

OUR STORY

The logging road to success - let us tell you a quick story, our journey of exploration since our initial meetings in 2011.

The Alberni Clayoquot Health Network (ACHN) formed in 2012 through a series of three meetings in 2011 to gauge interest in establishing a health network for the Alberni Valley, Clayoquot and Barclay Sound region. This process was largely linked to political and leadership tables. The initial work of the ACHN was supported with a grant from Island Health in February 2012 and ACHN allocated a budget to enable this funding to be used over several years, developing a Memorandum of Understanding with the Alberni Clayoquot Regional District to be the fiscal host for these funds.

The Network hired their first Coordinator in June of 2012 and undertook a strategic planning process, setting five priorities – Network Development, Healthy Children and Youth, Transportation, Housing and Health Literacy - which would guide the network's work for the following 5 years. At the end of 2013 it became apparent that, in order for the group to be most successful in making progress on strategic priorities, more clarity in the role and function of the network, committees and coordinator was needed. A working group was formed to refresh the network structure, governance and vision, to link this work to the community groups and processes in the region.

A strong will for the ACHN to reach out and involve the community emerged; to ensure the community at large had an ability to bring forward issues, ideas, and concerns for consideration. The Network identified that actions are to be informed by:

- Stories, opportunities, planning, and evidence;
- Consultation and collaborative conversations that surface emerging issues;
- The timeliness of opportunities;
- And fit with ACHN's values.

Governance, operating practices and values for the Network were built to facilitate and strengthen these principles while enhancing the community development focus of the Network.

The ACHN started to work in 2015 with this new governance model; moving away from formal tools such as Terms of Reference to a more community based approach, formalizing their relationship with the ACRD through an MOU and creating the first Table of Partners to guide the work of the Network. From this point we have slowly worked through sticky issues, identifying areas requiring further clarification, definition or policy while employing new concepts and tools which assist us in defining and conducting the work we seek to do.

Employing these new practices we have gained momentum over the past two years. Supporting community based initiatives already flourishing in our region, promoting collaboration, innovation and shared accountability. When no leadership is evident we have convened regional partners to address issues related to health in our area. We have employed and promoted a collective impact approach to sticky issues. We support organizations which address healthy children and youth, housing and health literacy and take leadership to convene regional partners around transportation and other emergent regional issues such as poverty reduction. Attracting and engaging decision makers through our Table of Partners and presentations to leadership tables while supporting community groups and networks to highlight work, innovations and priorities of the region. Our mix of mechanisms and classic community development models has allowed us to remain nimble, learning and adapting our approach as we go, employing a developmental evaluation approach to our work. This has allowed us to focus on priority areas which we have the ability to influence, support community groups already working to make change and identify new venues, such as poverty reduction where we can assist to make change. We are excited to engage in the next phase of our work with this better defined approach to promoting healthy development in the region and new strategic plan for 2018 and beyond.

OUR PRINCIPLES

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

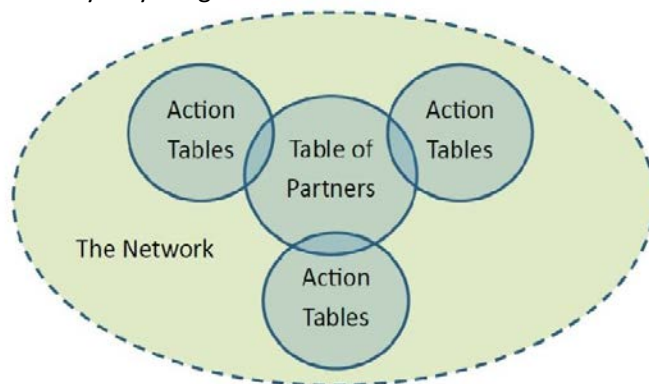
OUR OPERATIONS

The ACHN utilizes collective impact principles to identify and define their role in social change and regional initiatives. We commit to acting as a supporting resource to leverage assets, information and partnerships for local initiatives, projects and priority areas. When no convening organization is evident we have made the commitment to convene dialog, planning and facilitate the leadership around priorities influencing social determinants of health and the promotion of upstream health interventions.

To facilitate better community connections with decision makers at the Table of Partners, action tables and local government the ACHN identified the following mechanisms aimed at increasing benefit to network partners and interaction with local communities and organizations.

- Network communications – Community presentations, newsletters, Facebook and updates
- Sponsoring regional education events and quarterly networking gatherings
- Open invitation for community presentations to the Table of Partners
- Partnership on community events and opportunities aligning with strategic priorities
- Other opportunities which align with our strategic direction as they arise

Join us to build as we go – bring forward ideas, proposals, presentations, join an action table, the newsletter or Facebook page... there are so many ways to get involved!



THE NETWORK

- The most important voice in determining priorities and actions
- Inclusive of community members, organizations and regional partners
- A means to gather and distribute information, stories, and to capture the voices of the communities
- To build relationships, helping people and organizations to find commonalities to take action to improve health outcomes in the region.
- To connect people with information and resources.

ACTION TABLES

- Small committees of regional representatives and topical experts tasked with moving work on priorities forward
- Utilize a regional lens to approach locally identified actions and needs that advance the ACHN Strategic Plan.
- Roles include framing issues in ways that are inclusive, respectful and that bring people together.

THE TABLE OF PARTNERS

- Made up of regional decision makers and representatives with strong ties to communities and identified priority groups
- Exists to support the work and priorities of the ACHN and link with Action Tables.
- Look at evidence, facilitate strategic thinking and planning and seek resources as needed.
- Ensure feedback is collected from Network members and ensure that work on identified issues and agreed upon actions is moving forward.