

David Thompson Health Advisory Council Work Plan 2010 – 2011

Status:

The Work Plan has been reviewed by Gord Bontje, Member, Alberta Health Services Board and Diana Rowe, Chair, David Thompson Health Advisory Council on Monday, November 8, 2010. No amendments were required.

Purpose of the Work Plan:

The Work Plan allows each council the opportunity to describe the work to be undertaken for each year and ensure adequate resources are made available to support their efforts. Each council will develop a Work Plan to be submitted to the Health Advisory Committee of the Board at the beginning of the fiscal year that shall include the goals and strategies to meet those goals, as determined by the council, and include proposals for formal consultations and engagement activities with communities. This allows the Alberta Health Services Board to ensure support for the work of the councils and anticipate needs and expectations each year.

The process for these Work Plans is out of sync with the planning cycle in this initial year of council existence. In many cases councils have considered the work they have already done and placed it on the Work Plan and this will be reported as completed activity in their 2010/2011 Annual Report. Plans for 2011/2012 may be included in this Work Plan but councils will not undertake this work until that time.

We have asked each council to consider three goals when creating their Work Plans.

Roles and Functions of Health Advisory Councils – to act in an advisory capacity to Alberta Health Services.

- A) Engage the public, gather information and provide the public input with respect to health, health needs and health services in the area
- B) Provide feedback and advice to Alberta Health Services on what is working well and areas for improvement regarding;
 - i) the health care system and services, issues, needs and priorities, access, promotion of health and any other matters requested by Alberta Health Services
 - ii) strategies to further engage the community on health care delivery, and
 - ii) consider information provided by Alberta Health Services, and identify issues and trends from a local perspective
- C) Promote and participate in activities that enhance the health of residents

David Thompson Health Advisory Council Work Plan

Our Vision – We are our communities' voice to Alberta Health Services

V.1 Be a conduit for the voice of our community

V.2 Identify trends, challenges, solutions and effective services

V.3 Provide a framework for community feedback to AHS

Our Mission – Provide public feedback to Alberta Health Services, enhancing their ability to make informed decisions on health services planning

M.1 Receive summary presentations from the public

M.2 Foster individual conversations through informal networks

M.3 Conduct formalized community engagement meetings

M.4 Promote awareness and relevance of our Health Advisory Council

M.5 Keep communication open through education and information

M.6 Create communication briefs to AHS on community attitudes, perceptions, challenges and successes

M.7 Identify barriers to equitable and accessible health services

M.8 Provide opportunities for various demographics to have a voice to Alberta Health Services and to bridge cultural challenges

M.9 Learn through Alberta Health Services reports and presentations

M.10 Communicate effectively

Our Enablers – How we ensure that we represent our community

O.1 Listen to community members willing to share their opinions

O.2 Establish community opportunities to gather information

O.3 Educate the Council to be able to understand community issues

O.4 Receive community based discussion briefs

Strategy	Action	Measurable	Timeline	Responsible	Supports & Resources Required	Geographic locations	Outcomes Realized (Insert
Top 4 Priorities (Our Focus) to Meet our Mission: Provide Public Feedback to Alberta Health Services, Enhancing their Ability to Make Informed Decisions on Health Service Planning							
M.1	a.	Receive formal presentations at each council meeting	Track requests received from public and verify whether or not presentations have been received by the council. This tracking document will be reported at each council meeting	Each formal council meeting	Chair	Meeting venue, advertising, recorder, meals, travel and accomodations, if required	
M.2	a.	Council members will seek input from personal networks and this information will be used to map out forum topics if required	Each council member will provide a written report summarizing the interactions they have engaged in between each formal council meeting	Each formal council meeting	Each council member		
	b.	Create a form to be used by council members to summarize their informal interactions	Form created	Dec-10	Community Engagement Officer		
M.3	a.	Select council members and appropriate resource people to determine meeting format, facilitation and hosting requirements	A predetermined format with a suggested script and toolkit for how to engage and manage the flow of public input on a non confrontational and unbiased manner.	Have process completed for Health Advisory Committee of the Board approval by August 31, 2010	Vice Chair, Bruce Buruma, in consultation with the Community Engagement Officer	Facilitators, meeting venue, beverages, travel, accomodations, advertising	
	b.	Schedule and advertise community meetings in selected communities	Promotional plan and geographic location to be determined	Plan to be in place by September 2010			
	c.	Conduct general open facilitated forums in various geographic locations in our Health Advisory Council area	Complete four public forums	Forums to take place between September 2010 and August 2011			
	d.	Create a format to be used by council members when engaging the public in a forum		Skeleton format will be prepared prior to first public forum	Council members with the support of Community Engagement Officer		
M.4	a.	Identify various methods that the council can use to promote awareness of our council and actively engage community leaders	Create a list of possible groups in each community that the council could meet to promote our vision	Sep-10	Council member, Gerald Ingeveld	Travel, meals	Central Zone
	b.	Create a list of all municipal Councils, Boards of Trades (or similar organizations) and citizen organized health care groups that we could present to	List will include all communities within the Health Advisory Council area	Oct-10	List is kept by council member, Gerald Ingeveld, but all council members are responsible for submission		

	c.	From the list created in M.4.a send formal letters of request to make a short informational presentation on the purpose of Health Advisory Council 9	Various council members make at least 12 presentations across the Health Advisory council 9 area on an annual basis	March 2010 to February 2011				
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Secondary Priorities to Meet our Mission: Provide Public Feedback to Alberta Health Services, Enhancing their Ability to Make Informed Decisions on Health Service Planning

M.5	a.	The council Chair will receive requests from Alberta Health Services to present educational presentations on topics that Alberta Health Services would like us to be aware of	Receive at least 6 presentations per year from Alberta Health Services either at formal council meetings or scheduled conference call outside of council meetings.	Presentations to take place between March 2010 and February 2012	Council Chair and Community Engagement Officer	Alberta Health Services Staff		
M.6	a.	Once an issue has been raised 5 times through different sources, or at the discretion of the Chair, a Health Advisory Council committee will be assigned to amalgamate information and prepare a brief for council consideration	Delivery of 6 briefs to Alberta Health Services	March 2010 to February 2012				
M.8	a.	Identify various demographics within the central zone i.e. First nations, French, Hutterites etc.	Two facilitated forums that address purely cultural issues in health care delivery	Both forums to be completed by December 2011 Alberta Health Services comment - defer to next years plan?	Council members Stephane Perreault and Randy Littlechild			
M.9	a.	Establish a communication strategy for the council by identifying the various points that communication happens	Communication strategy in place for the council	Dec. 2010				
	b.	Assign a council member to update and suggest web page updates for Alberta Health Services to post	Web pages on Alberta Health Services site are updated on a quarterly basis	Ongoing				

Our Enablers - How We Ensure We Represent Our Community

O.1		Each council member will explore all informal conversation opportunities	Feedback provided at each formal council meeting	Each formal council meeting	All council members			
O.2		Council members will actively search out community opportunities to advance the Vision of Health Advisory Council	Each community represented by council members will have at least one presentation in the form of an information presentation or community open forum Members represent all communities not just their own	Completed by June 2011 Defer to next years plan?	All council members			

VISION : We are our communities' voice to Alberta Health Services

- **V.1 Be a conduit for the voice of our community**

It will be understood that Health Advisory Council through the various communication strategies developed will be the voice of the communities it represents to Alberta Health Services.

- **V.2 Identify trends, challenges, solutions and effective services**

Health Advisory Council will actively identify health care trends in our communities that may present challenges with service delivery from the perspective of our residents. As a compliment to those challenges we will also collect or suggest alternative effective solutions that Alberta Health Services may consider to overcome those challenges. If there are service delivery models that are working well for our communities, we will communicate the public satisfaction to Alberta Health Services.

- **V.3 Provide a framework for community feedback to Alberta Health Services**

Health Advisory Council is a communication tool that the public may use to provide feedback to Alberta Health Services and the council is accountable to that public to ensure those perspectives are presented in summary form to Alberta Health Services that is representative of the collective information we have gathered.

Mission and Enabler Definitions:

M.1 – Health Advisory Council will gather input through formal meetings of HEALTH ADVISORY COUNCIL at which time will be dedicated for community groups or individuals who wish to make formal presentations to the council.

M.2 - Health Advisory Council members will actively solicit input from community based groups and individuals that are part of their personal networks.

M.3 - Health Advisory Council will gather input through facilitated public meetings that will allow public members to present information to the Council. These meetings will be facilitated by council members in a formulated structure.

M.4 – Health Advisory Council will establish promotional plans that will ensure the general public is aware of the opportunities afforded them to engage in this feedback mechanism to Alberta Health Services.

M.5 – Health Advisory Council will be better able to understand communication received from the public by participating in planned educational/information sessions from Alberta Health Services to be able to better understand health care issues and delivery mechanisms.

M.6 – Health Advisory Council will amalgamate like topics/issues received from all sources to determine trends, attitudes, perceptions, challenges and successes in health care and health care delivery. From this information, formal briefs or more informal communications to ALBERTA HEALTH SERVICES staff will be delivered for consideration.

M.7 – Through formal consultations and informal opportunities, Health Advisory Council will identify barriers experienced within our communities to equitable and accessible healthcare services and communicate those findings to Alberta Health Services.

M.8 – Health Advisory Council will address the diversity of our demographics and the challenges that they face in health care service delivery through specific forums with agenda items predetermined to address these issues.

M.9 - This may be removed as it is basically the same as M.2

M.10 – Health Advisory Council will practice effective communication strategies which not only include the receipt of information, but will also include feedback opportunities that will assure community members that their voice has been heard.

O.1 – Health Advisory Council members will be open to listening to all community members perspectives on the health care system without judging or offering solutions. The council will be seen as an unbiased conduit.

O.2 - Health Advisory Council members will actively communicate with members of their community to find opportunities for engagement so that the council may achieve our mission/vision.

O.3 – Health Advisory Council will request presentations from Alberta Health Services to clarify our understanding of particular trends that we have established through our communication encounters.

O.4 – Health Advisory Council members will promote the process that community members may make formal presentations to the council as a whole during our regular meetings.