shared administrative duties • Communications between community, organizations, committees and working groups, external partners • Securing long-term funding • Grant writing and coordination • Community economic development • Address gaps in service areas through research, advocacy, grant writing and distributing funding • Support program design and implementation to fill gaps • Build relationships, protocols, and respectful space to work with Snuneymuxw 	<ul style="list-style-type: none"> • Support for collaborative as a facilitator • Streamline and continue building the collaborative <ul style="list-style-type: none"> ○ Improve effectiveness ○ Organizational capacity building ○ Focus on program deliverables ○ Build its Sustainability • Analysis of data to identify gaps/needs of health and wellbeing • Identify and strategically plan Community priorities for taking action • Coordination of local action teams • Operational budget which includes resources to have yearly collaborative engagement (\$30,000 every 5 years) <ul style="list-style-type: none"> ○ Survey, community event, ○ Strategic planning (every 5 years) • Evaluation of Collaborative actions, outcomes, and impact • Regularly connect with organizations such as RDN, local services, Island Health, etc. • Builds relationship, protocols, and respectful space to work with Snuneymuxw

NEXT STEPS

A feasibility study which flushes out in more detail the options for a service.

Options will include:

- Max Spec
- Min Spec
- Status Quo

Next engagement session is to be held June 15th.

STAKEHOLDER WORKSHOP #2 SUMMARY

Workshop Date: June 15, 2022

Location: Zoom

Time: 1-3pm

PURPOSE

This memo is to provide a summary of the themes and key findings which emerged from a stakeholders meeting facilitated by Urban Matters on June 15th, 2022.

ASPIRATIONS

- Increase funding for services on Gabriola Island through increased grants and funding. Position to support searching for funding opportunities and writing applications.
- Ongoing engagement with the community, including information sharing, engagement, and increasing volunteer participation
- Improved health and wellbeing outcomes across the social determinants of health through improved programming, increased funding for community needs, and better coordination of services

These activities would serve the community by:

- Bridging gaps between diverse entities providing services on Gabriola Island
- Supporting the existing Gabriola Health and Wellness Collaborative and other local organizations to operate effectively and relieve overburdened volunteers
- Assist in streamlining and better organizing the array of committees, boards, and other working groups with related missions
- Provide staff assistance to local work through engagement, funding applications, data collection and analysis, and potentially more
- Help with prioritization and strategic planning for collaborative activities which support the health and wellbeing of community members
- Supporting the ongoing volunteerism by supporting in administration and coordination to reduce undue responsibility. A coordinator can support volunteers to contribute based on their strengths.

KEY ROLE FOR SERVICE

In reviewing the min and max specs identified in the first workshop the Stakeholders focused in on the most important functions of a staff person.

CORE FUNCTIONS:

- Coordination function across networks and across collaboratives
- Administrative function (meeting coordination, minutes, distribution lists, etc.)
- Grant and Funding Sourcing and application support
- Communication between various service providing entities, working groups, external partners, and residents

The minimum spec was thus adjusted to focus on:

- Administrative assistance for the Gabriola Health and Wellness Collaborative by coordinating meetings, taking minutes, and supporting action between meetings
- Applying for grants for community service providers, the Committee, and others
- Communications between community, organizations, committees and working groups, external partners, and residents

A new “medium spec” was identified which includes the above, with the addition of:

- Administration support for other working groups/ committees or services

The following were identified as ‘max spec’ items:

- Identify and strategically plan community priorities for taking action, and coordination of local action teams

Three options to achieve these functions were identified, which could be implemented in an incremental way:

- Administrative assistance for the Gabriola Health and Wellness Collaborative
- A Coordinator for the Gabriola Health and Wellness Collaborative
- A broader service which aligns with the Maximum Spec described in the first workshop

ENABLING CONDITIONS

In addition to the above minimum specs, the following are considered essential elements of a service for it to function as desired and meet intended outcomes:

- The staff person is local to Gabriola Island (lives on the Island)
- Governance is collaborative, with a leadership team to provide direction
- Supervision of an employee is done by a single person, with clear lines of reporting to ensure that the staff person is supported in their role

ALTERNATIVE OPTIONS

A grant program was also discussed as an alternative option to a new Service. Rather than hiring a person to provide a range of services, a grant program accessible by organizations and services on Gabriola Island could be created to support local initiatives. However, this option would not provide the core functions of a service such as coordination, communications, and administration support for working groups and collaboratives. Therefore, this option is not pursued for this report.

STRUCTURE OPTIONS

Options for the structure of a service fell broadly into two categories: creating a new entity or hiring a staff person through an existing entity. If a staff person is hired through an existing entity, governance and roles and responsibilities must be clarified.

NEW OR EXISTING ENTITY

Pros

- Could hold their own funds
- Neutral body which has no association with other entities means less possible conflict of interest

Cons

- Requires more initial set up and ongoing administration
- Risk of duplication of effort is high
- Requires significant ongoing investment to make feasible

It was determined that creating a new entity is not desired. There are multiple established entities which are likely to have the infrastructure to house a new service. By partnering with an existing entity, the RDN can save effort and tax dollars in set up and administration.

GOVERNANCE

If housed in an existing entity, the new Service would require the following:

- An organization to hold and distribute funds, including paying the employee
- A leadership committee or group to guide the work
- A single person responsible for supervision of the employee

The Gabriola Health and Wellness Collaborative is seen as a possible leadership body for the position for strategic direction and regular convening of stakeholders.

EXISTING STRUCTURES

It is preferable to model this service off of an existing structure. The two proposed options are that the RDN houses the position or that the RDN provides funds to an entity on Gabriola Island to manage.

Programs housed in Regional Districts

Health Networks across the Island Health Region are funded by Island Health and operated through regional districts, with a contracted position being supervised by a leadership committee. In this model an external funder (Island Health) provides funding which is managed by the Regional District. The leadership teams are determined by the community, but generally consist of a mix of community volunteers and service provider/ organization representatives.

The qathet program is funded by the Regional District and all member governments (local and First Nations governments). A staff person is hired by the City of Powell River and takes direction from each local government, supported by a leadership committee.

Programs funded but not operated by Regional Districts

Social Planning Councils, such as the Cowichan Valley Regional District Social Planning Council operate with an annual grant from the regional district. This funding model leads to uncertainty due to its annual contract basis. This model also requires significant volunteer effort to continue.

There is a **service being provided through Gabriola Chamber of Commerce for economic development**. Doing strategic planning, looking to how to use the funding. The Chamber of Commerce is on the Collaborative so its important not to duplicate work, but there are established working relationships. Possibility to be complimentary to one another.

REVIEW OF COSTS

A draft of the cost analysis was presented to the stakeholder group. The following lines were adjusted:

- Budget for annual review and 3-5 year strategic plans included
- Budget for project work reduced
- Suggested alternative of funding for a number of action teams to carry out the work considered. Not further evaluated for this report due to its similarities to granting body structure.
- Employee costs broken into key roles: admin, communication, coordination.

OTHER CONSIDERATIONS

The role of Snuneymuxw remains to be seen. There was discussion on pausing this process to engage with Snuneymuxw to determine what role they would like to play. Acknowledging their rights and title was seen as critical to doing this work in their territory. It was also acknowledged that this work may not be a priority within their current capacity, though, and continuing the work is seen as important. It is acknowledged that there is not a solution at this time but there is an explicit invitation to Snuneymuxw shape and participate in this.

APPENDIX C: Operating Cost Estimate Table

		OPTION 1	OPTION 2	OPTION 3	OPTION 4
STAFFING BUDGET					
STAFF HOURS	Calculated at industry average for facilitator or coordinator for similar services. Average Income is \$54,004 for Full Time ⁷	\$ -	\$ 22,271.50	\$ 27,002.00	\$ 54,004.00
MERCS	Calculated at 10% of wages ⁸	\$ -	\$ 2,227.15	\$ 2,700.20	\$ 5,400.40
BENEFITS	Calculated at 10% of wages. Would only apply to full time regular position rather than contract.	\$ -	\$ -	\$ -	\$ 5,400.40
TOTAL ANNUAL STAFFING COST	Contract position	\$ -	\$ 24,498.65	\$ 29,702.20	\$ 59,404.40
	Regular Staffing Position	\$ -	\$ 24,498.65	\$ 29,702.20	\$ 64,804.80
OPERATING BUDGET					
OFFICE RENTAL	Lease or rental cost for office space.	\$ -	\$ -	\$ 9000.00	\$ 9,000.00 ⁹
SUPPLIES	General office supplies, printing, memberships ¹⁰	\$ -	\$ 625.00	\$ 625.00	\$ 1,250.00
WEBSITE, CYBER IMPACT, DATABASE MEMBERSHIPS		\$ -	\$ -	\$ 275.00	\$ 550.00

⁷ From Glassdoor: "Salaries are estimated based on 168 salaries submitted anonymously to Glassdoor by a Facilitator employees" Salary: Facilitator (June 2022) | Glassdoor

⁸ Employer portion of EI, CPP, etc.

⁹ Average commercial office lease rates: \$15/sp ft + Triple Net (calculated at 10%). Used 500 sq ft for minimum calculation and 1000 for maximum.

¹⁰ Based on CVCHN 2022/23 budget allotments, calculated at 50% for Min Spec

TOTAL OPERATING BUDGET		\$ -	\$ -	\$ 9,900.00	\$ 10,800.00
SERVICE PROVISION BUDGET					
SERVICE PROVISION BUDGET	Funding for conducting research and community engagement activities ¹¹	\$ -	\$ -	\$ 10,000.00	\$ 25,000.00
TOTAL ANNUAL RESEARCH AND ENGAGEMENT BUDGET		\$ -	\$ -	\$ 10,000.00	\$ 25,000.00
TOTAL ANNUAL COST	Regular staffing positions	\$ -	\$ 25,123.65	\$ 49,602.20	\$ 100,604.80
	Contract position	\$ -	\$ -	\$ 49,602.20	\$ 95,204.40

¹¹ Based on CVCHN 2022/23 budget allotments, Min Spec and Max Spec were determined by stakeholder group