





## **Alberni-Clayoquot Health Network Administration Committee Meeting**

### **Meeting Notes**

Notes from the meeting of the Alberni-Clayoquot Health Network Administration Group held on Thursday, January 26, 2012 in the Regional District Board Room, 3008 Fifth Avenue, Port Alberni, BC.

Present:

- Cindy Solda, Chair, Alberni-Clayoquot Regional Hospital District
- Glenn Wong, Chair, Alberni-Clayoquot Regional District
- Caryl Harper, VIHA, Manager Public Participation and Collaboration
- Adriane Schroeder, VIHA, Primary Health Care Developer
- Alice Schoffer, Alberni Valley Social Planning Council
- Darren Saare, VIHA, Port Alberni Home & Community Care
- Laurie Money, Alberni Valley Social Planning Council
- David Peterson, Ministry of Social Development
- Marcie DeWitt, Coastal Family Resource Centre
- Tracy Smyth, Alberni Children First
- Julie Rushton, Alberni Children First
- Kathy Waddell, Aboriginal ECD Table
- Gillian Trumper, Health Advisory Committee
- Patty Edwards, MLA Scott Fraser
- Wendy Thomson, Alberni-Clayoquot Regional District
- Brendan Mather, VIHA, Consultant Planning & Community Engagement
- Shelli Lyle, Alberni Clayoquot Regional District

1. The meeting was called to order at 10:00 a.m.
2. The meeting was co-chaired by Cindy Solda, Chairperson of the Alberni-Clayoquot Regional Hospital District and Glenn Wong, Chairperson of the Alberni-Clayoquot Regional District.

#### **Introductions**

3. Introductions were conducted around the table.

**Approval of Meeting Notes**

4. Moved by C. Harper, seconded by D. Saare, "That the Agenda for the January 26, 2012 Alberni-Clayoquot Health Network Administration Committee Meeting be approved."

"Carried"

5. Moved by G. Trumper, seconded by M. DeWitt, "That the notes from the Alberni-Clayoquot Health Network Administration Committee meeting held on November 24, 2011 be approved."

**Presentation**

6. Mr. Brendan Mather, VIHA Consultant Planning & Community Engagement gave an update on Local Health Area 70 review process. Mr. Brendan Mather thanked the committee for inviting him and explained that during the first phase of the project, which was to collect information and identify issues through engagement, VIHA Planning and Community Engagement Department staff met with interested VIHA staff and physicians who work and/or have responsibilities in Local Health Area 70. Staff and physicians were encouraged to participate in discussions in person, over the phone, via email, and/or by completing an online survey. The results are summarized and themed in a document found on the following webpage, [http://www.viha.ca/about\\_viha/community/](http://www.viha.ca/about_viha/community/), called Draft LHA 70 Discussion Themes. The second phase of this project will get underway in the fall of 2012, which involves examining and validating comments, confirming priority areas and identifying sustainable solutions to start addressing these priorities. As part of this process, feedback from staff, physicians, and the community, on this document are welcome. Please email feedback to [Brendan.Mather@viha.ca](mailto:Brendan.Mather@viha.ca).
7. Discussions followed with participation from all members of the Health Network Administrative Committee. The Chairperson thanked Mr. Brendan Mather for this presentation.
8. Mrs. Alice Schoffer, Alberni Valley Social Planning Council explained that the Alberni Valley Social Planning Council would like to partner with the Health Network to develop an Indicator Project on the Social Health and Well-being of the Alberni Valley using the SPARC BC model. They are prepared to help with the project and contribute up to \$5,000. They acknowledge the work done by the Health Network but also recognize the need for more development through identified indicators within the determinants. Based on the research it may be that VIHA may already have the indicators (which the Health Network can prioritize) to set a base line for this Indicator project.

For example

The administration committee has identified Youth/Early years but has not identified any indicators. Let's take Early Years (0-6) and Child (7-12) and look at some indicators that might help identify issues, resources, set a base line and identify work already being done in this area. Based on the Research data, under Child Health (0-12):

- Alberni-Clayoquot had a significantly higher rate of infant mortality (10.7 percent per 1,000) than BC (3.9 per 1,000) or VIHA (5.0 per 1,000).
- Alberni had the highest rate of infant death in VIHA. The rate was 120% higher than the VIHA average.
- Alberni-Clayoquot had more hospitalizations for injury and poisoning (7.9 per 1,000) than BC (4.8 per 1,000) or VIHA (6.0 per 1,000)
- Alberni had the highest rate of stillbirths in VIHA; the rate was 85% higher than the VIHA average.
- More kindergarteners in Alberni-Clayoquot rated as vulnerable for language and communication skills than those in BC and VIHA
- There were significantly more children in care per 1,000 in Alberni-Clayoquot (29.9) than in BC (9.4) or VIHA (13.0)
- There were significantly more cases of child abuse per 1,000 in Alberni-Clayoquot (18.1) than BC (7.0) and VIHA (10.9)
- There was a higher rate of maternal smoking in Alberni-Clayoquot (16.6%) than in BC (10.6%)

9. Discussions followed with participation from all members of the Health Network Administrative Committee. The Chairperson thanked the Alberni Valley Social Planning Council for their presentation.
10. Ms. Tracy Smyth, Make Children First discussed the Vancouver Island Early Years DATA Day which is being held Friday, February 24<sup>th</sup> from 9:00 am to 4:00 pm at the Arbutus Room and Vancouver Island University in Nanaimo. Registration forms were distributed. This session is targeted towards people who want to use data. There will be a series of presentations of a variety of data sources and community folks as well as the Provincial Aboriginal Chairperson and her cohort will help facilitate the implications of data in Aboriginal communities. To date 40 people have signed up and they will be capping it at 50. This session will also be graphically recorded in time, there will be a report created as a tool for communities to share the data.
11. Ms. Tracy Smyth, Alberni Children First co-presented a power point presentation "Alberni-Clayoquot Inter-Sect oral Committees for Children", along with Ms. Kathy Waddell, Aboriginal ECD Table, Ms. Marcie DeWitt, Coastal Family Resource Coalition and Ms. Julie Rushton, Alberni Children First. The presentation involved why the early years are so important, how they can collaborate with the Health Network, for example

leverage community partnerships to increase the awareness and visibility of early literacy and culturally appropriate language, enhance resource directory share it and create a sustainability plan.

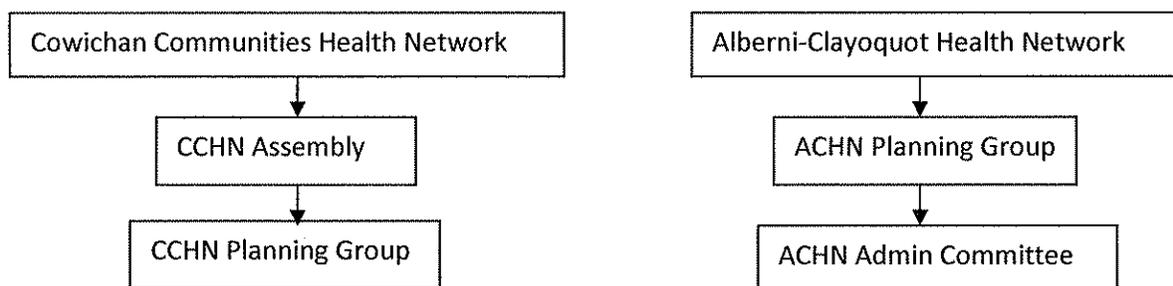
12. Cindy excused herself from the meeting at 11:43 am
13. The Chairperson thanked Ms. Tracy Smyth & Ms. Julie Rushton, Alberni Children First Network, Ms. Marcie DeWitt, Coastal Family Resource Coalition; and Ms. Kathy Waddell, Aboriginal ECD Table for their presentations.

### Protocol Agreement

14. Ms. Caryl Harper handed out the draft protocol agreement which enables the Alberni-Clayoquot Regional Hospital District, the Alberni Clayoquot Regional District and Vancouver Island Health Authority to collaboratively work together in the development of the Alberni-Clayoquot Health Network. The purpose of the Alberni-Clayoquot Health Network is to provide a local community engagement mechanism for dialogue and action on health and well-being.

### Updates

15. **Community Health Networks** – Ms. Caryl Harper provided an overview of the two modules. Ms. Harper encouraged the group to consider developing terms of reference and handed out a draft of Cowichan’s terms of reference to use as a guide.



16. **Funding** –Ms. Caryl Harper made a presentation to VIHA last week regarding funding for the Alberni-Clayoquot Health Network. Providing commitment from VIHA, she sees the monies being granted in February. The funds will be used to hire a fulltime contract administrator (draft job description has been prepared). A part-time administrative assistant for day to day operations.

17. **Contracts** - The contract would be housed with the Regional District; Vancouver Island Health Authority would provide a letter of agreement.

18. Mr. Glenn Wong thanked Ms. Caryl Harper for all her hard work.

**Ongoing Business**

19. Caryl, Adriane, Wendy, Glen and Cindy will meet and discuss a plan of action and timeline to roll out to the whole network. Need to define our top goal and objective with targets and results.

20. Alberni-Clayoquot Staff will send out an update to the larger Health Network Group on the Alberni-Clayoquot Health Network Administration Committee progress.

21. The meeting adjourned at 12:01 p.m.

# ALBERNI – CLAYOQUOT HEALTH NETWORK (ACHN) PROTOCOL AGREEMENT

BETWEEN

Alberni-Clayoquot Regional District (ACRD)

AND

Vancouver Island Health Authority (VIHA)

## PURPOSE

This Protocol Agreement enables the above partners to collaboratively work together in the development of the Alberni-Clayoquot Health Network (ACHN). The purpose of the ACHN is to provide a local community engagement mechanism for dialogue and action on health and well-being.

It is expected that this Agreement will result in improved:

1. Health planning in the ACRHD catchment area,
2. Accountability,
3. Contribution to the sustainability of our health care system, and
4. Collaborative and inclusive decision making.

The ACHN has been developed in response to the need to improve the health status of the Alberni Clayoquot Communities population and collaborative planning for the enhancement of health services in the ACRHD catchment area. This may include: planning for and developing recommendations regarding health service enhancements, service changes, health infrastructure requirements and financing options, and facilitation of health-focused community engagement and development activities.

Figure 1.1 A Model of the Determinants of Health

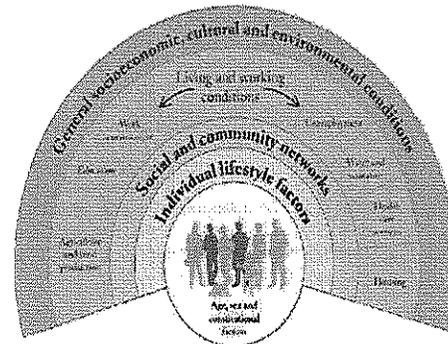


Figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embedded within broader aspects of society.

Source: Dahlgren, G. and Whitehead, M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies.

The Partners recognize that the Network would focus on the health and well-being of individuals and communities including community engagement and capacity building and build on five essential strategies:

- **Community involvement** that moves from people being passive recipients of services to empowered participants and leaders through public engagement processes.

- **Inter-sectoral partnerships** that cross boundaries whether between government department or ministries (whole of government); across multiple sectors such as through the creation of broad coalitions or through vertical integration such as linking local, provincial and federal governments.
- **Political commitment**, ideally that lasts longer than a single term and that fosters community engagement and capacity building.
- **Healthy Public Policy** where government action in non-health sectors, such as transportation or housing policy, is designed to have as one benefit the improvement of the health of the population.
- **Asset-based community development**, an approach that empowers both individuals and communities by focusing on community strengths and on individuals with assets and skills. This approach is empowering rather than disempowering and treats individuals and communities as having intrinsic merit and ability rather than focusing on problems that need to be solved.

The purpose of this Protocol Agreement is for the ACHN, strongly supported by the Administration Committee (members representing the Partners), to develop a more formal structure and maximise collaboration and collective decision making between the partners. The parties of this Protocol Agreement believe that i) the goal of collaboration is not collaboration but greater results; ii) collaborating across multiple communities is required to better understanding local assets, issues, and barriers and iii) providing an opportunity for dialogue will assist in identifying local solutions to address barriers. The Parties of this Protocol Agreement also believe that if given the financial and other supports needed we will be successful in contributing to the success of an improved health system in the Alberni Clayoquot Communities.

This Agreement Protocol serves merely as an expression of the agreement between the partners and does not create legal obligation between the parties. The provision of funding and services contemplated by this Protocol Agreement are subject to the discussion and execution of definitive agreements between the Alberni-Clayoquot Regional District and the Vancouver Island Health Authority.

This Agreement Protocol recognizes the stated goals of VIHA, in partnership with local First Nations, to improve access and remove barriers to service for Aboriginal people; and increase the capacity of Aboriginal communities and VIHA itself to provide appropriate, effective, and culturally safe health care services.

## **PART 1 – GENERAL IMPLEMENTATION**

The ACHN Administration Committee is a committee that is comprised of representatives from diverse groups and organizations that may include the Patient Voices Network, First Nations/Métis, non-profit organizations, ACRHD, VIHA, School District, Community Policing, Alberni-Clayoquot Regional District, Physicians, and Health Professionals etc. The ACHN Administration Committee works to create three things: a large, broad-based network of

individuals and organizations; and a forum to promote individual and community understanding of local health services and population health and well-being; and, an action oriented committee that receives direction from the ACHN Administration Committee.

The ACHN Administration Committee adopts the ACHN Vision, Mission, Guiding Principles and Values. The Committee reports to the larger ACHN membership at regular scheduled meetings. Operating procedures and decision making of the ACHN Administrative Committee includes:

- Regular meetings will be held at a minimum of every 2 months.
- Meeting space will be provided by the Alberni-Clayoquot Regional District or VIHA.
- Agreement as much as possible.
- In Agreement decision making a motion, a second, and as required discussion will take place before calls for a response on the motion.
- In Agreement decision making, a position of "I can live with that" can contribute to Agreement.
- If decisions are complex or there is significant disagreement then the decision making will be according to Robert's Rules of Order.

The functions of the ACHN Administration Committee include: hiring contractor(s) on behalf of the ACRD, financial reporting, developing communications and public documents including agendas, minutes and postings on the website. The Committee members will continually identify and implement quality improvement processes to assess whether the committee structure best meets its goals. There may be other ways to better address these functions and the Parties will examine additional or different ways to support innovative collaboration.

## **PART 2 – RESPONSIBILITIES OF THE PARTNERS TO THE ACCHN**

### **2.1 Alberni-Clayoquot Regional District will:**

1. Provide annual infrastructure to deliver on purpose of one-time grant of \$805,000.00
2. Protect current funding arrangements for the ACCHN.
3. Oversight and contract adjudication as appropriate.
4. Provide planning data.
5. Administration tasks of providing rooms for meetings, photo copying, etc.
6. Review and approve all invoices for expenditures of the ACCHN.
7. Facilitate and chair ACHN Administration Committee meetings when required.

### **2.2 Vancouver Island Health Authority will:**

1. Provide one-time grant funding of \$805,000.00
2. Protect current funding arrangements for the ACHN.

3. Provide expert advice regarding communications, public participation, community development, collaboration, population health, public health, health promotion/clinical prevention, Primary Health Care, Patients as Partners (Patient Voices Network, Patient Journey Mapping, Patient and Public Engagement).
4. Provide population health data, health services data within the geographic boundary of Alberni Clayoquot Communities.
5. Ensure health services are suited to meet the needs of the geographic area.
6. Facilitate opportunities for knowledge transfer with other Community Health Networks, research and/or quality improvement opportunities.
7. Oversight and contract adjudication as appropriate.
8. Facilitate and chair ACHN Administration Committee meetings when required.

### **PART 3 – ROLE AND FUNCTION OF THE ACCHN**

#### **3.1 Leadership**

The ACCHN works toward developing effective collaborative partnerships between the Communities of the Alberni-Clayoquot Region and Partner organisations. The ACCHN will continue to be responsible to communities and partners. The ACCHN partners will have a shared responsibility for leadership strategic direction, and quality improvement processes.

#### **3.2 General Functions**

##### **(a) The Alberni Clayoquot Health Network will:**

1. Strive to keep all ACHN members informed and involved
2. Set the strategic direction of the Network
3. Facilitate dialogue amongst various partners and Alberni-Clayoquot Communities
4. Leverage existing community partnerships to foster the sustainability of initiatives that positively impact the social determinants of health in LHA 70.
5. Encourage multi-sectoral collaboration and partnerships.
6. Support primary health care reform and integration initiatives in LHA 70.

##### **(b) The ACHN Administration Committee will provide the ACHN with:**

1. Leadership to ensure the sustainability of the ACHN.
2. Operational plans consistent with ACHN objectives.
3. Identify and review health-related issues.
4. Plan and organize ACHN initiatives.

##### **(c) The ACHN will provide the public in the communities with:**

1. Forums for participation and engagement in Alberni-Clayoquot health status and health care planning issues.
2. Regular communications regarding the ongoing work of the ACHN and progress reports.
3. Education regarding and promotion of healthy public policy.
4. An asset-based community development focus.

## Partner Signatories

Alberni-Clayoquot Regional District (ACRD)

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Vancouver Island Health Authority

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# Alberni-Clayoquot Health Network

## Job Description: Alberni-Clayoquot Health Network Lead

### Background

To provide local resources and capacity to support the development of a community-based health network, VIHA and the Alberni Clayoquot Regional District have created a Community Health Network Lead contract position. The primary role of this position is to provide leadership and coordinate the development and integration of the Alberni-Clayoquot Health Network (ACHN). This document is the Job Description for the ACHN Lead and provides the foundation for any subsequent contracts.

### Responsibilities

The responsibilities of the ACHN Lead include:

- Provide leadership to ensure the sustainability of the ACHN.
- Coordinates and oversees operational activities to ensure ACHN leadership and collaboration for ACHN including Committees, Groups, Executive, Chair(s), as well as ACHN support for Standing Committees.
- Develops and promotes working relationships with partners, stakeholders, and government agencies to achieve ACHN aims, promote input to the resource management process and to resolve different opinions.
- Appropriate interpretation and application of relevant Strategic Plans and Governance documents.
- Evaluates improvement processes and identifies opportunities to improve effectiveness and makes recommendations to the ACHN Administrative Committee.
- Uses collaborative approaches, issues based negotiation and other culturally safe communications.

### Planning/Communications:

- Develops and implements multiple-year ACHN operational plans consistent with ACHN objectives;
- Manages the tracking and monitoring of ACHN activities and issues;
- Manages the correspondence and communication of the ACHN;

- Prepares draft annual budget, monthly written/financial report, policies and other reports as required to support the ACHN mandate;
- Seeks out other funding or resource opportunities to support the work of the ACHN. Researches preparation of related applications for grants and other funding source possibilities for consideration of the Regional Hospital District/ACRD;
- Serves as a visible point of contact for the CHN; and
- Assists with conducting environmental scans to identify health/community services.
- Liaises between the ACHN and community service organizations regarding service development, integration, and implementation.

**Committee Support:**

- Provides support to the Administrative Committee and Standing Committees and ACHN members;
- Supports the development of relationships amongst ACHN members, organizations and the broader community;
- Based on direction of the ACHN Administrative Committee, undertakes activities to raise awareness and maintain public profile for the ACHN within the communities and with organizations;
- Provides general support for the ACHN members to help ensure that members feel knowledgeable of the issues to be discussed and decisions to be made; and
- Oversees the orientation of the Administrative Committee.

**General:**

- Other tasks as directed and assigned by the ACHN Committees and membership in accordance with the ACHN Terms of Reference (March 2012).
- Raises the profile of the ACHN in the committees.
- Provides event planning and coordination to deliver public participation opportunities as determined by the ACHN.

**Accountabilities and Reporting Relationship:**

**Alberni Clayoquot Health Network – Administrative Committee:**

- The ACHN Lead is directly accountable to the ACHN Chair(s) for the execution of the terms of this Job Description. The Chair(s) in partnership with the VIHA representative is responsible for reviewing and monitoring the contractor’s performance as required.
- THE ACHN Chair authorizes extraordinary (non-budgeted) expenditures.

**Alberni Clayoquot Regional District:**

- Through the terms of a service contract, the Lead will be accountable for the appropriate use of funds designated for the support and operation of the ACHN. Financial reports will be

developed in partnership with the ACRD's Chief Administrative Officer (or designate) and will meet reporting requirements of the ACRD.

**Service Contract Requirements**

- Post-secondary degree preferred in health sciences/administration/information, public or business administration, and three to five years of related experience in community development and health; OR the equivalent combination of education and experience.
- Familiar with key health and well-being indicators in the Alberni-Clayoquot Region and in particular as they pertain to the determinants of health, Integrated Primary and Community Care, Patients as Partners and health service delivery.
- Familiarity with Public Participation, Community Development processes and quality improvement methodologies.
- Demonstrated facilitation and presentation skills.
- Demonstrated written and verbal communication skills.
- Demonstrated knowledge about population health and determinants of health, and experience analyzing qualitative and quantitative research studies to directly inform strategic and/or policy direction.
- Ability to problem solve, think 'outside the box' and come up with creative solutions.