



Kingston Community  
Health Centres  
Centres de santé  
communautaire de Kingston

# Strategic Plan



# 2022-2025

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## Overview

In May 2022, the KCHC Board launched a process to renew its strategic plan. While the vision, mission, values and high-level priorities remain consistent with the pre-pandemic *Strategic Plan 2019-2022*, the operating environment has changed significantly since that plan was approved. As a result, it's time to refresh and renew KCHC's strategic priorities and objectives.

## Process

- A dozen staff served on a Staff Champions Panel and conducted peer consultations to gather input and perspectives on pressure points, choices, and needs in the community. (They met July 7 & 14, Aug. 3 & 31, and reported their findings on Sept. 13.)
- Key stakeholder interviews were held with representatives of the Indigenous Wellness Council (Aug. 9), the Francophone community (Aug. 9), and the Frontenac Lennox & Addington Ontario Health Team (Aug. 15).
- Extensive stakeholder consultations were undertaken to inform the plan, including soliciting feedback from 57 staff and 6 volunteers through an anonymous online input tool.
- Views from clients, patients, and others with lived experience were obtained through a companion survey process in September.
- The strategy development process was led by the CEO and Leadership Team and options were discussed in planning workshops held June 7, July 5, Aug. 2 & 16, and Sept. 13 & 20.
- In addition to updates provided to the board on June 21 and Aug. 23, directors reviewed the initial draft stratplan on Sept. 27 and approved the final plan on Oct. 25.

**A sincere thank you to everyone who contributed to development of the KCHC Strategic Plan 2022-2025.**

Organizations are a product of their history, needs in the community, and the people who engage in the work. Since our last plan was adopted, KCHC has continued to be a key service provider in the communities we serve, an accomplishment that is even more notable in the context of the COVID-19 pandemic.

KCHC staff and volunteers unwaveringly stepped up to provide more and different services as needed to fill unexpected and growing needs in our community while continuing to provide our standard high level of client care and connection.

Since our last plan, our primary care clinics have seen demand reach 130% of target capacity; the temporary COVID vaccine clinic at our Weller site delivered more than 20,000 vaccines; and we increased our reach with food box deliveries to families and seniors, delivering more than 800 per month, a jump of 160% from pre-2020 numbers. These are just a few examples of the new and increased services we delivered over the past three years, and it's a testament to our teams that we did all of this while staff members were juggling their own new realities of remote work, home-schooling children, caring for loved ones, and more.

The goals identified in this strategic plan are also aligned with the lived experiences of those served by KCHC. A survey of 325 clients across 10 programs provided a sense of the clients' physical and mental health, level of economic hardship, needs, and quality of care and services they received. It was clear the isolating effects of the pandemic have been hard on clients and communities — more than 60% reported only a poor or fair sense of belonging to the community, making KCHC's empowering and integrating role ever more important.

As we reflect on what we've achieved in the three years since our last strategic plan was released and look forward to what we want to achieve in the next three years, we want to ensure we focus on empowering and enabling our staff members to continue to do what they do best (as articulated in our vision statement):

**create inclusive, resilient and healthy communities.**



We remain steadfast in our mandate in a world buffeted by change.

Kingston Community Health Centres continues to focus on meeting the holistic needs of the most vulnerable and equity-deserving people in our region. That focus is the DNA of this multi-faceted organization. It informs KCHC's identity, programs, and services and the type of staff and volunteers who are attracted to this work.

But much has changed in our operating environment, and the new realities have significant implications for our strategies through 2022-2025:

- The needs are familiar and have grown in all clinical services (primary health care, dental, mental health and addictions). So have priority neighbourhood and community needs such as food and housing security, harm reduction, relief from poverty, access to technology, transportation, settlement services, education, and scores of other supports linked to determinants of health. **What is new? These needs have reached overwhelming proportions.**
- Not only is there continuing and increasing pressure for KCHC and its teams in KFL&A to provide more services, support more people, cope with increasing complexity, and integrate more closely with other service providers, but **we must do more now than just meet needs as a service provider working within our mandate. We are called to be proactive leaders in advocating for system-level changes.**
- In the years ahead, KCHC will also serve in **communities and systems subject to unrelenting change.** Factors influencing this change include the impacts of the pandemic, evolving government policies and uncertain funding priorities, economic shake-ups, workforce shortages, and the dynamics of Ontario Health initiatives and scores of partners involved in the Frontenac-Lennox & Addington Ontario Health Team (FLA-OHT).
- KCHC will be asked to do more. And **we must be positioned to adapt to uncertain conditions** involving many competing goals, perspectives, and players with varied ways of framing problems and finding solutions.
- Finally, given KCHC's mandate and identity, implementation of this strategic plan must occur within the **contexts of decolonization, cultural humility, anti-oppression/anti-racism, the imbalances of power, hierarchies and barriers.**

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The following themes emerged from a variety of consultations, workshops, and conversations with stakeholders, including staff and community partners.

In summary:

### Input on priorities for serving the needs of clients

- **Access Continues to be a Prime Focus:** Access is a priority across the organization, from enhancing access to primary care and mental health services, to foot care, rural services, more convenient hours of operation, and in-person or virtual visits.
- **Listen to the Client Voice:** Clients, patients and those with lived experience should be engaged, represented, and heard. Recognize community voices and the role of community volunteers. KCHC approaches should also be clearly client-centred, not staff-centric.
- **Consider Alternative Approaches:** Many mainstream methods of service delivery are ineffective or inaccessible for the vulnerable persons who may lack phones, computers, or transportation, or have unstable housing, food insecurity, and mental health challenges.
- **Reinforce our Financial and Human Capacity:** Increasing demands on services and broadening program scope means our resources are often spread too thin, especially when there are staff vacancies and turnover. To better serve clients, focus on quality as well as quantity.
- **Promote Awareness of Services:** Help clients, patients and staff understand the interconnected landscape of KCHC and other community programs and services. Help them navigate the silos.
- **Adapt to New Demands:** KCHC's mandate to serve the vulnerable remains the same but must adapt to today's situation. The demands are quite different compared to the pre-pandemic context.

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## Pressure points where we might need to change our approaches

- **Build Resilience and Reduce Burnout:** These pressures are not unique to KCHC, especially for those doing high-stress work during pandemic conditions. They include the weight of uncertainty and change, demanding and growing workloads, fatigue, and impacts on staff retention/turnover, moral stress, and mental health.
- **Enhance HR and Onboarding:** In many ways, staff called for more HR/management supports for smooth integration and retention of new employees (effective onboarding, mentoring, training, timely contract renewals, clarification of onboarding roles and how team members can contribute to onboarding).
- **Revisit Uses of Space:** Feedback spoke to a need to take a close look at locations, facilities, and use of spaces to provide services, meet/connect for team activities and accommodate offices/storage.
- **Employment Pressure Points:** Input was varied, from concerns about cost of living to advocating for higher pay scales, offering competitive compensation to retain staff, and looking at types of contracts (full-time, part-time, short-term/precarious employment).
- **Adapt to Crises in the Community:** This input spoke to crises (and the need for advocacy) in affordable and/or transitional housing, community mental health and addictions services, food security, poverty, social isolation, and lack of resources among service agency partners.



KCHC is a wonderful place to work & an asset to our community. I hope we can focus on supporting vulnerable populations with practical, needed supports & skills to live well & can build an even better reputation as Kingston's expert in supporting the vulnerable population.

*~ Online survey comment*

## KCHC as a place to work: How best to support employees

- **Strengthen Front-line and Management Connection:** This theme incorporates a variety of input covering the desire for management to listen, encourage, appreciate, value, support and be present with front-line staff to improve understanding and communication.
- **Enhance Practices Around Change:** Input touched on the value of communications before, during, and after program and organizational changes. Staff need clarity from leadership on “where we are going”. Some also commented on high staff turnover and the communication needed to build relationships across teams. Connect the units (silos) where it makes sense and in appropriate ways.
- **Enhance management structure, visibility and communications:** Suggestions were to review the organizational structure to even out manager workloads, conduct annual one-on-ones, provide regular updates, previews and virtual town hall meetings, explain how we fit within the OHT, and attend special events involving staff.
- **Conditions for Success:** A variety of comments spoke to what staff need to get their work done well — support, infrastructure (e.g., IT), and teamwork on-site or virtually to deliver services effectively. Many noted the need to relieve administrative and data collection burdens to free up time.
- **Continuing Focus on the Workplace Environment:** This theme was a priority in the last strategic plan. Input continues to place priority on transparency, fairness, and management practices that recognize the wide diversity in clients served and different approaches needed for different programs. Performance evaluation was less of an issue compared to performance validation and regular feedback/coaching.
- **Workforce Pressure Points:** As noted above, many spoke to the stresses and disruptions of staff turnover, the increasing cost of living, and uncertainty generated by short-term contracts/precarious employment.



## Playing a leadership role for vulnerable/equity-deserving at a system level

- **Ensure the vulnerable/equity-deserving still have special priority.** As expectations and opportunities grow for KCHC to play a more active role in the system, input emphasized that it should not come at the expense of the vulnerable and equity-deserving people at the core of our services.
- **An Area of Strength:** In general, many of those providing input see this area as a strength for KCHC. We have good, respected partnerships.
- **Continue ACEs Work:** This is a continuing program priority.
- **Many Opportunities:** Input provided examples of how KCHC could work with partners to enhance supports, pathways to services, programs and care, training (e.g., trauma-informed care) and advocacy and support for vulnerable and equity-deserving people. There are many pressing issues at the system level: affordable housing, mental health and addictions, settlement of newcomers, pathways out of poverty, and so on. One suggestion that captured attention was to focus on those who can suddenly become vulnerable in the face of a new medical condition, employment loss, or other sudden change.

## Advice from Other Priority Stakeholder Groups

- **Francophone Community:** Priorities for this group included the need for progress on services expected under the French Language Services Act (1989) and to proceed in a practical and timely manner with the application for French Language Service Designation.
- **Indigenous Wellness Council:** This consultation focused on representation on the KCHC board and in other roles, programming for addictions and mental health services, dedicated space and resources, and continuing advocacy for Truth and Reconciliation.
- **FLA-OHT:** Representatives of the local OHT encouraged KCHC to support the Health Home concept as an exemplary model of team-based primary care with integrated allied health and community services. They also welcomed KCHC's advocacy and example in serving vulnerable and equity-deserving populations.



A Vision Statement is typically a clear and succinct description of what the world should look like when your long-term goals have been fully realized. A vision also involves a blend of aspirations consistent with “the core” of the organization while stimulating progress.

## Vision

**A community that is inclusive, resilient, and healthy.**

Any organization operates within the context of its core purpose, aim or mandate — the reason it exists. This mission states the role KCHC plays within its broader vision.

## Mission

**To be a dynamic provider of integrated services that empower people and build communities.**

KCHC embodies the Community Health Centre model of care. As such, our service delivery is guided by eight key attributes:

- Comprehensiveness
- Accessibility
- Client and community focus
- Interdisciplinary, collaborative teamwork
- Integration of services
- Community ownership and governance
- Recognition of the social determinants of health
- Using a community development approach

The complex and evolving health needs of our community demand that we remain responsive, persevere in our efforts to promote individual and community health, develop holistic services delivered by a multi-disciplinary team, and work cooperatively and collaboratively with community members, community groups, and other service providers.

This is consistent with the Health Home model embraced by the FLA-OHT, which prioritizes team-based primary care with embedded allied health and well-connected community services.

These key attributes also come into play with programs delivering services beyond the local region and, indeed, across the province.

## What the Vision and Mission Mean in Practice

KCHC has a relentless focus on serving those who need help the most. There is no limit to this focus in one sense, but the organization is dedicated to providing a “bottom-up safety net” for the most vulnerable and equity-deserving people in our communities. For this strategic plan, these priority populations include:

- Young families, babies, and children
- Seniors
- Those who are “unattached” (who have no regular attending primary care doctor)
- Groups that need harm reduction support for addictions and mental health-Indigenous and Francophone communities
- Newcomers
- 2SLGBTQIA+ communities
- Individuals and families at significant risk from poverty

## Pivotal Values

Values have strategic interest when they are pivotal — i.e., the organization would stand by these values even if it resulted in some cost or difficulty for the organization. They are also values that must be “lived” in practice by all staff, volunteers, management, board members, and others when representing KCHC.

As an organization, we inspire each other to

- Be kind
- Celebrate diversity
- Collaborate
- Innovate

## Outcomes & Measures of Success

While measures of success at a high level would be focused on progress towards achieving KCHC’s vision and fulfilling its mission, more detailed metrics or key performance indicators will be incorporated into the annual workplans that support these strategies.

Reporting mechanisms for monitoring progress will also provide the board and staff with ongoing updates, insight, and oversight for implementation of the strategic plan.



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People think focus means saying yes to the thing ... but that’s not what it means at all. It means saying no to the hundred other good ideas that there are. You have to pick carefully.

~ Steve Jobs

## **Continue improving the quality of and access to KCHC programs and services.**

In addition to its ongoing focus on access and evidence-based quality improvement, KCHC will pursue additional resources to meet growing needs, leverage assets in the community, enhance targeted communications to clarify system navigation, employ technology where it makes sense, and pursue initiatives for specific equity-deserving groups including Francophone and Indigenous communities.

### **Objectives**

- **To meet growing needs, seek additional funding, grants, and partnership opportunities to build KCHC's resources.** (Take care, however, to resist the incentive of funding when the programming does not align well with our mission.)
- **Develop audience-specific communications approaches to increase awareness of, access to, and easy navigation of KCHC programs and community services.** Focus strategically on primary audiences — the who (vulnerable and equity-deserving, staff, and service partners) — along with why (relevant purpose) and what (content).
- **Continue to leverage community development opportunities** (e.g., social prescribing, supports for self-care, volunteerism, mobilizing often unrecognized assets in the community, and connecting community health with clinical services).
- **Proactively ally with Indigenous Peoples** as an advocate for Truth and Reconciliation and to work on representation, programs, space, and resources.
- **Implement plans to achieve French Language Services Designation** and provide programs and services for the Francophone community at Weller Clinic.
- **Continue to pursue ongoing quality improvement and follow research and best practices** on trauma-informed/violence-informed care, harm reduction, anti-racism/anti-oppression, communications, accountability, and the social determinants of health.
- **Where possible, use virtual care and other technology to enhance the way we deliver care.**

## Balance and sustain the organization so it is well prepared to meet ever-changing needs.

This means KCHC will increase its focus on harmonizing the practical tensions of pursuing its ambitious mission to serve the vulnerable and equity-deserving on one hand, while seeking resources, supporting staff, responding to workforce retention and recruitment pressures, and strengthening communications and other organizational practices.

### Objectives

- **Develop criteria to triage new demands on resources** in balance with organizational capacity (i.e., be selective when approving service initiatives that increase costs, staff, and administrative load). A related process would be developed to periodically assess the cost/ benefit, scope, and resource impacts of existing KCHC programs.
- **Strengthen the long-term sustainability of the organization** — specifically in terms of advocating for and securing financial and human resources, infrastructure such as technology and facilities, and strategic partnerships.
- **Continue to improve internal engagement and communications at all levels** to empower staff. Increase management presence and engagement with front-line staff. Support and recognize people. Embed processes that contribute to transparency and accountability.
- **Implement refinements to KCHC’s “family of brands” and consider potential changes to its name** to reflect a growing regional role.
- **Respond to workforce recruitment and retention pressures with a multi-faceted action plan to position KCHC as an appealing place to work.** This might incorporate initiatives related to retention factors, wellness, optimal job design, HR services, communications, enhanced onboarding/training approaches, and collaboration on recruitment with employment partners.



Burnout of staff is very real. Staff are working with less to do more, all while trying to juggle life at home.  
~ *Online survey comment*

## Be a collaborative system leader and advocate for the vulnerable and equity-deserving.

In practice, this means exploring opportunities to play meaningful leadership roles in addition to delivering our programs and services. Three areas of focus are: advocacy for vulnerable and equity-deserving populations; serving as a model of exemplary team-based care and support; and developing strategic system-level collaborations and integration with community, health care, and provincial partners.

### Objectives

- Provide proactive leadership to support system-level transitions in system mandates, scope, and shared roles among partners.
- Advocate for vulnerable and equity-deserving populations and serve as an exemplary model of team-based healthcare services, neighbourhood programs, and coordination with community and provincial partners.
- In addition to providing leadership to support introduction of the new Health Home model, work with partners in the FLA-OHT to optimize the innovative, efficient, and effective use of our resources.
- Selectively pursue strategic opportunities to grow collaborative partnerships and integration of services at a variety of levels (locally, regionally, provincially, or in other sectors, as they may emerge).
- Build on the pre-pandemic initiatives to respond to and reduce Adverse Childhood Experiences, along with roles in advocacy and education about trauma-informed care.
- Complement clinical services with initiatives to nurture a more resilient community, develop neighbourhood programs, advocate for social determinants of health, and support health in the community.



This is a great organization that has shown a lot of adaptability over its history.  
~ *Online survey comment*

# IMPLEMENTATION

Strategy is activated through operational plans, budgets, and unit workplans providing more specific direction for the work together with responsibilities and timelines — detailing who will do what by when. In response to KCHC’s future challenges and opportunities, the leadership team will translate and implement these strategies and achieve related objectives through tactical initiatives, projects, and action plans at the team level.

- Note that the initiatives all influence one another during implementation — they may have stages or different **timelines** but many are on-going initiatives.
- Some of the work may unfold in **various stages, phases, or contingent steps**, especially when the timing of some work depends on a specific sequence of decisions and timing beyond KCHC’s control. (Examples of those influences would include changes in government policy or direction, priorities and approaches determined by Ontario Health/FLA-OHT, and strategies of community partners and service providers).
- KCHC operates in a heavily regulated sector: it is noted that implementation of strategic initiatives and programs often are **at the mercy of funders and policy-makers**.
- It is anticipated that implementation will involve increasing **integration with other service providers** (such as secondments or partial FTEs hired from partnering organizations).
- Related **best practices** in the areas of change management, capacity building, quality improvement, advocacy, funding applications, community/partner relationships and policy development would also be part of the implementation of this plan. This includes application of the PDSA Cycle (Plan·Do·Study·Act) model.
- A successful roll-out of this strategic plan depends on **effective two-way communications** and related efforts to develop understanding of its implications — both by internal audiences at KCHC as well as by clients, patients, their families and caregivers, volunteers, community partners, and the Ministry.
- As with any well-managed implementation, progress on these strategic priorities will be **reviewed regularly**. Operational plans will be updated when necessary (as will the strategic plan itself, as appropriate from time to time as conditions change). This will help ensure the organization continues to anchor its activities in KCHC’s mission and vision, adapt to the latest evidence and best practices, and respond effectively to circumstances as they may change through 2025 and beyond.

**A huge thank you to all those who helped make this report possible:**

Our dedicated team of staff champions who took time out of their busy summer days to solicit and present feedback from their colleagues.

The clients, patients and people with lived experience who shared their thoughts through our survey questions.

Stakeholders from the Indigenous Wellness Council, the Francophone community, and the Frontenac Lennox and Addington Ontario Health Team who made time to provide their perspectives and ideas.

The KCHC Leadership Team for their guidance and support.

KCHC staff members and volunteers who provided input via group conversations, and online surveys.

Our consultant, Rob Wood of 8020Info Inc., whose expertise, hard work, and commitment made the entire project happen.

