

# ALBERNI CLAYOQUOT HEALTH NETWORK

2014 Annual Report

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## EXECUTIVE SUMMARY

Local Health Area 70 is the third largest health area on Vancouver Island. This geographically diverse area spans 6904 square kilometers with three Municipalities and ten Nuu Chah Nulth Nations within the Alberni Clayoquot Regional District (ACRD). The ACRD hosts a population of over 30,000 people.

The geography of this region challenges organizations and communities to do things differently. The regional health network model presents a unique opportunity for the region to unite, addressing priorities around social indicators which no one community or organization can do in isolation. The Alberni Clayoquot Health Network (ACHN) has undertaken a lengthy re-examination of how it can be most effective, leveraging the strengths of regional assets to ensure equitable participation throughout the region. We strive to increase participation in conversations by developing meaningful relationships and processes, examining solutions which address regional needs and innovative solutions.

### **2014 Key Accomplishments**

- Network review of structure and governance as well as a renewed shared understanding and focus for the role of the Network in the region.
- Table of Partners made up of regional representatives formed to direct high level Network decision making, resource allocation and to ensure work on identified issues and actions is moving forward
- Recognition of regional representation and the need to support participation of outlying communities.
- Creation of Regional Transportation Plan.

### **ACHN Coordinator Role and Function**

- Decision to employ a full time coordinator – see page 9 for the revised Coordinator job description.
- Innovating to better serve the geographies and further enhance the ACHN's ability to find broader regional solutions to local problems.

### **Alberni Clayoquot Regional District**

- Negotiating a new MOU with the ACRD that will replace the Protocol Agreement signed between the ACRD and Island Health in 2012.
- The ACRD is committed to providing financial oversight, contract management and administrative oversight.

### **On the Horizon**

- Transportation Action Table – moving forward on recommendations from 2014 plan.
- Revisit Strategic Priorities.
- Creation of Communications, Outreach and Engagement Plan.
- Formalizing process – networking the networks.
- Leveraging our assets through enhanced geographic representation – new working relationships!

***We have accepted the challenge to examine unique solutions which only come from working collaboratively and embracing innovation. We look forward to our ongoing working relationship, building healthy communities and taking action on shared priorities.***

## INCOME STATEMENT 2012-2014

### Revenue and expenses

	2012	2013	2014
<b>Revenue</b>			
Island Health Grant	511,392.93		
Reserve Carry Over		463,899.62	341,827.63
Other Grant	-	4,500.00	-
<b>Total Revenue</b>	<b>511,392.93</b>	<b>468,399.62</b>	<b>341,827.63</b>
<b>Expenses</b>			
Coordinator	32,083.31	54,999.96	55,000.00
Administration Support	8,750.00	15,861.54	10,411.05
Forums	3,000.00		
Forums	1,000.00		
		3,764.66	
		289.88	
Meetings	1,160.00	1,623.89	2,136.63
Capacity Building Workshops		6,827.31	
Advisory/Network MOU's		40,000.00	
Studies		4,825.86	11,618.68
			5,000.00
Operating	1,500.00	75.56	1,628.23
Contingency	-	-	
<b>Total Expenditures</b>	<b>47,493.31</b>	<b>128,268.66</b>	<b>85,794.59</b>
Reserve for carryforward	463,899.62	340,130.96	256,033.04

### BUDGET 2015 – 2017

The Table of Partners has approved a three year budget. The ACHN is starting the 2015 fiscal year with reserve funds from Island Health’s original 2012 grant.

Our work is just beginning. With a renewed appreciation for the time required to build relationships and stimulate change we are requesting a 3 year commitment for \$103,000 annually from Island Health. These funds will support the ACHN to hire a full time coordinator, ensure geographic representation from our rural and remote communities and ensure sustainability in our efforts planning for long term health solutions.

Further details on the capacity building rational and revised coordination detailed in our budget are outlined on page 8 – 10.

*ACHN Fiscal Year : Calendar Year*

REVENUE	2015	2016	2017	
1 Reserve Opening Balance	\$256,033	\$210,033	\$174,033	
2 Funds Requested from Island Health	\$103,000	\$103,000	\$103,000	
3 Other Grants	\$8,000	\$10,000	\$12,000	
<b>4 Total Revenue &amp; Reserve</b>	<b>\$367,033</b>	<b>\$323,033</b>	<b>\$289,033</b>	
BUDGET EXPENSES	2015	2016	2017	3 Year Budget
<b>Operation &amp; Administration</b>				
5 ACHN Communications Strategy <i>Includes: outreach, engagement protocol, one pagers, ACHN stand alone web site development, newsletter, logo development.</i>	10,000	5,000	5,000	20,000
6 Coordination Contract	80,000	80,000	80,000	240,000
7 Administrative Support	15,000	15,000	15,000	45,000
8 Operating Expenses <i>Includes: A/V rental, printing, office supplies etc.</i>	2,000	2,000	2,000	6,000
9 Advertising <i>Includes: newspaper ads for RFP process and posts to websites.</i>	4,000	2,000	2,000	8,000
<b>Capacity Building</b>				
10 West Coast Capacity Building	20,000	20,000	20,000	60,000
11 Barkley Sound Capacity Building	3,000	3,000	3,000	9,000
<b>Action Tables &amp; Community Learning Resources</b>				
12 Affordable and Accessible Transportation	6,000	5,000	5,000	16,000
13 Action Table TBD	5,000	5,000	5,000	15,000
14 Action Table TBD	5,000	5,000	5,000	15,000
15 ACHN CommunityEngagement, Events & Planning	7,000	7,000	7,000	21,000
<b>Total Expenditures</b>	<b>\$157,000</b>	<b>\$149,000</b>	<b>\$149,000</b>	<b>\$455,000</b>
<i>Reserve for Carryforward as of December 31, 2017</i>				<b>\$140,033</b>

### IN KIND CONTRIBUTIONS

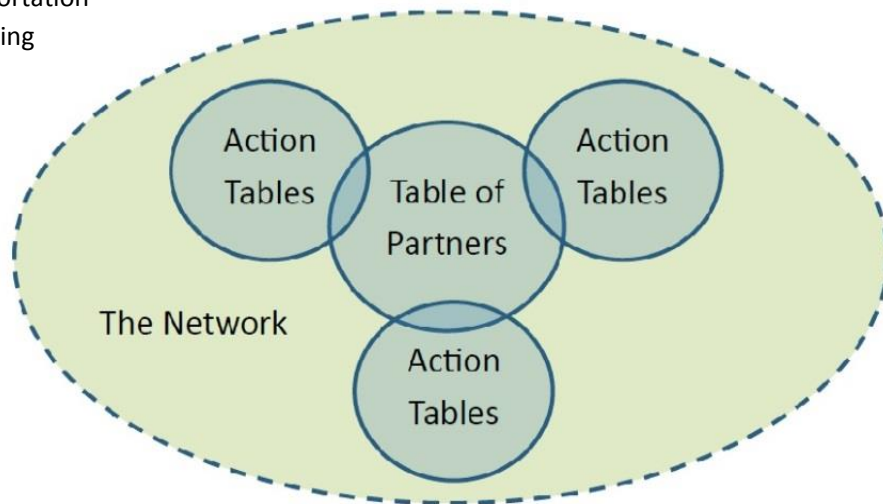
The ACHN in kind contribution table outlines a modest portrayal of current contributions from ACHN partners and professional support. With focused collaboration and partnerships in the region in kind contributions will undoubtedly grow. The newly established Table of Partners has representatives from a wide and diverse pool of regional professionals and local government. Membership includes representation from; Island Health, SD 70, First Nations Health Authority, MCFD, Coastal Family Resource Coalition, Clayoquot Biosphere Trust, Alberni Valley Shelter Society, District of Tofino, Alberni Valley Association for Community Living and ACRD.

In-Kind Contributions	2015	2016	2017
<b>Table of Partners Leadership Table</b>	\$35,988	\$35,988	\$35,988
<i>15 Representatives at Table of Partners</i>			
<i>Partners time = \$35/hr x (min) 5 hrs x 11 months x 15 = \$31,500</i>			
<i>Travel for outlying communities = \$0.51 x 200 km (average distance for outlying communities by road) x 11 months x 4 partners = \$4,488</i>			
<b>Staff Support - Island Health</b>	\$15,000	\$12,000	\$10,000
<i>Medical Health Officer</i>			
<i>IPCC- CDSI Manager and Developer</i>			
<i>PACE Consultant</i>			
<b>Meeting Support: ACRD &amp; Island Health</b>	\$3,000	\$3,000	\$3,000
<i>meeting rooms</i>			
<i>teleconference</i>			
<i>videoconference</i>			
<b>Action Tables, Community Learning Resources</b>	\$15,000	\$15,000	\$15,000
<i>staff time, community knowledge holders, volunteers, meeting support, venues, promotion and knowledge exchange.</i>			
<b>TOTAL</b>	<b>\$68,988</b>	<b>\$65,988</b>	<b>\$63,988</b>

## ALBERNI CLAYOQUOT HEALTH NETWORK: OUR STORY

In 2011 the region came together to work collaboratively towards improving health indicators in the region. With funding from Island Health a coordinator was hired in 2012 and our work began. Working from local health area research and community knowledge our 2012 strategic plan was created. The 2012 ACHN Strategic Plan highlights five priority areas:

- Network Development
- Healthy Children and Youth (0 - 18)
- Affordable and Accessible Regional Transportation
- Affordable Housing
- Health Literacy



In 2014 the ACHN set out to redefine their work to ensure meaningful and inclusive participation in our diverse and geographically unique region. Network governance and structure were redefined to recognize and address the challenges and strengths which working in the Alberni Clayoquot Region presents. Ensuring our process is built from the community up; we put in place mechanisms to facilitate equitable decisions, action on identified priorities and increased regional representation.

THE NETWORK	ACTION TABLES	THE TABLE OF PARTNERS
<ul style="list-style-type: none"> <li>• Inclusive of community members, organizations and regional partners</li> <li>• A means to gather and distribute information, stories, and to capture the voices of the communities</li> <li>• To build relationships, helping people and organizations to find commonalities to take action to improve health outcomes in the region.</li> <li>• To connect people with information and resources, and to mobilize</li> </ul>	<ul style="list-style-type: none"> <li>• Small committees of regional representatives and topical experts tasked with moving work on priorities forward</li> <li>• Utilize a regional lens to approach locally identified actions and needs that advance the ACHN Strategic Plan.</li> <li>• Roles include framing issues in ways that are inclusive, respectful and that bring people together.</li> </ul>	<ul style="list-style-type: none"> <li>• Made up of regional decision makers and representatives with strong ties to communities and identified priority groups</li> <li>• Exists to support the work and priorities of the ACHN and link with Action Tables.</li> <li>• Look at evidence, facilitate strategic thinking and planning and seek resources as needed.</li> <li>• Ensure feedback is collected from Network members and ensure that work on identified issues and agreed upon actions is moving forward.</li> </ul>

## ALBERNI CLAYOQUOT HEALTH NETWORK

### *Healthy & Connected People & Places*

#### OUR MISSION

To speak with a collective voice on regional and local health issues by facilitating dialogue and understanding amongst citizens and stakeholders. The Network is a community driven mechanism that helps to build partnerships and capacity; share concerns, ideas and resources and create innovative solutions that impact the social determinants of health and work towards sustainable healthy communities.

#### OUR VALUES

1. **Inclusion:** We are open to anyone that wants to be involved and recognize, encourage and value each other's contributions.
2. **Learning:** we share knowledge, listen to each other, explore new ideas and apply information in ways that generate new understanding and solutions.
3. **Compassion and Respect:** We have compassion for all people with whom we interact and are mindful and respectful of differing opinions.
4. **Hishuk ish tswalk:** We embrace the Nuu-Chah-Nulth world view that everything is one and all is interconnected and health is holistic in nature.
5. **Connection, Collaboration and Sharing:** We cultivate relationships, connect people to each other, promote a culture of participation and sharing of resources in order to better serve our communities and advance the common good. Together we are better.
6. **Sustainability:** We are accountable with the resources entrusted to us, strive for cost-effectiveness and efficiencies and aim towards sustainability of solutions and initiatives.
7. **Innovation:** We want to constantly find better and more efficient ways to serve our communities.

#### OUR GUIDING PRINCIPLES

##### **In all that we do, we:**

- A. **Employ** a population health approach that focuses on improving the health and well-being of the entire population of the region and across the lifespan.
- B. **Focus** on the social determinants of health and address policies that impact health inequities.
- C. **Believe** that health is a shared responsibility and that collaboration leads to innovation.
- D. **Are** solution oriented & committed to building on community assets, strengths, efficiencies, social capital and reduce duplication.
- E. **Utilize** approaches that build knowledge, health literacy, capacity and citizenship.
- F. **Acknowledge** that local realities, population demographics, socio-economics and health indicators can vary significantly (remote, rural, and urban).
- G. **Recognize** that the Health Network exists within the ha'houlthee (chiefly territories) of the Nuu-chah-nulth First Nations. We strive to find new, better and culturally appropriate ways to collaborate, plan and work together that legitimize traditional knowledge.



## ACHN COORDINATOR ROLE & FUNCTION

LHA 70 is a large geographic area, home to three municipalities, ten Nuu-Chah-Nulth Nations and 6 electoral areas. The size and diversity in communities create a unique working environment and culture in the region. The past five years four Nations in our region have undergone treaty ratification, now sitting as members of the Maa-Nulth Treaty Society and are self-governing nations. Three of these Nations have representation at the Alberni Clayoquot Regional District. Maa-Nulth Nations maintain connection with the Nuu-Chah-Nulth Tribal Council (NTC) through the purchase of services. NTC is an organization which provides social, economic, political, and technical support to the fourteen Nuu-Chah-Nulth Nations. The NTC has been in operation for over forty years; six Nations in our region maintain original working arrangements with the NTC.

Physical geography adds an additional layer of complexity to the region. The largest population is in the Alberni Valley, the city of Port Alberni and Nuu Chah Nulth Nations of Tseshaht and Hupacasath. The remaining ten municipalities and nations of Huu-ay-aht, Uchucklesaht, Ditidaht, Toquaht, Yuu-thlu-ilth-aht, Tla-o-qui-aht, Ahousaht, Hesquiaht and the municipalities of Bamfield, Ucluelet and Tofino are rural and remote. Transportation to these communities is a minimum of 90 kilometres from the city of Port Alberni through mountainous highway or logging roads with additional challenges to offshore communities with only boat or float plane access.

Acknowledging the realities of work in the Alberni Clayoquot Region the role of the coordinator as a connector – networker of the networks – becomes evident.

Embracing an asset based approach the ACHN has committed to hiring a full time coordinator to guide strategic planning, engaging the region in discussions which are relevant to community needs and moving forward action on shared priorities which no one organization or community can do in isolation. The ACHN mandate presents an opportunity to innovate solutions to gaps in services to address community and regional health.

## ON THE HORIZON

For 2015 we have committed to moving forward work in a new way, acting on opportunities as defined by our community partners and identified needs. With a new leadership table and the final stages of process development in sight we look forward to our upcoming work.

- Transportation Action Table – moving forward on recommendations from 2014 plan.
- Revisit Strategic Priorities – connecting with communities, organizations and other partners to check in on priorities and emerging opportunities.
- Creation of Communications, Outreach and Engagement Plan – formalizing the way which we work with communities and communicate to reduce duplication and increase meaningful engagement.
- Formalizing process – networking the networks.
- Leveraging our assets through enhanced geographic representation – we acknowledge the history of work being done to connect communities in the rural and remote communities. We aim to support what is working by formalizing relationships and supports to these initiatives by adopting a mutually beneficial working arrangement.

## COORDINATOR JOB DESCRIPTION

**Prepared by:** Alberni-Clayoquot Health Network (ACHN)

**Date prepared:** December 15, 2014

**To be reviewed on an annual basis:** December 15, 2015

**Reports to:** ACHN Table of Partners Co-Chair

**Nature of Position:** Contract

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Reporting to the Co-Chair of the Alberni-Clayoquot Health Network (ACHN) the ACHN Coordinator will be responsible to incorporate the vision, mission, purpose, values, guiding principles, goals and objectives of the ACHN into action. The Coordinator will be the conduit that builds and fosters healthy and connected people and places with a collective voice on regional and local health issues. This will be achieved by the Coordinator leading a culture of cooperation, collaboration, innovation and partnering while facilitating dialogue and an understanding amongst citizens and stakeholders.

### **Role and Responsibilities:**

Under the direction of the ACHN Co-Chair and in accordance by the ACHN Strategic Plan the Coordinator will advance the goals and objectives established as priorities by:

1. Creating, and following through to completion, strategic and operational action plans that coordinate the implementation of the goals and objectives;
2. Supporting the activities and strategies of the ACHN by:
  - fostering strong relationships with partners (stakeholders) that build on community assets, strengths, efficiencies, social capital while reducing duplication. Actively seeks out and connects with current and future stakeholders;
  - raising awareness and maintaining the public profile of the ACHN;
  - developing and maintaining systems of communication and opportunities for stakeholders to share knowledge and gain common understandings through meetings, sub-committees, working groups, outreach activities, workshops, presentations and electronic sources (e.g., website, newsletters, social media, etc.);
    - collaboratively preparing agendas and organizing opportunities including meeting sites, technology needed, minutes of meeting, etc.;
    - objectively facilitating dialogue and gathering information that advances the priority goals and objectives;
    - connecting the right people to the right conversations and group work;
    - developing and articulating common goals and a focus for the conversations;
    - knowing when to course correct and amend direction of work (with approval from the Co-Chair and Table of Partners) to reflect the needs of the people represented;
  - actively participating in discussion and community engagement opportunities with external stakeholders that will further the work of the ACHN;
  - strengthening/increasing the capacity of the health network to support peoples of all ages, cultures, ethnicity, socio and economic backgrounds by respecting, valuing and incorporating the:
    - history and traditions;
    - traditional family and social structures;
    - traditional medicinal knowledge and practice; and
    - culturally based stigmas affecting First Nations peoples;
  - acting as the navigator and communication link for the stakeholders, committees and Table of Partners by:

- gathering and sharing information including themes (similarities of issues/solutions/strategies that traverses groups), what is working, what is not working, internal and external barriers, initiatives of the Health Care system that will enhance or be a barrier to the work being done, etc. Bringing this information to the Table of Partners to review and re-set priorities if needed;
  - researching statistics and information about population health and determinants of health required by stakeholders that will support informed/evidenced based discussed and decisions;
  - analyzing qualitative and quantitative research studies to directly inform strategic and/or policy direction;
3. Seeking out additional funding or resource opportunities for consideration that support the work of the ACHN. Preparing applications for grants consideration as directed;
  4. Evaluating on a consistent and ongoing basis the work being done to ensure on track;
  5. Reporting on a monthly basis to the Table of Partners using the format provided;
  6. Being fiscally responsible, working within a set budget and following financial reporting processes;
  7. Other duties as assigned.

### **Service Contract Requirements:**

1. Post-secondary degree preferred in health sciences/administration/information, public or business administration;
2. Three (3) to five (5) years of related experience in community development and health;
3. Or the equivalent combination of education and experience;
4. Well versed in the key health and well-being indicators in the Alberni-Clayoquot region in particular how they pertain to the determinants of health, Integrated Primary and Community Care, Patients as Partners and health services delivery.

### **Skills, Knowledge and Competencies Required:**

1. Proven ability to coordinate and facilitate public participation, community development processes and quality improvement methodologies;
2. Proven communication style that supports individuals/groups to achieve optimum performance that align with goals and objectives while simultaneously building collaborative relationships;
3. Highly organized and well-developed oral and written communication skills;
4. Demonstrated knowledge of population health and determinants of health, and experience analyzing qualitative and quantitative research studies to directly inform strategic and/or policy direction;
5. Strong conflict resolution, critical thinking and problem-solving skills including the ability to ascertain the 'real issue' and facilitate a respectful, healthy dialogue that builds on ideas/thoughts;
6. Demonstrated sound judgment, decision-making and problem-solving skills;
7. Proven team player that can follow a system and protocol to achieve a common goal;
8. Self-disciplined, energetic, passionate, innovative, collaborative;
9. Ability to prioritize and organize work;
10. Ability to foster and promote good public relations;
11. Ability to promote positive change.
12. Proficient computer skills, including Microsoft Office and health care related systems;