

HEALTH VISION LIONS GATE HOSPITAL

What we heard report: Phase 1 community engagement

May 2025

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Vancouver CoastalHealth

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Executive summary

Abstract

In April 2024, Vancouver Coastal Health (VCH) launched Health Vision Lions Gate Hospital (Health Vision LGH), a high-level planning process for the Lions Gate Hospital (LGH). Health Vision LGH will support safe, quality health care at VCH; consider clinical and non-clinical health-care services; and scope current site infrastructure needs at the hospital — all within the evolving needs of residents of the North Shore and adjacent regions that the hospital serves.

Community engagement for this planning process consists of two phases:

1. **Phase 1:** Engagement on health-care priorities, needs and opportunities at LGH — April 2024 to December 2024
2. **Phase 2:** Engagement on draft plans — anticipated for late summer/fall 2025

This report summarizes the approach and findings from Phase 1 engagement with the public, community partners and government leaders in the region served by LGH. This report also includes a section on engagement with First Nations (section 5).

Although Health Vision LGH is planning specifically for the future of the LGH campus, we have included engagement input that is beyond this scope where it has an impact on the demand and delivery of health-care services at LGH.

Timeline

Phase 1 public engagement focused on asking the community about gaps and challenges around current health services at LGH, as well as future priorities and opportunities.

In Phase 2, VCH will share preliminary draft plans. Phase 2 engagement activities will include both an online engagement opportunity and in-person community engagement sessions. Following the engagement, VCH will report back on what was heard in Phase 2 and provide planning updates.



Phase 1 engagement
April - December 2024

Report-back
Spring 2025

Phase 2 engagement
Late summer/fall 2025

Final report-back
2025

What we did

During Phase 1 community engagement for Health Vision LGH, VCH conducted a public online survey, which was available from April 29 to June 19, 2024. VCH also conducted a series of interviews and focus groups with key community partners, government leaders and decision-makers, including Host Nations. These activities were promoted through a variety of channels.

Outreach

E-blast

VCH sent an e-blast to partners and community organizations, encouraging them to share the engagement opportunity with their networks.

Email invitations

VCH emailed community partner organizations to participate in the engagement and to share the opportunity with their clients.

Web pages

VCH shared information about the survey and project online.

Translations

Posters and the survey were translated into Traditional Chinese, Simplified Chinese, Korean and Farsi.

VCH Community Partner Update

The VCH Community Partner Update newsletter included a link to the survey and project information and was distributed to individuals and organizations.

Print posters

VCH displayed posters at key community locations, including libraries, recreation centres, seniors' centres, health clinics and coffee shops across the North Shore.

Engagement

Community engagement sessions

Participation from **10** organizations via interviews and focus groups

First Nations engagement sessions

Participation from **26** representatives of two Host Nations

Online survey

1,021 responses to the public survey

What we heard: Survey

Priority: Experience

Survey participants identified what is **most important** to them about their **experience** when receiving care at the hospital. The top priorities selected were:

- **Timely care:** Respondents prioritize receiving timely care for urgent issues.
- **High-quality and safe care:** Respondents value high-quality care and that experiences and interactions with health-care professionals feel safe.
- **Coordinated care:** Respondents would like to see health-care services coordinated well between providers.
- **Cleanliness of hospital facilities:** Respondents prioritize cleanliness of LGH facility spaces.

Priority: Access

Survey respondents identified the following as their top four **access considerations:**

1. **Same-day or unscheduled appointment** options
2. **Evening and weekend care**
3. Having a **doctor or nurse who is familiar with personal concerns and history**
4. **Sufficient parking** for health-care facilities

Health-care quality

Most commonly, survey respondents described the quality of health-care services at LGH as **“good,”** which was defined as, “Overall, the quality of health care received is positive, with satisfactory health-care amenities and services.”

Accessibility

Most commonly, survey respondents rated the LGH campus as **“somewhat accessible.”**



What we heard: Overarching themes in survey, interviews and focus groups

Participants in the survey, interviews and focus groups were asked to share the top opportunities for LGH. They were also asked to share their top challenges regarding health-care services at LGH. **As the input on opportunities and challenges closely aligned, they are summarized together below:**

Opportunities

Participants identified the top opportunities for LGH as:

- **Increase staffing levels** through staff recruitment, development and retention
- **Improve wait times for emergency and urgent issues**
- **Expand and increase health-care services** (to provide better access to specialists and medical imaging, in particular for mental health and substance use (MHSU) health-care needs, especially for young adults and children)
- **Improve communication to patients and families about health-care services across continuum of care** (at LGH and in community) to improve ease of navigation and patient experience, especially for complex cases and at discharge
- **Improve integration of health-care services across the continuum of care** (at LGH and in community) to improve collaboration and patient experience and, relatedly, enhance community engagement and partnerships
- **Expand and improve infrastructure,** including more beds and improvements to design (for privacy and for specific areas like emergency), as well as parking

These opportunities are to be understood in the context of overarching issues impacting health-care services at LGH, as shared by participants, including population growth and demographic changes and the corresponding evolution of local health-care needs, the high cost of living, and climate change impacts. Although out of scope for Health Vision LGH, it is important to note that participants shared the need for more long-term care and primary care in community, given the impact on operations at LGH.

What we heard: First Nations engagement

Top opportunities reported for improving health care for Indigenous Peoples were:

1. The critical role of the Indigenous Patient Navigator (IPN) program and the need for its expansion, in terms of number of IPNs, hours of service, the power of IPNs to advocate for patients, and consistency of services
2. Cultural safety and trauma-informed training for hospital staff to address racism and bias in health care and improve patient experiences
3. Improved communication and relationship building between LGH and First Nations community health services — particularly in the areas of intake, discharge and follow-up
4. Opportunities to further integrate Indigenous cultures, customs and traditions into health-care delivery and site planning — through the incorporation of Indigenous food, traditional medicine and ceremonies, the creation of welcoming spaces, territory acknowledgements, and at events

Key concerns and challenges around health care for Indigenous Peoples included:

- Lack of trust in health-care system
- Need for better discharge and follow-up
- Challenges in emergency care
- Lack of understanding of needs
- Lack of culturally safe care and presence of racial bias and discrimination
- Challenges accessing MHSU services



1. Introduction

In April 2024, Vancouver Coastal Health (VCH) launched Health Vision Lions Gate Hospital (Health Vision LGH), a high-level planning process for the Lions Gate Hospital (LGH) campus.

Health Vision LGH considers:

- Capacity for current and future population
- Indigenous health and wellness
- Development of clinical service plans to address current and future population needs

In April 2024, VCH began the first of two phases of engagement. The two phases of engagement are:

- **Phase 1:** Engagement on health-care needs, priorities and opportunities at LGH — April 2024 to December 2024
- **Phase 2:** Engagement on draft plans — anticipated for late summer/fall 2025

This report summarizes the approach and findings from Phase 1 community engagement and First Nations engagement conducted by VCH.

1.1. Project context and overview

Lions Gate Hospital (LGH) has an increasingly regional role in providing health-care services to more than 270,000 residents from the North Shore and communities across the Sea-to-Sky corridor, Sunshine Coast, qathet region, and the Central Coast region, including Bella Bella and Bella Coola.

An aging population across the region is expected to contribute to the high use of clinical services. As demand increases, the Health Vision LGH planning process will help proactively address community needs for the next 30 years.

The Health Vision LGH scope includes the following site infrastructure:

- Northern Expansion
- Existing Paul Myers Tower, South Tower
- HOpe Centre
- Evergreen House
- Parkade
- Hospice
- New Paul Myers Tower*
- St Andrew's site — current lay down area for construction vehicles and materials

**Please note that there was a separate engagement process conducted for the new Paul Myers Tower (PMT). The programs that will be residing in the PMT are part of Health Vision LGH. However, given that PMT is a brand new building, engagement and planning have proceeded with the assumption that the building's lifespan will exceed the timeline of the Health Vision.*

1.2. Principles

VCH seeks to grow with communities on the North Shore and maintain access to safe, high-quality care for the future.

The following principles are being used to guide the development of Health Vision LGH:

1. Indigenous cultural safety is one of VCH's pillars, and guides the organization in providing care informed by the history and culture of Indigenous Peoples.
2. Ensure health-care services at LGH remain aligned with the evolving health-care needs of the local North Shore community and the broader region
3. Develop plans to address the forecasted capacity increase
4. Maintain access to safe, high-quality health care
5. Ensure that infrastructure is resilient and sustainable to support service provision in the short, medium and long term, and considers climate risks and planetary health in the region

1.3. Engagement goals

The overarching goal of engagement for Health Vision LGH is to incorporate diverse voices — including VCH staff and medical staff, community partners and interested groups, people who receive health-care services at LGH, and First Nations partners. This input will help VCH develop Health Vision LGH.

The overall objectives for Health Vision LGH are to:

1. Provide a consolidated high-level vision and plan for all future developments on the campus for the next 30 years
2. Maintain safe, quality health care in the region and enhance the integration of services
3. Allow the campus to be agile and able to identify next steps for investment as funding becomes available
4. Incorporate best practices and consider key findings from previous planning exercises

2. What we did

Phase 1 engagement consisted of a series of interviews and focus groups with key community partners and online engagement with residents in the region.

During Phase 1, VCH led community engagement and created communications materials to promote the project and share participation opportunities.

This report summarizes themes and input provided by engagement participants. Community engagement input is an important element of the planning process and will be considered along with other information to determine the current and future needs for Health Vision LGH. The planning process will consider:

- Input from the staff and medical staff survey and focus group
- Input collected during parallel engagement sessions with key user groups by the clinical services planners on the delivery of clinical and non-clinical services
- Population projections
- Data on current usage of health-care services and projected future needs
- Analysis of the current infrastructure

2.1. Survey

The project team developed an online survey to collect input from the public. The goals of the survey were to help VCH understand the community's health-care needs and priorities. The survey was available from April 29 to June 19, 2024.

Survey methodology

The survey was designed primarily with multiple-choice questions (with two open-answer questions) to ensure the responses were focused on key issues within scope and to use participants' time as effectively as possible. A number of survey questions instructed respondents to "select all that apply" or "select up to three." As such, the total number of responses per question may differ from the total number of survey participants in the charts in this report.

Survey promotion

This survey was promoted through online and print communications across the LGH campus, the North Shore, Bowen Island, Lions Bay and beyond. All communications materials were designed to use simple language and for ease of understanding by a broad audience.

Survey promotion included:

- **Web pages:** VCH shared information about the survey and project online.
- **E-blast:** VCH sent an e-blast to partners and community organizations, encouraging them to share the engagement opportunity with their networks.
- **VCH Community Partner Update:** The VCH Community Partner Update newsletter included a link to the survey and project information and was distributed to individuals and organizations.
- **Print posters:** VCH displayed posters at key community locations, including libraries, recreation centres, seniors' centres, health clinics and coffee shops across the North Shore.
- **Translations:** Posters and the survey were translated into Traditional Chinese, Simplified Chinese, Korean and Farsi.
- **Email invitations:** VCH emailed community partner organizations to participate in the engagement and to share the opportunity with their clients.

2.2. Interviews and focus groups

During Phase 1 engagement, VCH engaged key local partners, including: local and regional elected officials, community organizations, service providers and other relevant agencies. Each received an outreach letter via email directly from VCH. These letters provided an overview of the project and invited the recipients to participate in an online interview or small group discussion. Seven sessions were held, including five interviews and two focus groups. A total of 13 participants were engaged at these sessions.

During these interviews and focus groups, participants were asked to reflect on the current state of the LGH health-care system, including current needs and priorities as well as opportunities for the future of health services on the hospital campus.

2.3. First Nations engagement

VCH reached out to Sḵwx̱wú7mesh Úxwumixw (Squamish Nation) and səlilwətaɬ (Tsleil-Waututh Nation) to help inform Health Vision LGH. In particular:

- VCH worked with Host Nations to distribute a survey to members of both Nations.
- VCH engaged directly with Sḵwx̱wú7mesh Úxwumixw Yúustway Health & Wellness (health department), including 15 staff members who provided input as part of monthly Partnership Table meetings, individual interviews and survey responses.
- VCH engaged directly with Sḵwx̱wú7mesh Úxwumixw Community Health & Wellness team about their experience with clients receiving mental health and substance use (MHSU) services at LGH from November 2023 to June 2024.
- VCH engaged directly with səlilwətaɬ, including the Health Director and 10 staff members from Primary Care, Health and Wellness, Mental Wellness and Peer Support.

Through these engagements, VCH received input from Host Nations on the availability and quality of health care, challenges experienced with the current state of services, future opportunities for VCH to incorporate Indigenous culture and knowledge, as well as top health-care priorities for the Host Nation communities.

A summary of findings is outlined in section 5.

3. Who we heard from

3.1. Survey demographics

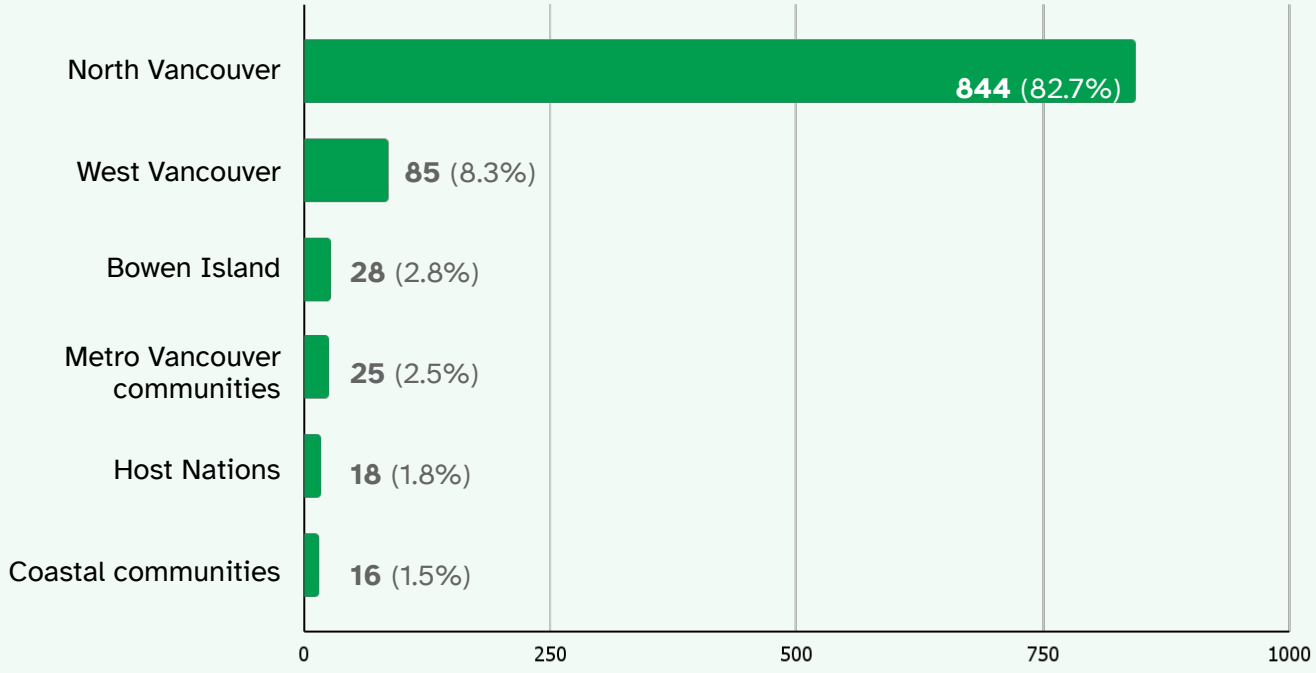
Geography

Of the total 1,021 public survey respondents who chose to indicate their community, 844 were from North Vancouver, 85 were from West Vancouver, 28 were from Bowen Island, 25 were from Metro Vancouver communities, 18 were from Host Nations and 16 were from coastal communities.

To perform demographic comparisons and analysis of public input, some demographic categories were combined. We established the following community groups:

- **North Vancouver**, including the City of North Vancouver and District of North Vancouver
- **West Vancouver**
- **Bowen Island**
- **Metro Vancouver communities**, including Vancouver, Richmond, New Westminster and Burnaby
- **Host Nations** Sḵwx̱wú7mesh Úxwumixw (Squamish Nation) and səlilwətaɬ (Tsleil-Waututh) Nation
- **Coastal communities**, including Sea to Sky corridor, Sunshine Coast, Bella Bella and qathet Region

Number of survey respondents by community



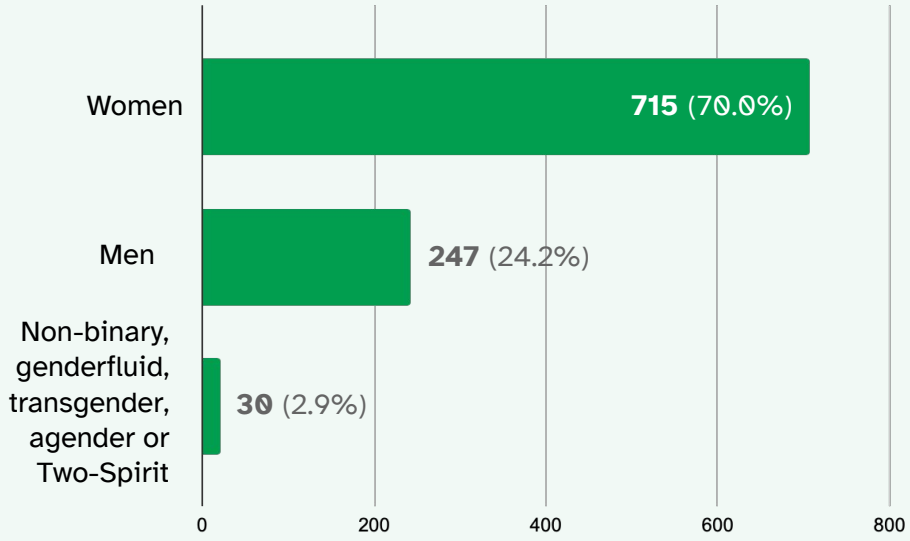
Total number of responses to this question are less than the total number of survey responses (1021) as question was optional to complete and not all respondents chose to indicate their community.

3.1. Survey demographics

Gender

The public survey reached 715 people who identified as women and 247 who identified as men. There were 30 responses from people who identified as non-binary, genderfluid, transgender, agender or Two-Spirit. Thirty-nine respondents preferred not to answer. Respondents were able to select more than one answer, as applicable.

Genders of survey respondents

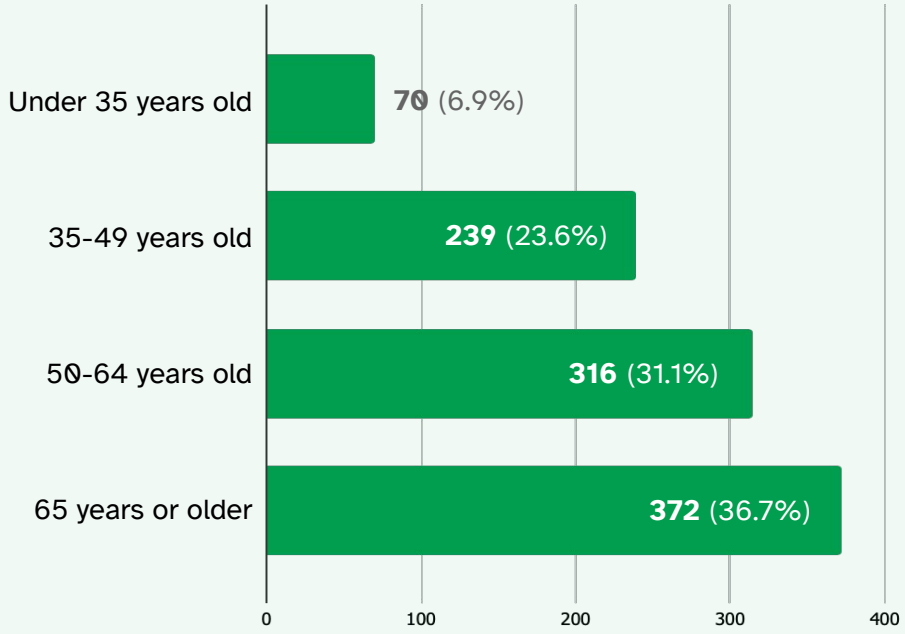


Total number of responses to this question differs from the total number of survey respondents (1,021), as question was optional to complete, and respondents were invited to select all that apply.

Age

Older adults were represented more strongly than younger adults in the survey responses, with around 37% of participants being 65 years or older. About 31% of participants were between 50 and 64 years old. About 24% of participants were between 35 and 49 years old. Approximately 7% of participants were under the age of 35. Twenty-one respondents preferred not to answer.

Ages of survey respondents



Total number of responses to this question is less than the total number of survey respondents (1,021), as the question was optional to complete and not all respondents chose to indicate their age.

3.2. Interview and focus group participants

In total, seven interviews and focus groups were conducted, engaging 13 participants from 10 organizations. Participants included:

- Lions Gate Hospital Foundation
- Member of Legislative Assembly, North Vancouver-Lonsdale and Minister of Emergency Management and Climate Readiness, Legislative Assembly of B.C.
- Member of Legislative Assembly, North Vancouver-Seymour
- Lions Gate Hospital Auxiliary
- Mayor of District of North Vancouver
- Mayor of District of West Vancouver
- Mayor of Bowen Island
- Mayor of City of North Vancouver
- Mayor of Village of Lions Bay
- North Shore Division of Family Practice

3.3. First Nations engagement sessions

In total, participants in the First Nations engagement sessions included:

- Fifteen participants from **Sḵwx̱wú7mesh Úxwumixw** staff from the following two programs:
    - Sḵwx̱wú7mesh Úxwumixw - Yúustway Health & Wellness, Home & Community Care
    - Sḵwx̱wú7mesh Úxwumixw - Kal'numet Primary Care Clinic (KPC Team)
- Eleven participants from **səlilwətaɬ Nation**, including the Health Director and 10 staff members from Primary Care, Health and Wellness, Mental Wellness and Peer Support

Sḵwx̱wú7mesh Úxwumixw

Squamish Nation

Tsleil-Waututh Nation

PEOPLE OF THE INLET

4. What we heard

4.1. Top themes by engagement technique: Surveys

Priorities: Care experience

Survey respondents identified the following priorities as most important when receiving care:

- **Timely care:** Respondents prioritize receiving timely care for urgent issues.
- **High-quality and safe care:** Respondents value high-quality care and that experiences and interactions with health-care professionals feel safe.
- **Coordinated care:** Respondents would like to see health-care services coordinated well between providers.
- **Cleanliness of hospital facilities:** Respondents prioritize cleanliness of LGH facility spaces.

Priorities: Accessing health services

Survey respondents identified the following as their top four access considerations:

1. Same-day or unscheduled appointment options
2. Evening and weekend care
3. Having a doctor or nurse who is familiar with personal concerns and history
4. Sufficient parking at health-care facilities

Opportunities

Survey respondents reported various opportunities to promote increased access to health services at LGH. **As the input on opportunities and challenges closely aligned, they are summarized together below:**

- **Urgent and emergency care:** Respondents are generally concerned with the time it takes to receive care for urgent or emergency issues.
- **Specialized care:** Respondents wish to see specialists without having to travel outside of their community, especially for maternity care and oncology services.
- **Access to diagnostic imaging services:** There are limited facilities with equipment for magnetic resonance imaging (MRI) and computed tomography (CT) scans.

4.1. Top themes by engagement technique: Interviews and focus groups

Current successes

The top successes identified by interview and focus group participants were:

- Excellent and patient-centered care by staff
- Warm and positive atmosphere at LGH
- Strong staff relationships and leadership
- Strong community engagement and partnerships

Challenges and health care needs

The top challenges identified by interview and focus group participants were:

- Long-term care capacity — although this is out of scope for Health Vision LGH.
- Improved navigation for health-care services
- Increased staff retention and recruitment

The top health-care needs identified by interview and focus group participants were:

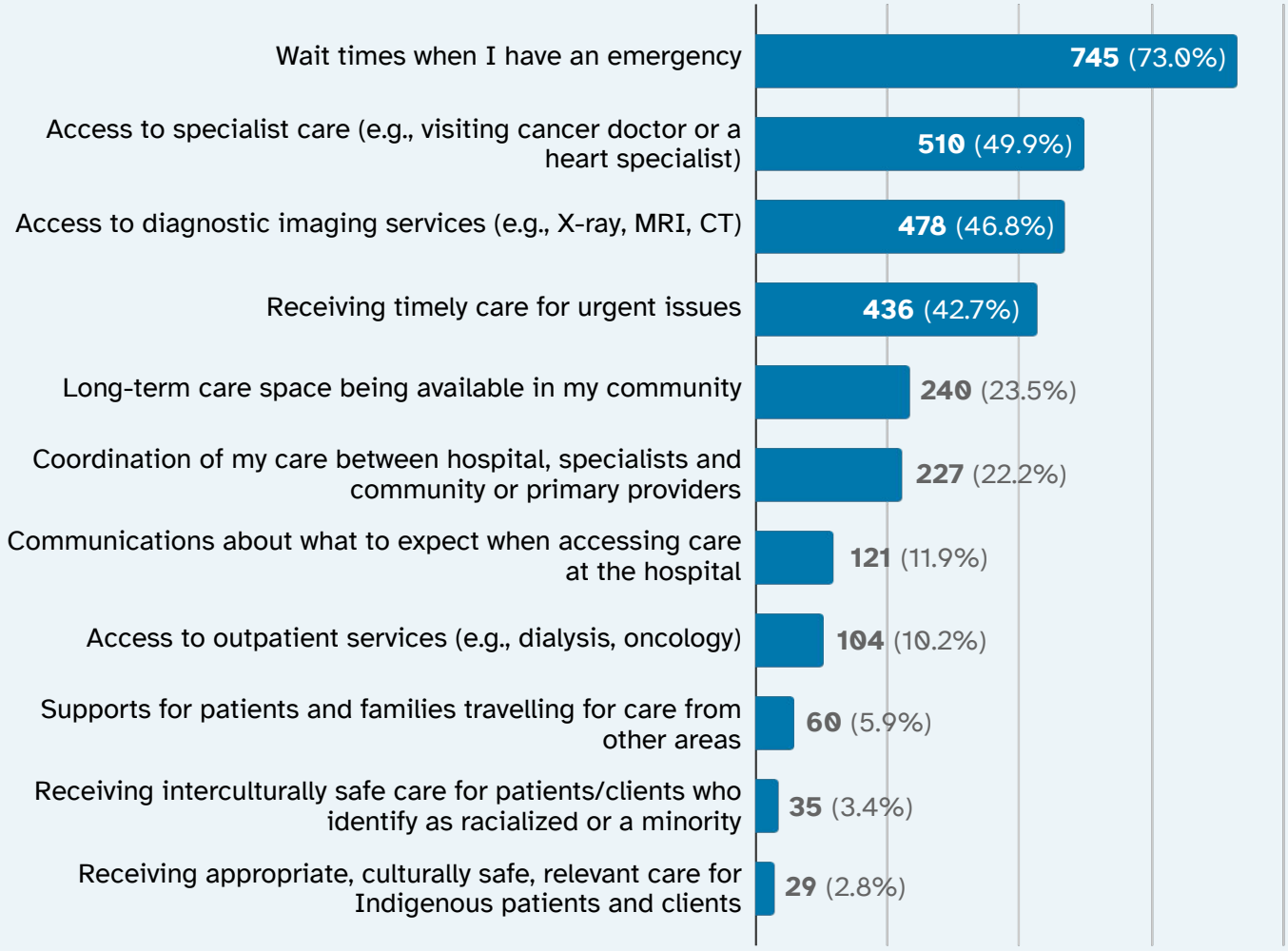
- Addressing population growth and demographic change
- Increasing access and capacity of health-care services
- Increasing MHSU services
- Preparing for climate change impacts
- Increasing communication and collaboration among all groups and the entire continuum of health care (from hospital to primary-care provider, specialist and community health-care services)

4.2. Survey results

4.2.1. Challenges to health services at LGH

Survey respondents were invited to select up to three responses from the following list and reported the following as the main challenges for health-care services at LGH:

As a resident of the area, what do you see as the main challenges for health services at the Lions Gate Hospital?



Respondents could select up to three responses, resulting in a total number of responses for this question greater than the number of overall survey responses. Percentages reflect the percentage of survey respondents that selected that option.

Additional challenges identified in the open-ended option on this question included:

- Concerns around access to quality and timely care due to lack of staff
- Concerns around timely care specific to ambulance, emergency room (ER) and surgery wait times
- Design issues around the current hospital campus (e.g. parking)

4.2. Survey results

4.2.1. Challenges to health services at LGH

Challenges to health services at LGH by community

Respondents across the North Shore region reported many of the same challenges. However, certain communities and parts of the region also reported distinct needs. Respondents were split into five geographic locations for this analysis (detailed in section 3.1). Below is a snapshot of notable differences based on community, compared to the overall findings:

- Residents from **North Vancouver** (844), **West Vancouver** (85), **Bowen Island** (28) and **Metro Vancouver communities** (25) emphasized the same top three challenges as reflected in the overall survey findings:
    1. "Wait times when I have an emergency"
    2. "Access to specialist care"
    3. "Access to diagnostic imaging services"
- Residents of **coastal communities** (16) selected "supports for patients and families travelling for care from other areas" as their top priority.
- Residents of **Host Nations** (18) identified "receiving timely care for urgent issues" as their second top challenge.

80%

of residents from West Vancouver

indicated emergency wait times as their top challenge.

Challenges to health services at LGH by age

Each age group selected the same top challenge — "wait times when I have an emergency" — as reflected in the overall survey findings. However, the second and third top challenges varied slightly between ages and when compared to the general population for the region. There are also nuances between each age group in terms of relative frequency for each reported challenge:

- Respondents **under 35** and respondents **35 to 49 years old** were more concerned about "receiving timely care for urgent issues," as well as "access to specialist care."
- Respondents **50 to 64 years old** and those **65 years or older** were more concerned about "access to diagnostic imaging services."
- Respondents **35 to 49 years old** and **50 to 64 years old** indicated the greatest concern of all age groups for "wait times when I have an emergency."

4.2. Survey results

4.2.1. Challenges to health services at LGH

Challenges to health services at LGH by gender

Findings suggest that gender did not significantly impact responses, with women and men identifying the same top three major challenges:

- Respondents who identified as **women** (715) and **men** (247) both reported the same top three challenges, with comparable percentages selecting each challenge.
- Respondents who identified as **gender-diverse** — including non-binary, genderfluid, transgender, agender or Two-Spirit (30) — reported the highest proportion of concern around emergency wait times. This group also selected "receiving timely care for urgent issues" and "access to specialist care" more frequently than women and men.

82%

of respondents identifying as gender-diverse

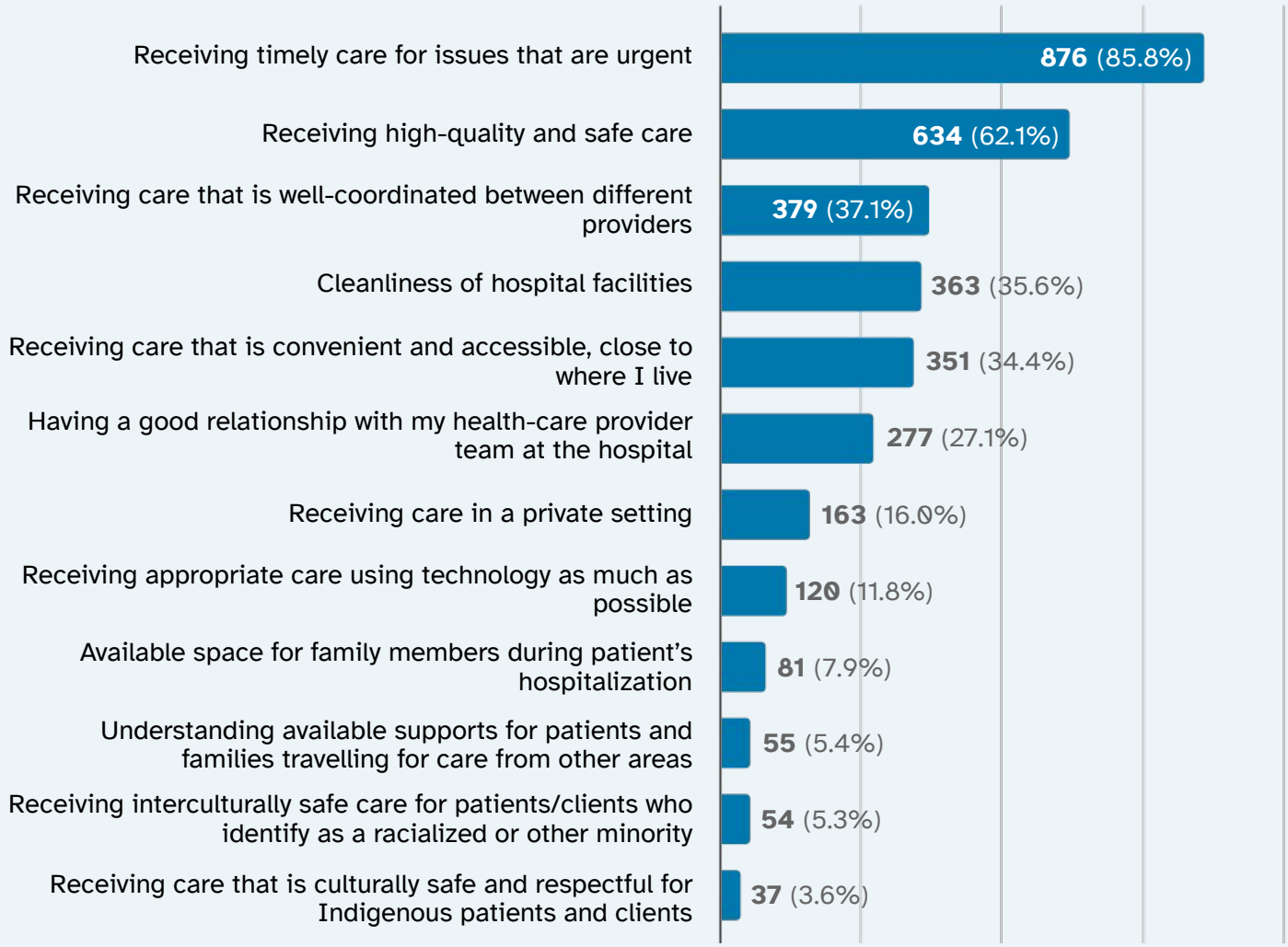
selected emergency wait times as their top challenge.

4.2. Survey results

4.2.2. Priorities for receiving care at LGH

In general, residents reported that when receiving health care, the following aspects of the experience were most important to them:

What is the most important to you about your experience when receiving care?



Respondents could select up to three responses, resulting in a total number of responses for this question greater than the number of overall survey responses. Percentages reflect the percentage of survey respondents that selected that option

Additional priorities identified in the open-ended option on this question included: attentive care and hospitality toward patients and patient supports, parking, and issues around hospital capacity and staffing.

4.2. Survey results

4.2.2. Priorities for receiving care at LGH

Priorities for receiving care at LGH by community

Respondents in all communities selected the same top two priorities: “receiving timely care for issues that are urgent” and “receiving high-quality and safe care.” The third most commonly selected priority varied by location, notably:

- A greater proportion of residents living in **North Vancouver** (844), **West Vancouver** (85) and **Bowen Island** (28) selected “receiving care that is well-coordinated between different providers” as their third priority.
- Residents of **coastal communities** (16) were more likely to select “understanding available supports for patients and families travelling for care from other areas.”
- Residents of the **Host Nations** (18) and **Metro Vancouver** (25) selected “having a good relationship with my health-care provider team at the hospital” as their third priority.

Priorities for receiving care at LGH by gender

Respondents of different gender groups shared the same top two priorities: “receiving timely care for issues that are urgent” and “receiving high-quality and safe care.”

- A greater proportion of respondents who identified as **men** (247) selected “receiving care that is convenient and accessible, close to where I live” as a priority, compared to women.
- Respondents who identified as **women** (715) and respondents who identified as **gender-diverse** (30) — including non-binary, genderfluid, genderqueer, transgender, agender and Two-Spirit — were more likely to select “receiving care that is well-coordinated between different providers” as a priority.

91%

of respondents identifying as gender-diverse selected “receiving timely care for issues that are urgent” as a priority.

4.2. Survey results

4.2.2. Priorities for receiving care at LGH

Priorities for receiving care at LGH by age

Respondents from the four age categories shared the same top two priorities: “receiving timely care for issues that are urgent” and “receiving high-quality and safe care.” However, there are nuances between each age group in terms of the third top priority:

- Respondents **under 35** (70) were more likely to select “cleanliness of hospital facilities” as a priority.
- Respondents **35 to 49 years old** (239) were more likely to select “receiving care that is convenient and accessible, close to where I live” as a priority.
- Respondents **50 to 64 years old** (316) and **65 years or older** (372) were more likely to prioritize “receiving care that is well-coordinated between different providers.”

50%

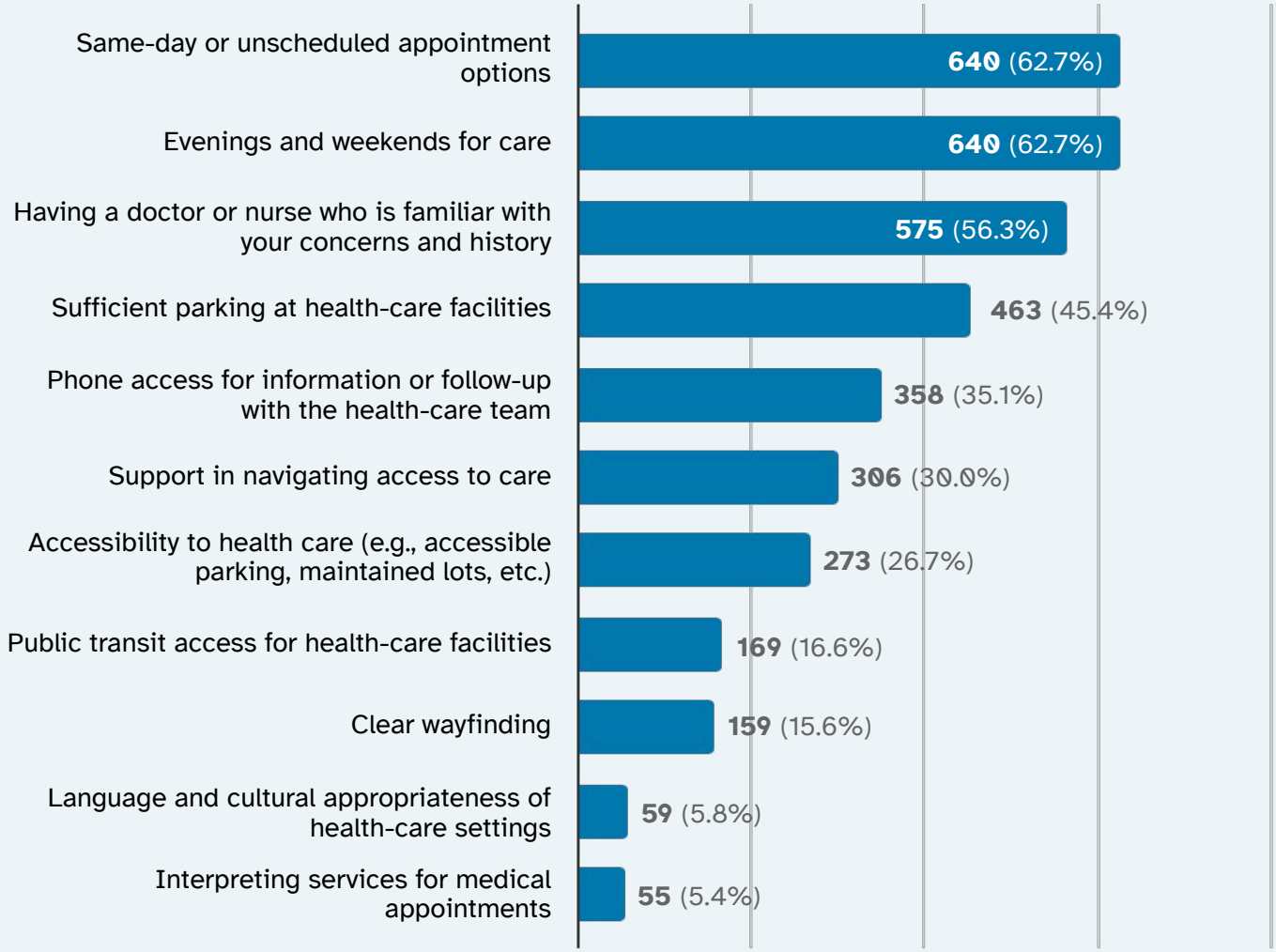
of respondents under the age of 35 selected “cleanliness of hospital facilities” as a priority, making it the only age group to make it their third top priority.

4.2. Survey results

4.2.3. Access considerations for health services

In general, residents reported that, when receiving health care, the following access considerations were most important to them:

Which of the following access considerations are most important to you?



Respondents could select up to three responses, resulting in a total number of responses for this question greater than the number of overall survey responses. Percentages reflect the percentage of survey respondents that selected that option.

Additional access considerations identified in the open-ended option on this question included:

- Wait times at the emergency room
- Access to information (e.g., personal medical records)
- Physical accessibility (e.g., options for modes of transportation and for diverse abilities)
- Intercultural accessibility (e.g., feeling safe)

4.2. Survey results

4.2.3. Access considerations for health services

Access considerations for health services by community

Respondents in different communities selected the same top three priorities. However, there are slight nuances in their responses:

- Respondents living in **North Vancouver** (844) and **Bowen Island** (28) were more likely to select “access to care on evenings and weekends” as a priority.
- Respondents in **West Vancouver** (85) and **coastal communities** (16) more frequently selected access to “same-day or unscheduled appointment options.”
- Residents of **North Vancouver** (844) and **Host Nations** (18) were more likely to select “access to a doctor or nurse who is familiar with your concerns and history” than respondents of any other community.
- A greater proportion of residents in **Bowen Island** (28) and **Host Nations** (18) selected “sufficient parking at health-care facilities.”
- Respondents in **Metro Vancouver communities** (24) were more likely to select “support in navigating access to care (e.g., having a patient care navigator)” than those in other communities.

Access considerations for health services by gender

Overall, respondents of different genders shared the same top three priorities. However, the order of these priorities differed slightly across genders:

- Respondents identifying as **women** (715) were more likely to select “access to same-day or unscheduled appointment options.”
- Respondents identifying as **men** (247) were more likely to select “access to care on evenings and weekends.”
- Respondents who identified as **gender-diverse** — including non-binary, genderfluid, transgender, agender and two-spirit (30) — selected “access to a doctor or nurse who is familiar with your concerns and history” as their top priority.

73%

of gender-diverse respondents reported “access to a doctor or nurse who is familiar with their concerns and history” as a priority, a higher proportion than any other group.

4.2. Survey results

4.2.3. Access considerations for health services

Access considerations for health services by age

Overall, respondents from the four age categories shared the same top three priorities around access to health services. However, the order of priorities differed slightly across age groups.

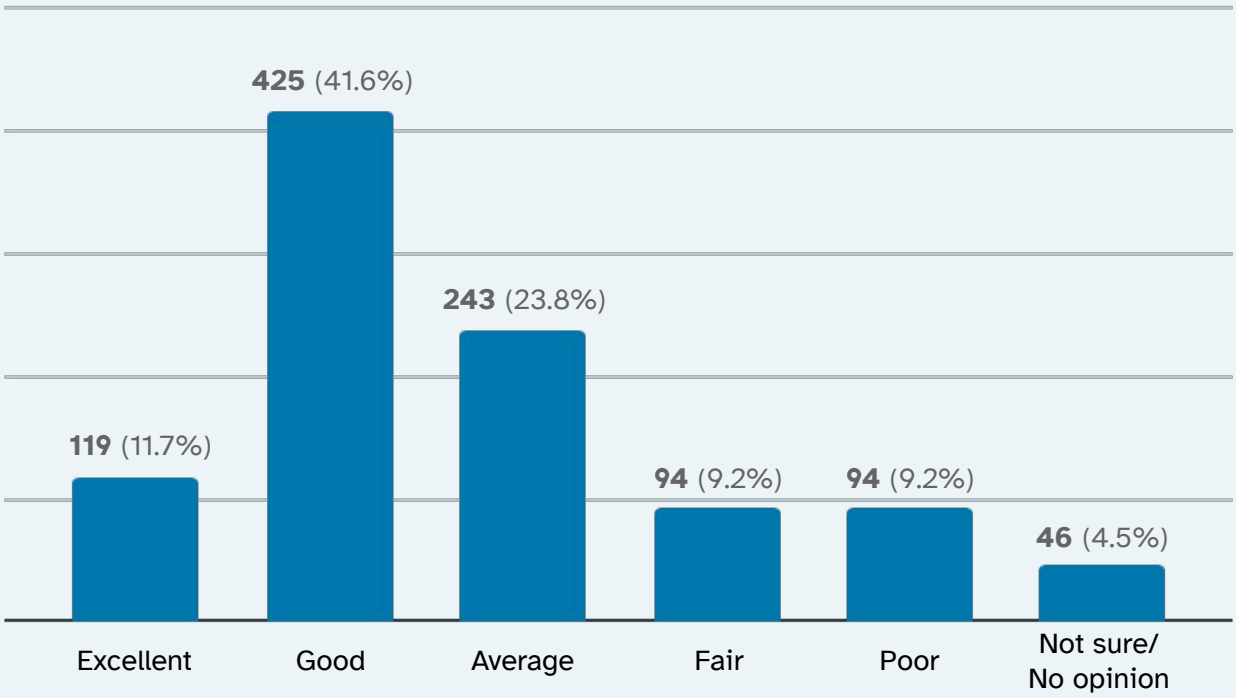
- A greater proportion of respondents **under 35** (70) and **35 to 49 years old** (239) selected "access to same-day or unscheduled appointment options" as a priority, compared to other age groups.
- A greater proportion of respondents **50 to 64 years old** (316) selected "access to care on evenings and weekends" as a priority.
- A greater proportion of respondents **65 years or older** (372) selected "access to a doctor or nurse who is familiar with your concerns and history" as a priority.

4.2. Survey results

4.2.4. Positive aspects of health-care services

Respondents were asked to describe the positive aspects of health-care services provided at LGH. The answers are summarized in the chart below.

How would you describe the positive aspects of health-care services provided at Lions Gate Hospital and how they contribute to the overall quality of life in your community?



The categories were further defined as:

- **Excellent**: VCH offers exceptional health-care amenities and services that contribute to a high quality of life.
- **Good**: Overall, the quality of health care received is positive, with satisfactory health-care amenities and services.
- **Average**: The quality of health-care amenities and services is neither exceptionally good nor bad, with some areas of improvement.
- **Fair**: There are noticeable challenges affecting the quality of life, with limited health-care amenities and services.
- **Poor**: The community faces significant issues that impact the overall quality of life, such as inadequate health-care services and amenities or safety concerns.

4.2. Survey results

4.2.4. Positive aspects of health-care services

Positive aspects of health-care services by community

Across all localities, the greatest number of respondents described the quality of the health care received as “good,” with two notable exceptions:

- Residents of **Bowen Island** (28) were most likely to indicate that health-care services are “excellent.”
- Residents of **Host Nations** (18) were more likely to indicate that health-care services are “poor” and least likely to report health-care services were “good.”

Positive aspects of health-care services by gender

Respondents of different genders shared the same top two responses. The greatest proportion of each gender group reported that health-care services are “good,” followed by “average” as the second most common answer. Several other trends emerged:

- Respondents who identified as **men** (247) were more likely to indicate that health-care services are “good” and “excellent.”
- Respondents who identified as **gender-diverse** (30) were more likely than men or women to indicate that health-care services are “fair.”

Positive aspects of health-care services by age

Respondents from the four age categories shared the same top two responses. The greatest proportion of each gender group reported that health-care services are “good,” followed by “average” as the second-most common answer. Additional priorities by age group included:

- Respondents **65 years or older** (372) were more likely to indicate that health-care services are “excellent” compared to other age groups.
- Respondents **35 to 49 years old** (239) were more likely to indicate that health-care services are “poor” compared to other age groups.
- Respondents **under 35 years old** (70) and **50 to 64 years old** (316) were more likely to indicate that health care services are “fair” compared to other age groups.

4.2. Survey results

4.2.5. Top amenities for LGH

Respondents were asked to share their feedback about the amenities that they would like to see as part of Health Vision LGH. The comments shared often went beyond amenities. The following themes were most commonly shared among the 526 open-ended responses received:

Comments about hospital facilities included:

- More privacy in patient rooms
- Improvements to hospital design, especially the emergency room and maternity ward
- MHSU hub for services
- More convenient and free parking
- Options for other modes of transportation to access the hospital (public transit or e-bikes)
- Specialized equipment (MRIs, X-rays, and other state-of-the-art diagnostic and treatment technologies)

Comments about hospital amenities included:

- Access to outdoor green spaces
- More nutritious and varied food options for patients and visitors
- Comfortable and stress-free visitor and family waiting spaces (with amenities such as outlets, vending machines, plants and comfortable seating)
- Daycare as a staff amenity

Comments about technological amenities included:

- Access for patients to health care via phone
- Access to information for patients (online and while at facilities, such as the ER)

Quotes from survey respondents

"I am more concerned with having more specialists and ER physicians on staff and a higher nurse-to-patient ratio than amenities."

"I would like to see the elderly and very sick be supported more. They arrive at hospital, unsure where their appointment is, exhausted from looking for parking and find the staff all very busy. They need to be able to arrive close to their appointment time, find parking, navigate their way to the department with ease and comfort and maybe even a bit of joy? (gardens, comfortable wheelchairs, well signposted, volunteers available to help, seating options for family meetings after appointments)."

"Lobby and visitor services have improved considerably in recent years — thank you! The addition/establishment of patient rooms that serve one to two or max. four patients would be helpful. Palatable food for patients without dietary sensitivities would be great."

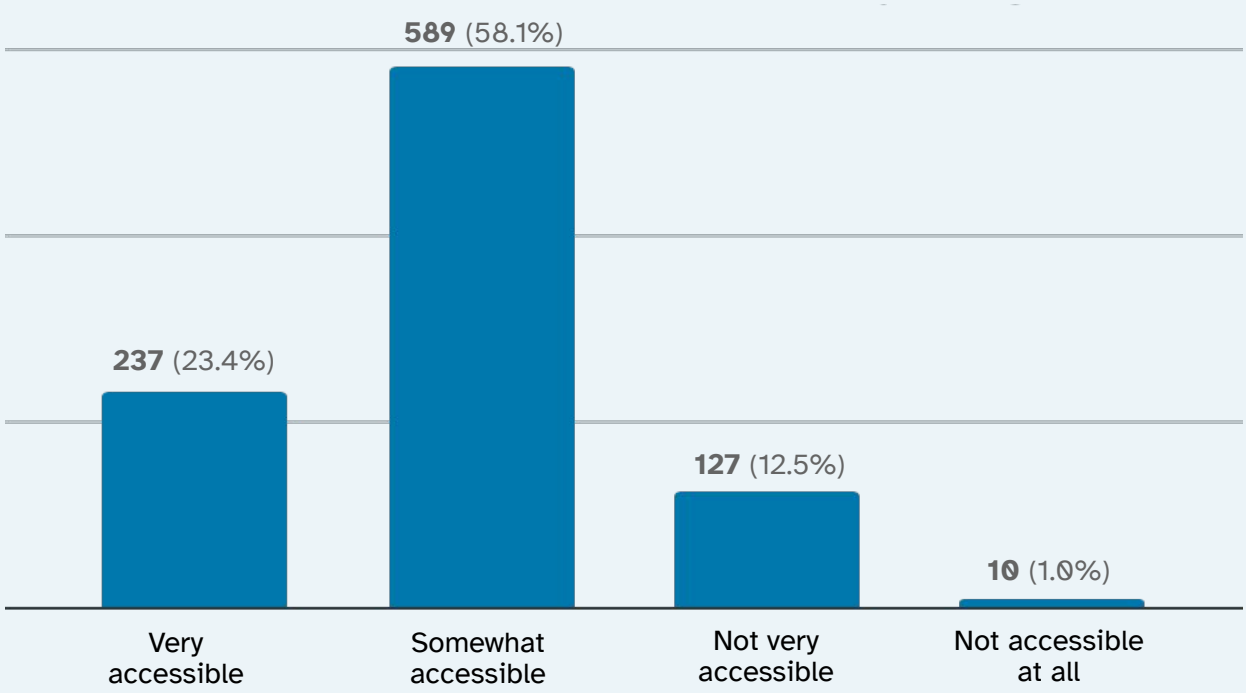
"Updating of units that are not able to provide today's standard of care, i.e. women's and children's health."

4.2. Survey results

4.2.6. Ease of accessibility at LGH

Respondents were asked to rate ease of accessibility at LGH and prompted to consider factors such as sidewalks, ramps, crosswalks, public parking and public transportation options. The chart below summarizes the breakdown of responses.

How would you rate the ease of accessibility for people with disabilities, seniors, and families with young children on the Lions Gate Hospital campus?



None of the demographic identifiers (community, gender or age) were a factor in how respondents rated accessibility at LGH campus, meaning that all groups rated accessibility comparably.

Total number of responses to this question are less than the total number of survey responses (1021) as question was optional to complete and not all respondents chose to answer.

4.2. Survey results

4.2.7. Additional considerations and opportunities

Respondents were asked to share additional comments about health services at LGH. Respondents were prompted with the question, “Is there anything else you want to share? For example, what additional opportunities do you see for Lions Gate Hospital, and what is a positive aspect of health care at Lions Gate Hospital that you would not want to lose?”

A top theme was positive feedback on the health care received at LGH. Most additional themes aligned with findings from the other survey questions. The following are top themes from the 423 total responses:

- **Positive feedback on health care received at LGH:** Staff are excellent, experienced, empathetic and compassionate.
- **Staff recruitment, development and retention:** Recruitment and retention can be boosted by filling vacancies and offering staff incentives, like free parking, higher wages and child care. Manageable workloads, training for complex care and respectful work environments are needed. Although out of scope for Health Vision LGH, providing housing was also mentioned.
- **Improvements to address wait times:** Suggestions for improving wait times included improving the Emergency Department (ED) triage system, increasing capacity for diagnostic services, and addressing wait times to access physician and specialist care.
- **Improved communication about health-care services:** Patient communication and support can be improved, especially for complex cases, MHSU services and patient discharge, and hospital wayfinding can be enhanced.
- **Expanded and increased health-care services:** Gaps in services like emergency care, palliative care, rehabilitation, maternity care and children’s health need to be addressed, while expanding mental health services for young adults, children and youth — including peer support. Extended hours of care will improve accessibility and better meet patient needs.
- **Integrate health-care services:** Integration of inpatient and outpatient care can be improved, including providing resources and education on continuity of care to reduce readmissions. Collaboration between the health authority, hospital and community health services can be enhanced.
- **Infrastructure improvements**: Investment is needed in clinical infrastructure and technology to support patient care and increase hospital capacity, including more beds and private rooms. General facility upgrades are needed to meet capacity and changes in health-care practices. Increasing capacity for diagnostic services has been identified as an opportunity to improve wait times for diagnostics.

4.3. Interview and focus group findings

4.3.1. Top community health-care needs

Participants were asked to identify top health-care needs and concerns (both current and anticipated over the next 30 years). Input shared on needs and concerns aligned very closely and is summarized together below. The top themes were:

Population growth and changing demographics

- The population on the North Shore has been aging and will continue to age over the next 30 years, with fewer young families able to afford living on the North Shore.
- Older adults are living longer and seeking health-care services for more complex and ongoing or long-term needs.
- There has been and will continue to be an increase in population growth on the North Shore and in B.C., impacting the need for health-care services at LGH.
- There is an increase in immigration and a greater diversity of cultural needs that will continue.
- People with special needs and complex health-care needs are living longer.

Access to health care

- Wait times impact access to health-care services. There is a desire to improve wait times generally, and specifically for:
    - Emergency issues
    - Mental health issues (particularly complex mental health issues and for youth)
    - Specialists
    - Diagnostic services
    - Surgeries (e.g., hip and knee surgeries)
- There is a desire for infrastructure improvements to address parking shortages at LGH.

Findings from the interviews and focus groups were organized around key discussion questions to collect feedback:

- Please share your perspective on how community health-care needs have changed in recent years and may change over the next 30 years.
- Do you have a sense of how these needs might change in the next 30 years between now and 2054?
- What are your biggest concerns about the current state of health-care services at LGH? Biggest challenges or gaps?
- What is positive about health care at LGH that you would want to maintain?
- What is most important to you for the future planning of health services at LGH?
- List the amenities that you would like to see as part of Health Vision LGH.
- How would you rate the ease of accessibility for people with disabilities, seniors and families with young children at LGH campus, considering factors such as sidewalks, ramps, crosswalks, public parking and public transport options?

4.3. Interview and focus group findings

4.3.1. Top community health-care needs

Staff retention, recruitment and development

- Improved staff retention and recruitment, with suggestions including:
  - Consider incentives to encourage staff recruitment and retention on the North Shore (e.g., staff housing, daycare and travel costs of commuting from the Lower Mainland)
  - Focus on retention of nurses to address high attrition rates
  - Address pressure on newly hired staff

Increase in health-care services

- Increased health-care services across the hospital to meet the growing demands and needs of both young families and seniors, and patients with increasingly complex needs on the North Shore
- Improved access to specific areas, including: ED services, medical imaging, rehabilitation services, acute services, maternity services, MHSU services and sexual assault services

Communication and collaboration

- Improved communication, collaboration and resource sharing across all groups and components of the health-care spectrum, including between community services, partners and organizations, and between VCH, LGH and community partners
- Improved integration of health-care services at the hospital with services provided beyond discharge
- Improved resources for people receiving care to identify and navigate the health-care services and resources offered at the hospital and in the community

Mental health and substance use (MHSU) services

- Very high demand for MHSU services and resources
- ED faces a high volume of mental health-related cases, which also puts pressure on physicians' high workloads
- Improved access to and increased MHSU services and resources, locally and across the province, to address the high demand for these services
- Specific areas that participants noted for increased services and resources included:
  - MHSU services for youth, especially child psychiatrists
  - MHSU services for older adults
  - Services for complex mental health patients (e.g., people who require more than counselling services but not emergency intervention and who need services that fall outside of existing services such as counselling, Foundry, HOpe Centre and emergency)
  - Long-term care for patients with acquired brain injury due to overdose
- Additional areas to address included:
  - Access considerations, including age-specific limitations for mental health services (e.g., Foundry serving only youth up to age 24)
  - Well-coordinated, integrated and easily accessible MHSU services for community members

4.3. Interview and focus group findings

4.3.1. Top community health-care needs (out of scope)

The following themes have been identified as critical to improving access to health care, but are outside the scope of Health Vision LGH. Input is shared with relevant program teams for further consideration.

Community health-care facilities and services

- More Urgent and Primary Care Centres (UPCCs), walk-in clinics and primary-care providers to reduce wait times (at the ER and for procedures and requisitions)
- Consider public health prevention and promotion to reduce the demand for services at LGH (e.g., offer volunteer community health assessments)
- Improve and expand primary care, access to primary-care physicians and nurses

Health-care services for older adults

- Increasing demand for health-care services among older adults
- More long-term care (LTC) and beds on the North Shore due to the aging population and people living longer in LTC facilities than they used to
- Expanded home-care services to enable people to age in place and manage more health needs outside of hospital

Transportation challenges

- Access to LGH and LGH health-care services are impacted by:
    - Difficulties getting to the hospital due to the increasing volume of traffic
    - Challenges of ferry travel from Bowen Island
- Access to ambulance services or delays in ambulance services

Housing affordability

- Explore ways to address cost of living and housing affordability on the North Shore

Quotes from focus group participants

"Long-term care capacity on the North Shore [is a concern]. Seniors stay in the hospital due to not having anywhere else to go. The hospital is not the appropriate site to meet these needs."

"There is a significant rise on Bowen Island of mental health challenges amongst youth up to 22; anything that can be done to support on-island care from an outreach standpoint."

"It is not for public health system to find housing, but there needs to be a seamless hand-off, because when someone goes from being cared for by VCH to being cared for by a non-profit housing organization, some people fall through the gap. For vulnerable people, we need to bridge services so that they do not fall through the system. The flow and transitions should be considered as part of the planning process."

4.3. Interview and focus group findings

4.3.2. Current strengths at LGH

In addition to challenges, participants also highlighted positive aspects to the current system that they want to maintain or expand. Top responses included:

Excellent health care by staff

- Participants shared positive feedback on the quality of care provided by staff at LGH.
- The maternity care team at LGH is widely regarded as excellent.
- There are strong positive relationships between health-care providers and patients.
- Staff show strong dedication to work.

Community engagement and partnerships

- LGH maintains strong partnerships with community organizations.
- LGH has the benefit of a supportive community.
- LGH's involvement in training University of British Columbia (UBC) students and resident physicians contributes to staff retention and ensures a skilled workforce for the future.

Patient-centred care

- Hospitals are strong at working with and empowering families through health-care delivery, especially in psychiatry.

Leadership and management support

- The leadership team at LGH is seen as positive and easy to connect with.
- The culture of commitment, teamwork and quality care is fostered from the management level and throughout staff teams.

Warm and positive atmosphere

- The music and entertainment program in the hospital atrium brightens up the overall atmosphere.
- Initiatives like community events and donorship programs foster a positive atmosphere and community support, which are valuable for staff retention and overall morale.

Quote from focus group participant

"[We receive] so many comments about amazing hospital staff and how the hospital is different from other hospitals in the Lower Mainland. The number one strength of LGH is the people. [We receive] comments about how efficient and wonderful the hospital is."

4.3. Interview and focus group findings

4.3.3. Future planning at LGH

Participants were asked to share what is most important to them for future planning of health services at the hospital. A key theme around future planning is the need for improved discharge planning, especially for vulnerable and elderly patients, or patients transitioning from hospital to community services. Participants also shared priorities including:

Engagement

- Provide opportunities for the community and community partners to be involved in the planning process, including sharing what is going on and inviting the community to provide feedback
- Provide adequate time for community partners to engage
- Involve and engage hospital staff

Integration and connection in delivery of health-care services

- Connect with community services to reduce the burden on the hospital where services can be provided elsewhere
- Work with community partners and not in silos
- Use technology for providers to connect with patients and reduce travel time from coastal communities
- Conduct outreach around health-care services, particularly for MHSU services

Improve the discharge process and transition from hospital to community services

- Improve discharge planning, especially for the elderly and vulnerable, and improve the transition from hospital to community services
- Hire more social workers to deliver more seamless wrap-around services
- Ensure patients have access to adequate home health, home support and MHSU services upon leaving hospital

Aging population

- Design health-care services to be able to pivot to address needs of the aging community
- Implement better triaging to improve the patient experience during wait times and consider using technology (e.g., sending text messages during the wait for emergency)

Quote from focus group participant

"[One of the most important aspects for future planning of health services at LGH is] continuously engaging with the communities LGH serves by keeping them informed about what LGH is doing and why, explaining what the health-care needs of the population are, and providing the opportunity for feedback."

4.3. Interview and focus group findings

4.3.4. Future amenities at LGH

Participants were asked to share the amenities that they would like to see added or expanded at LGH campus. Top themes included:

Infrastructure and hospital space upgrades

- Expand the ED to accommodate growing demands and emergency planning capabilities
- Consider development of long-term care facilities either on site or off campus to better serve aging populations
- Explore the relocation of existing facilities, such as Evergreen (LTC), to free up space for health innovation and research and potentially generate new revenue streams

Accessibility and outdoor spaces

- Enhance accessibility features for patients and staff with accessibility needs, such as mobility and vision impairments
- Ensure sufficient and accessible parking facilities for patients, visitors and staff
- Create covered and accessible outdoor seating areas to support mental health and community engagement
- Highlight the hospital's proximity to the natural environment and encourage more on-site landscaping to create a welcoming atmosphere and to improve patient well-being

Technology and health-care services

- Increase access to diagnostic technologies to improve patient care and efficiency
- Enhance the use of technology across hospital operations to streamline processes and improve patient outcomes

Family-friendly amenities

- Provide spaces for families to stay overnight, enhancing patient and family experience during extended hospital stays
- Ensure availability of child care facilities on campus to support patients and staff
- Extend cafeteria hours to provide food access and to better support patients, families and staff during stressful times

Enhanced health-care services

- Improve continuity of care for youth
- Connect MHSU patients to community services to reduce ED visits
- Expand care to meet the growing demand for oncology services within the hospital

Cultural and language support

- Address the specific cultural needs of the Indigenous population through tailored health-care services
- Provide enhanced language services for patients with limited English proficiency to improve communication and health-care delivery

4.3. Interview and focus group findings

4.3.5. Accessibility at LGH

Participants were asked to evaluate accessibility for people with disabilities, seniors and families with young children at LGH campus — considering factors such as sidewalks, ramps, crosswalks, public parking and public transportation. Participants shared the following suggestions or improvements related to accessibility:

Parking and transportation concerns

- Improve parking availability for staff, patients and families
- Improve patient pick-up and drop-off layout
- Enhance direct access from the parking lot to the ED for easier navigation
- Improve safety around main parking entrance and consider adding a pedestrian crosswalk
- Add covered seating at public transportation stops for staff and patients, which is particularly important during inclement weather
- Add more wayfinding throughout LGH campus and the underground parkade to assist older adults, youth and people living with dementia
- Consider offering valet parking for those with mobility challenges
- Work to enhance access to the hospital from surrounding areas, including coordinating with public transportation agencies

Infrastructure accessibility improvements

- Address accessibility challenges
- Reopen access points from 15th Street to improve hospital accessibility
- Address uneven surfaces at the main LGH entrance
- Redesign or replace parking elevator to accommodate wheelchair use and avoid breakdowns
- Add more sidewalks and points of access throughout the campus

Positive feedback

Additional positive feedback was received around the current state of accessibility at LGH campus. Positive feedback included:

- Engagement with staff and municipal committees demonstrates the hospital's commitment to understanding and addressing the community's accessibility needs.
- Engagement with municipalities regarding street-level access considerations demonstrates proactive steps toward improving accessibility.
- The availability of bike locks is appreciated as a measure supporting alternative transportation methods.
- Although out of scope for VCH, there was generally positive feedback on public transportation near LGH, indicating good service quality but acknowledging room for improvement.

5. First Nations engagement

5.1. Emerging themes

Need for strong communication, connections and coordination

- There is an opportunity for better communication and building stronger connections between LGH and First Nations' health-care departments to better coordinate culturally appropriate supports, intake, discharges and follow-up care. Participants specifically mentioned intake to the ED, discharges, follow-up wound care and supporting MHSU clients.
- At the Sḵwx̱wú7mesh Úxwumixw engagement sessions, respondents also referenced strong communication and collaboration between Sḵwx̱wú7mesh Úxwumixw and LGH staff, particularly with the social workers and Indigenous Patient Navigators (IPNs), which is important to ensure integrated care and follow-up for community members.

Need for culturally safe care and reconciliation

- Nation members often distrust the health-care system, due to past experiences and a perceived lack of understanding from providers.
- Indigenous patients at LGH report instances of racial bias and discrimination, which may lead to reluctance to self-identify as Indigenous or receive care at LGH. There is a perception that other hospitals may provide better care to Indigenous clients by offering more culturally safe care.
- Specific LGH staff are recognized for going above and beyond in patient care. Their personalized and flexible approaches ensure patients feel understood and supported.

Engagement with Sḵwx̱wú7mesh Úxwumixw and səlilwətaɬ

VCH hosted 10 sessions to hear from representatives of Sḵwx̱wú7mesh and səlilwətaɬ health teams. Findings from the interviews and focus groups are organized around the following key discussion questions:

1. How would you describe the availability and quality of hospital health care serving your community? What is working well? What are the biggest concerns or challenges about the current state of health-care services at LGH? What are current barriers you experience?
2. How can LGH better incorporate culture, traditional foods and ceremony, and honour traditional medicines in health care?
3. Beyond the clinical services within the hospital and the buildings themselves, are there ways to integrate Indigenous knowledge and traditional practices into planning of the hospital site?
4. What would you say are the current top priorities for health-care services at LGH for your community? Do you see any additional or different needs emerging in the next 10, 20 or 30 years?

5.1. Emerging themes

Need for increased Indigenous supports—Indigenous Patient Navigators, Elders, people with lived experience:

- Participants reported receiving positive feedback from families and clients about the Indigenous Patient Navigators (IPN) program at LGH, noting it is highly effective and they felt well-supported when using the service.
- Representatives expressed desire to expand these Indigenous supports, both in terms of the number of IPNs, the power that IPNs are given to advocate for patients and the hours that Indigenous supports are currently available. For example, there is need for increased IPN hours of service in palliative care.
- There is need for ongoing coverage and consistency to reduce potential rotation of IPN staff.
- These recommendations will enable relationship-building with community members and ensure quality of care to meet the needs of patients.
- Representatives shared the benefits of having more peers or People with Lived Experiences (PWLE) and Elders. Elder Circles was a method previously used to increase cultural safety training for staff and medical staff.

Need for increased Indigenous supports — grievance process:

- Establish a culturally safe process for grievances at LGH
- Incorporate Indigenous perspectives into the complaints review process
- Provide clearer guidance on how to submit complaints and establish a clear follow-up process — some individuals reported submitting a Patient Care Quality Office (PCQO) complaint without receiving a response

Opportunities to further integrate culture into health care:

- Integrate Indigenous cultural practices in health care by offering services like cedar brushing, smudging and Indigenous music to help patients feel respected and at ease
- Provide access to traditional Indigenous supports, such as Elders, Elder Circles and ceremony
- Create a welcoming environment with visual markers — such as Indigenous artwork, pictures of respected Chiefs from the community, posters and signage — to foster a calming atmosphere
- Include traditional foods and Indigenous teas in hospital menus to enhance cultural safety and comfort for Indigenous patients
- Incorporate traditional medicines alongside conventional treatments, with IPNs supporting cases and involving Elders for cultural and emotional support
- Offer Indigenous-focused care packages (e.g., providing Indigenous teas for new moms) and provide information on alternative medicines, such as online resources for traditional plant remedies
- Engage with Indigenous communities and leadership on a regular basis to ensure health-care practices align with cultural values, and to encourage Indigenous participation in health-care changes

5.2 Top priorities for health-care services

When asked about top priorities for health-care services at LGH for Indigenous communities, representatives from both Nations identified the following:

Expand supports for Indigenous patients:

Care should be culturally safe and non-judgmental. The capacity and authority of IPNs should be expanded, with IPNs, PWLE and/or Elders ideally available in all departments to support Indigenous patients and ensure their needs are met with understanding and respect.

Create the conditions for culturally safe, trauma-informed and compassionate care:

There is a need for enhanced education of health-care providers on reconciliation, history of Indigenous Peoples, Indigenous cultural practices and ways to address past harms and facilitate healing. Steps towards fostering a more supportive and understanding hospital environment include creating inclusive spaces, using appropriate language in health-care resources, allowing family presence during treatment, offering apologies for past harms, strengthening the role of IPNs, and offering ongoing training opportunities. Also, more trauma-informed care training is needed for health-care providers.

Access to MHSU services and treatment:

Several clients report ongoing barriers to immediate and appropriate MHSU supports. Access to low-barrier services and clear processes for admission to programs, like the HOpe Centre, are key priorities for Indigenous communities.

Opportunities to integrate Indigenous knowledge and traditional practices into site planning:

Acknowledging the territory LGH is located on and incorporating this recognition into events and ceremonies can enhance cultural awareness and respect. By continuing to involve and engage with Indigenous community leaders and Knowledge Keepers in planning and decision-making processes, LGH can create a more culturally inclusive environment and improve Indigenous patient experiences.

6. Next steps

6.1. Phasing and timing

Phase 2 engagement is anticipated to take place in late summer/fall 2025.

Collectively, information gathered through engagement will help VCH develop Health Vision Lions Gate Hospital — the high-level planning process for the LGH campus.

Phase 2 engagement

Phase 2 engagement will focus on the preliminary draft plans. Following Phase 2 engagement, the team will report back on key findings, sharing what was heard in Phase 2 and an update on the planning process.



Phase 1 engagement
April - December 2024

Report-back on Phase 1 engagement
Spring 2025

Phase 2 engagement
Late summer/ fall 2025

Final report-back
2025

Vancouver CoastalHealth

Happy Cities