



# **STRATEGIC DIRECTIONS 2008**

With thanks to the South Riverdale Community Health Centre Plain Language Group.  
The group reviewed this document and many of their suggestions are included.

## **What are strategic directions?**

The strategic directions are statements about the highest priorities for the South Riverdale Community Health Centre (SRCHC). They state the board's commitment for the next few years. As a result, SRCHC has developed three new strategic directions that will stay in place for the next three to five years. Under each direction there is a list of top areas for action – these are the objectives.

## **What is the strategic plan?**

Every year at South Riverdale the board develops an “operating plan”, a plan that shows what we will be doing over the coming year to meet the organization's goals. Our job is to make sure that the South Riverdale Community Health Centre does what it is funded to do, and what its mission statement says. We also keep the membership and the broader community informed about the organization's progress.

The strategic directions and the board's operating plan are used by every team, staff person and committee at South Riverdale, to guide their planning for the year ahead.

In this way, the whole organization moves together along the “path” laid by the strategic directions.

## **How did we decide on these strategic directions?**

In the fall of 2007, the board set up a strategic planning work group with board, management, staff and community partners, to guide the planning process. This work group, supported by a consultant, set about listening to as many people as possible about the changing world of South Riverdale. The consultant completed surveys and interviews with clients, staff, board, members, other organizations and policy makers, and arranged meetings with clients both at the main site on Queen Street and at other locations throughout the community.

As well as this, the work group gathered information about the changes in the areas the organization serves, about new policies and programs in the community, about what has improved and what has become more difficult for the many groups that make up South Riverdale and the surrounding neighbourhoods over the past 3 years.

The work group put all of this information into a report that highlighted the main themes. Everyone who had been involved was asked to review this document. On April 12<sup>th</sup>, 2008, board members, managers and work group members met for the day to review all of the information and people's responses, and to finalize the strategic directions.

The board approved these directions and the strategic planning process in May of 2008. These directions, which will stay in place for 3 – 5 years, will shape everyone's work, all of the time. The 2008 Strategic Directions and objectives are listed on the next page.

## **The 2008 Strategic Directions**

### **1. Community Connections – building diverse, healthy neighbourhoods.**

#### **Objectives**

- To promote community health centres as the best way of delivering primary health care to create healthy, diverse neighbourhoods.
- To build an active membership.

### **2. Adapting to and Influencing Change - addressing community health needs in a changing environment**

#### **Objectives**

- To make sure the programs we have and the programs we create are useful and relevant.
- To base all of our decisions on evidence that includes formal research.
- To work with community members, partners and funders to address the needs of at-risk populations.<sup>1</sup>
- To provide ongoing educational and training opportunities for board members, staff, volunteers and community members to respond to change.

### **3. Leadership - leading the way to healthy communities**

#### **Objectives**

- To build and maintain innovative quality systems of care.
- To help develop a health care system that is relevant, equitable, easy to access and responds to community needs especially to at-risk populations.

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<sup>1</sup> South Riverdale's priority populations are parents and their young children, youth, seniors, Chinese communities, injection drug users, people in shelters and the non-insured.