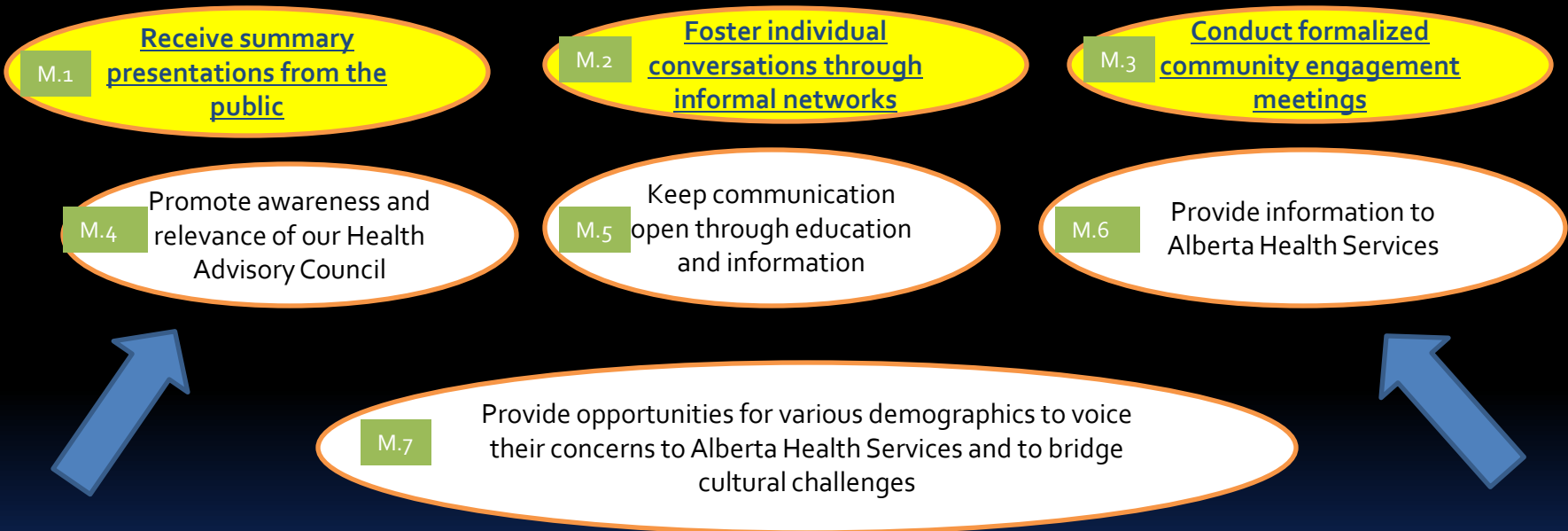


David Thompson Health Advisory Council 2011 Work Plan

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



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



Enablers – How we ensure that we represent our community



David Thompson Health Advisory Council 2011 Work Plan

Strategy	Action	Measurable	Timeline	Responsible	Supports & Resources Required	Geographic Locations
Top four Priorities (our focus) to meet our mission: provide public feedback to Alberta Health Services, enhancing their ability to make informed decisions about health service planning						
M.1 - Receive presentations from the public	a. Receive formal presentations from community members at the council meetings, or by council members being invited by organizations to present at their meetings.	Six per year	March 2011 to February 2012	Council members to provide organizations with a list of names to send Information Packages to and request follow-up contact.	Meeting venue, advertising, recorder, meals, travel and accommodations, if required. Send out information packages to targeted groups (as noted in the communications plan to generate incoming requests).	N/A
M.2 - Foster individual conversations through informal networks	a. Council members will seek input from personal networks. This information will be used to map out forum topics.	Each council member will provide a verbal report summarizing their interactions between each formal council meeting.	Each council meeting	Each council member	N/A	N/A
M.3 - Conduct formalized community engagement events	a. Strike Community Engagement sub-committee and break into four geographic areas.	Each geographic zone will host one community engagement event and two presentations to community members.	March 2011 to February 2012	South West Group: Gerald, Grace, Bob, Lou South East Group: Landa, Diana, Darren North Group: Janice, Jeanette, Randy Central Group: Bruce and Barb	Community engagement plan development. As required: council members to host, facilitators, meeting venue, beverages, travel, accommodations, advertising. Audio/visual equipment to purchase or rent.	To be determined
M.4 - Promote awareness and relevance of council	a. Information packages - as per communications and supporting protocol plan.	Two community organizations identified at each council meeting: municipal councils, Boards of Trades (or similar organizations) and citizen organized health care groups (this is in support of strategy M.3).	Each council meeting	Sub-committees to rotate in identifying groups and contact information at each meeting.	Tracking document	To be determined
	b. Promotion at expos, trade shows, farmers markets. Working in conjunction with Alberta Health Services.	Two events per year	March 2011 to February 2012	Sub-committees to each choose one event per year	Planning, selection of event and initial organization by the respective sub-committee. Logistics support by the community engagement officer.	To be determined
	c. Communications and supporting protocol document created and approved by council.		May-11	Chair, Vice Chair and Community Engagement Officer	N/A	N/A

Strategy	Action	Measurable	Timeline	Responsible	Supports & Resources Required	Geographic Locations
Secondary priorities to meet our mission: provide public feedback to Alberta Health Services, enhancing their Ability to make informed decisions about health service planning						
M.5 - Keep communication open through education and information	a. Council will receive information from, and have discussions with, Alberta Health Services in a variety of formats.	Receive six presentations per year from Alberta Health Services, either at formal council meetings or scheduled conference calls outside of council meetings.	Presentations to take place between March 2011 and February 2012	Council chair and Community Engagement Officer	Alberta Health Services staff as coordinated by the community engagement officer	N/A
M.6 - Provide information to Alberta Health Services	a. Council members to report during the round table section. Council will then determine what direction to take to bring the community voice forward to Alberta Health Services.	Delivery of four communications to Alberta Health Services.	March 2011 to February 2012	Council members, chair and vice chair with the support of the Community Engagement Officer	Community Engagement Officer	
M.7 - Provide opportunities for various demographics to voice their concerns to Alberta Health Services and to bridge cultural challenges	a. Strike Diversity sub- committee and identify various demographics within the central zone (ex/ First Nations, French, Hutterites etc.).	1. Request presentation from Alberta Health Services in the area of diversity to educate council.	1. April 2011	Diversity subcommittee: Randy Littlechild, Janice Lockhart and Lou Soppit	Engagement tools from Community Engagement Officer	
		2. Hold two facilitated forums that address purely cultural issues in health care delivery.	2. Both forums to be completed by December 2011	Diversity sub-committee members and community engagement officer	Engagement plan development	N/A
		3. Review aboriginal and French health initiatives previously started prior to Alberta Health Services.	3. April - June 2011	Diversity subcommittee members	Community Engagement Officer to link members with appropriate Alberta Health Services staff and resources	N/A
		4. Engage with Red Deer College students to complete a needs assessment for diverse populations.	4. April -September 2011	Diversity subcommittee members		N/A

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

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

It is understood that the David Thompson 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**

The David Thompson 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**

The David Thompson Health Advisory Council is a conduit for information that the public may access to provide feedback to Alberta Health Services. Council will endeavor to relay those perspectives, on a themed level, 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 a portion of the meeting 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 – 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.

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.