Welcome everyone! So glad you are here today and wanting to join our “Health Neighbourhood coalition” Open orientation learning session! Our Logo and why we use it for projects and not “every” logo.

Based on original slide deck by Ping Mason-Lai (2020)
Authors Ping Mason-Lai and Robyn Laczy – North Zone Onboarding Facilitator as of 2023 – Robyn Laczy

These slides were made for various December 2025 session, based loosely on the Onboarding Orientation Session Slidedeck used to onboard new Members.

Please be comfortable and relax – camera on or off is fine.

My name is Robyn (she) and I'll be your host for the hour.
This is my dog Bryn on a typical Winter walk.

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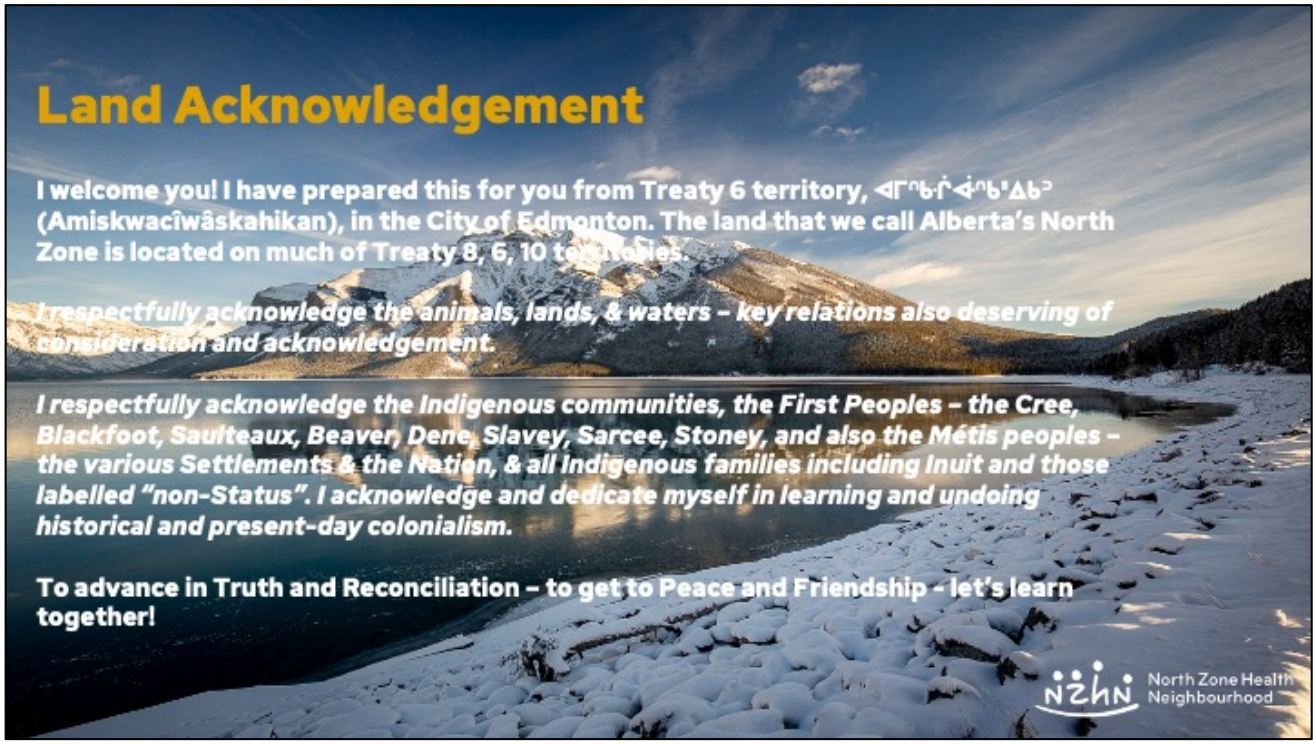
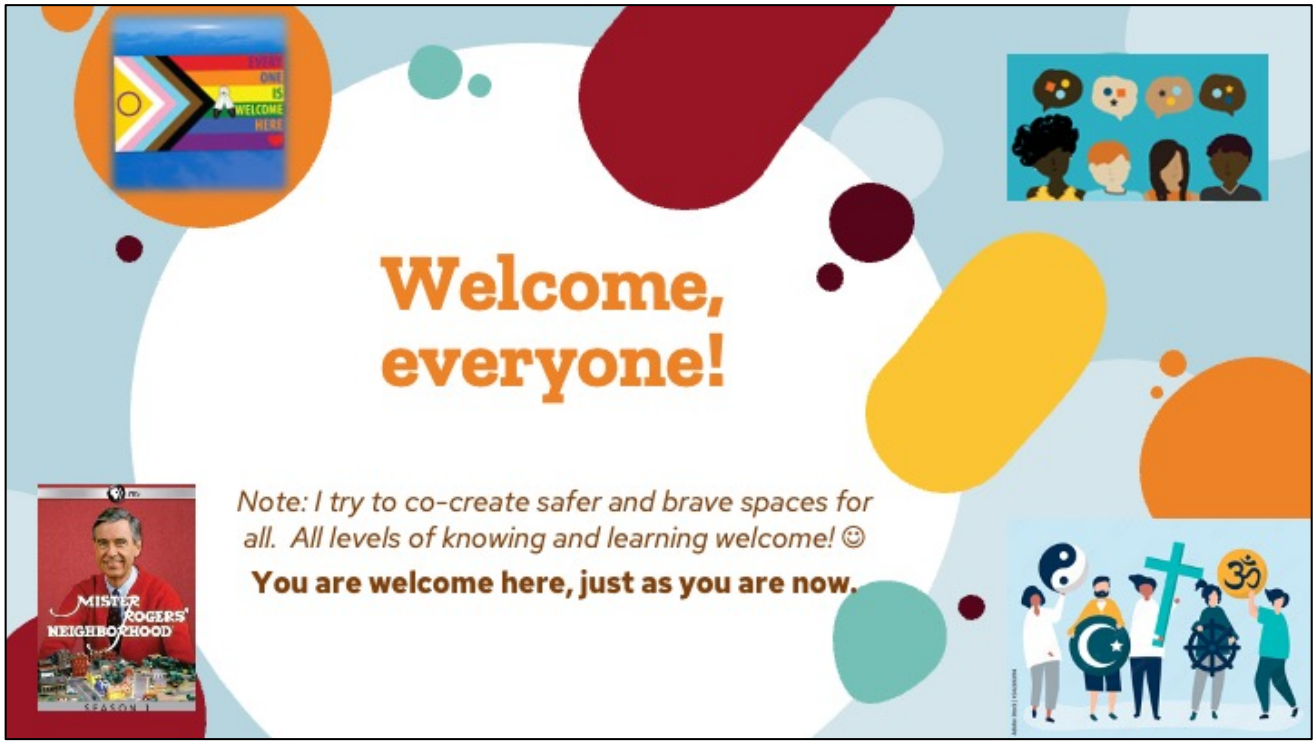
Very informal session – please feel free to relax and enjoy learning.

Agenda to set out what we hope to learn today.

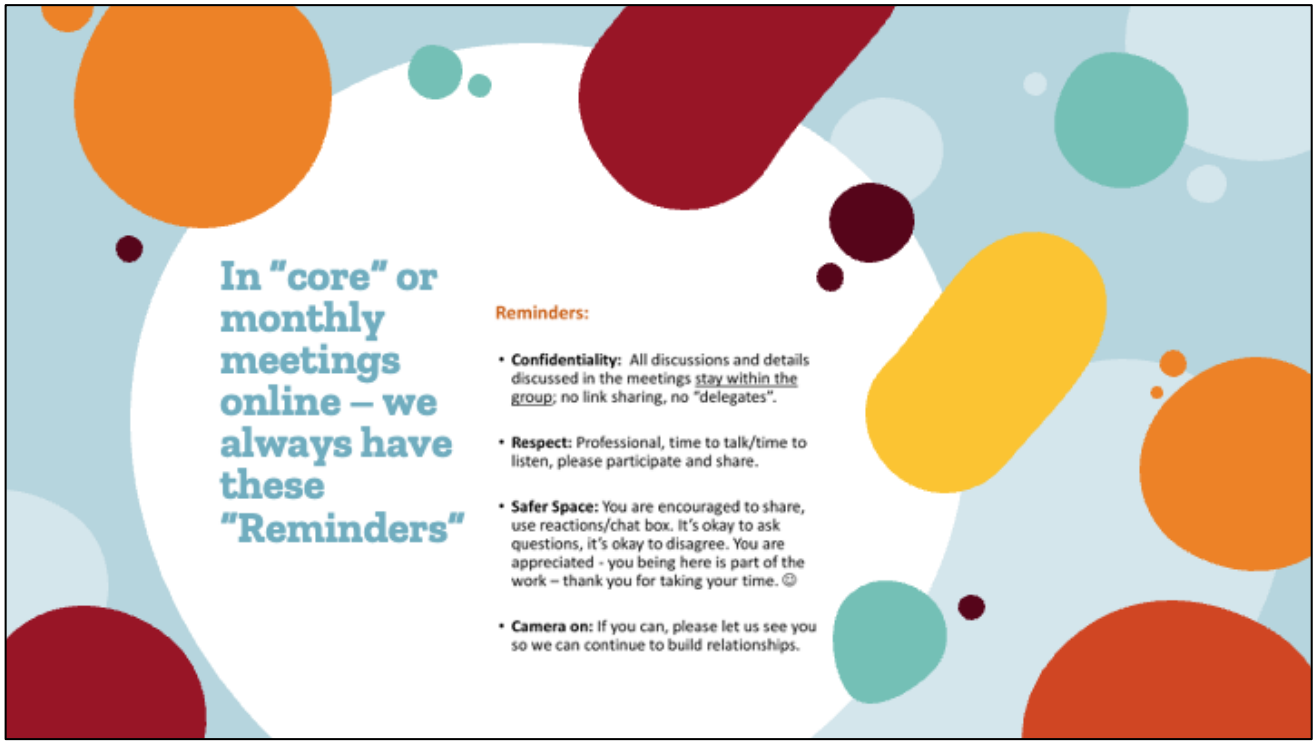


- Encourage personal LA and reflection beyond the words. Sharing Treaty area is important reminder. We are all Treaty people if we live in Canada under a signed Treaty territory.
- **Never force a person to do a LA.** It has to come from the heart. Many people are critical of LAs as they can be performative, we can respect that and still require them.

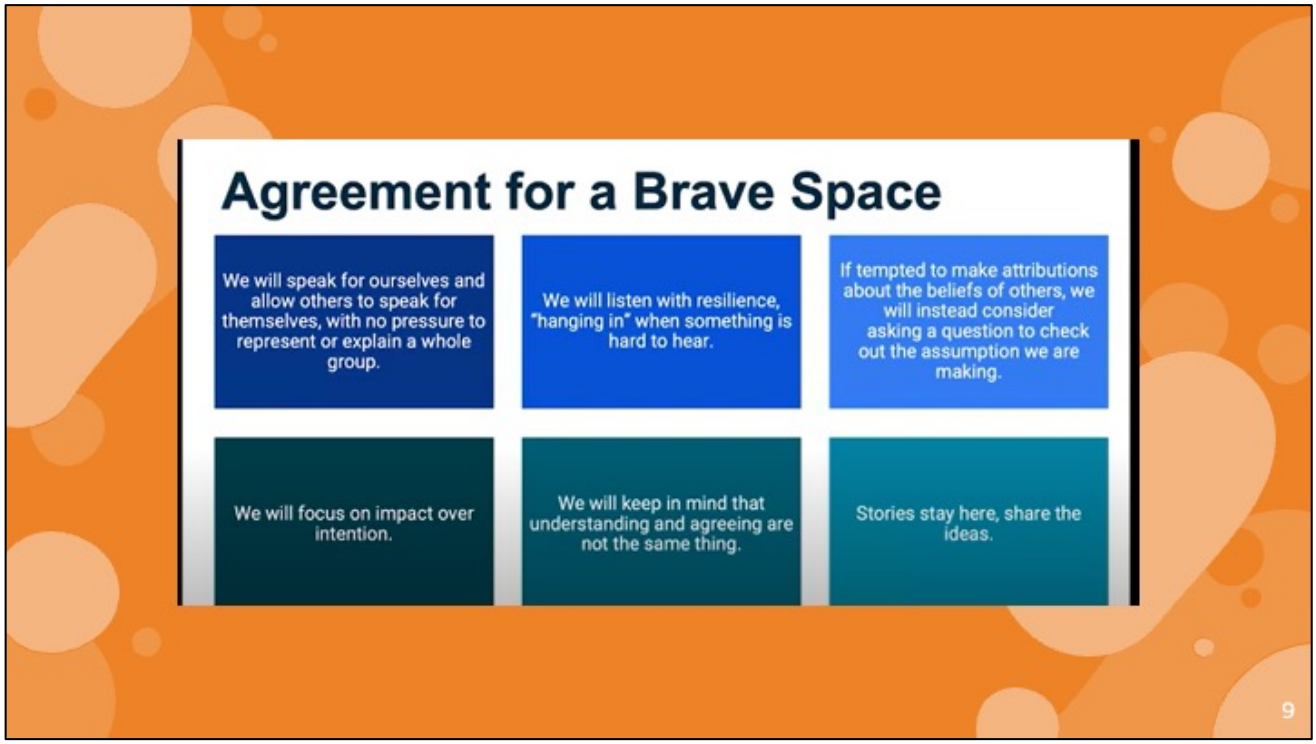
Agenda to set out what we hope to learn today.



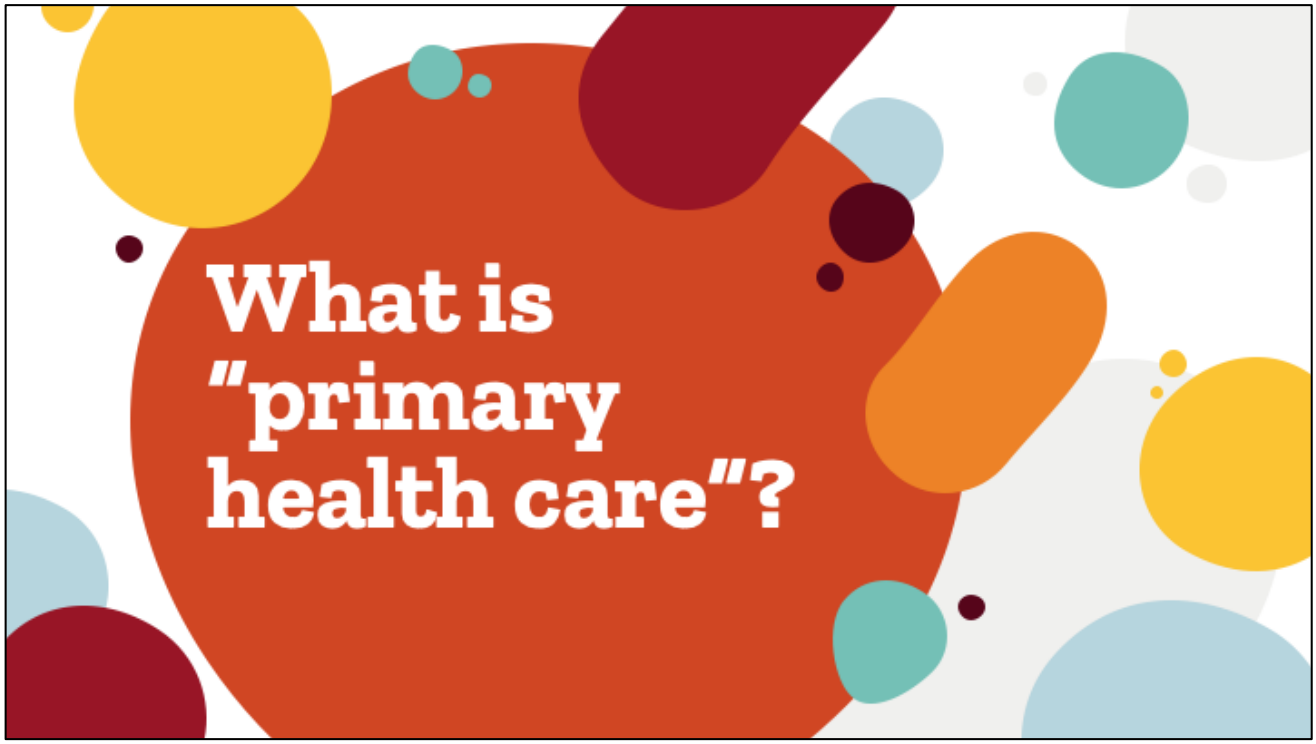
Mr Rogers Neighbourhood more than a formal health committee – why? Accessibility and from hearing from the public over the years about engagement and enrichment. “Playing nice in the sandbox” begins with a basic level of self respect and respect for others (and differences).



Reminders help keep us focused and respectful, especially when times get tough and trust and collaboration inevitably faces times of strain. Getting back to the basics can help Members remember why we came together in the first place and how we should conduct ourselves, even with hurt feelings.

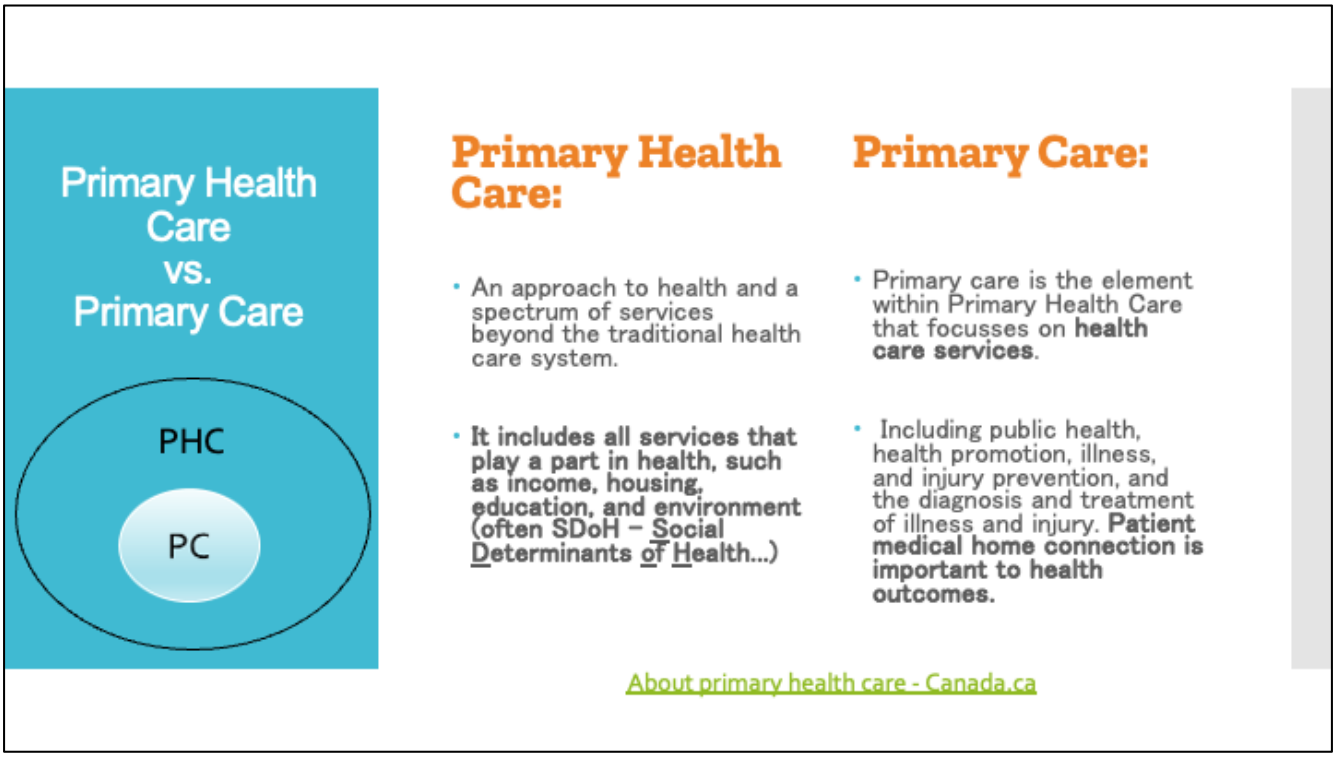


Brave spaces require confidentiality, working in “good faith”, and an understanding of the complexity and dark side of “representation” in engagement. No one person can represent an entire organization or social group. Members need to understand that of themselves and others which will help ease pressure and allow for relationship-building in a genuine manner. It takes courage and vulnerability.



No answer is silly or unwise – it is important to know we are all learning.

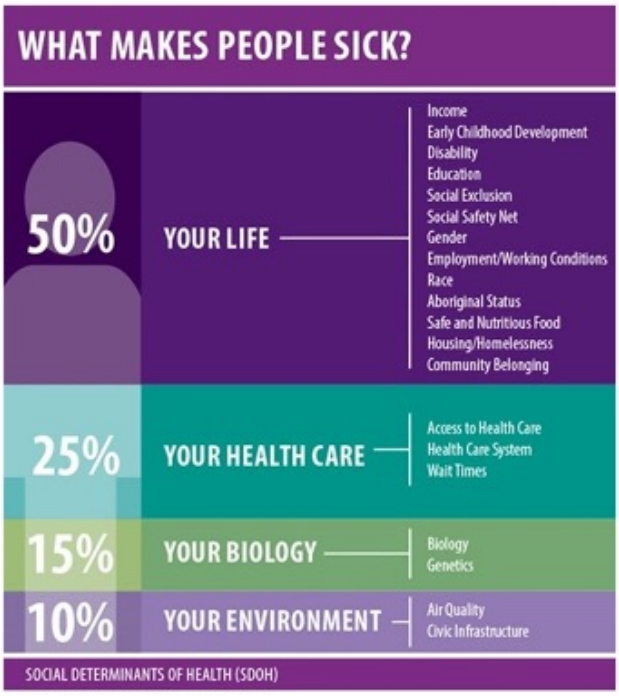
- Health?
- Primary Health Care or Primary Care?
- A doctor, a doctor's office?
- Patient Medical Home? / Medical Home? Health Home
- Health Neighbourhoods?
- Social and Community Agencies?



Thanks to Yong Shi and Lisa Basisty and the former AHS Primary Care Team for putting this together

Read the slide. Note that our Health Neighbourhoods often focus on primary care service awareness and the SDoH.

Health Ecosystem Complexity, "Social Determinants of Health" (SDoH), and Cross-Sectoral Connections



Social Determinants of Health (SDOH), Social Prescribing, Reducing the Impact of Financial Strain (RIFs), 2-seeing eye perspective (Indigenous health inclusive) – all focus on social issues being addressed at the root which are all “health issues”. There are many ways and theories to describe, understand, and implement health and healthcare needs which take into consideration whole-person and patient/person centric.

Health Transformation and "Social Determinants of Health" as seen from one First Nation perspective:

https://www.youtube.com/watch?v=aD-wYpDsooQ
Email me if you want the video link ☺

The Social Determinants of Health from a First Nation Perspective

Social Determinants of Health (SDOH), Social Prescribing, Reducing the Impact of Financial Strain (RIFs), 2-seeing eye perspective (Indigenous health inclusive) – all focus on social issues being addressed at the root which are all “health issues”. There are many ways and theories to describe, understand, and implement health and healthcare needs which take into consideration whole-person and patient/person centric.

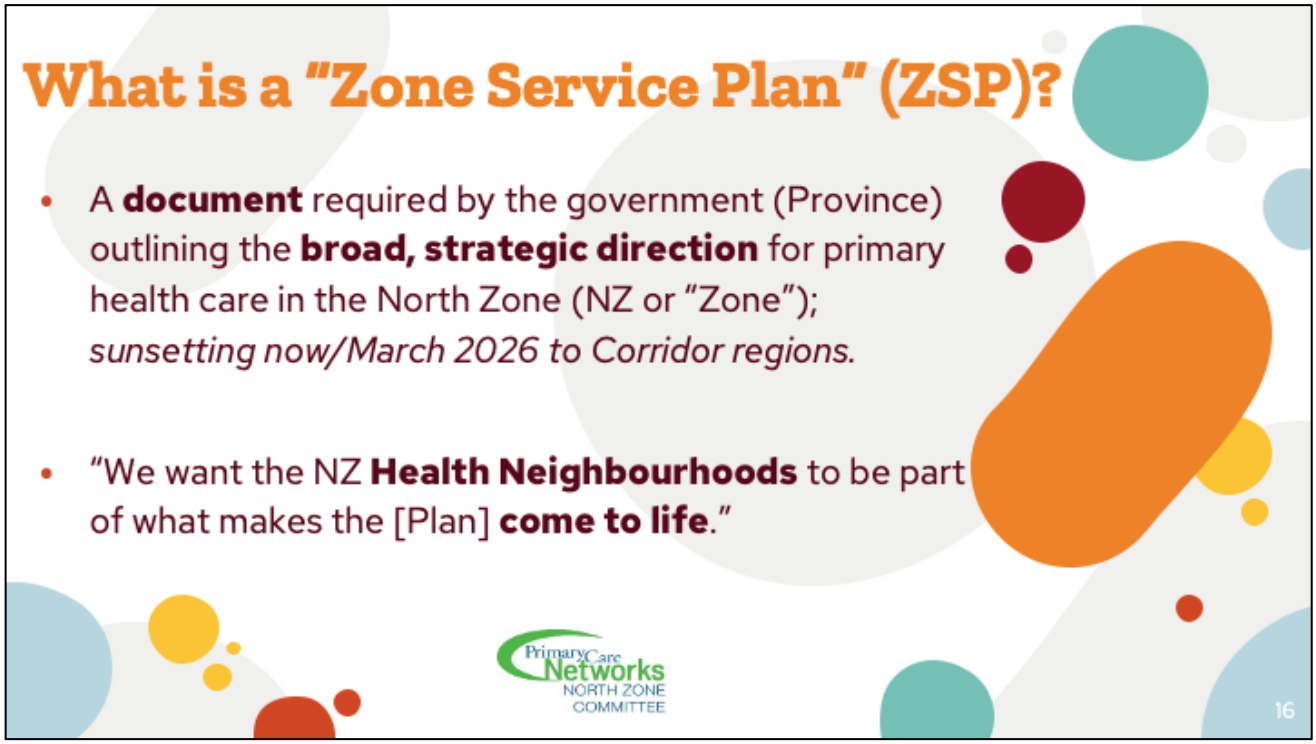
Primary Health Care definition from CIHI and special highlight that Members are coming from across sectors – that means crossing cultures. Always fun and tricky too!

Primary Health Care providers are nurse practitioners, general practitioners or family physicians. Nurses, dietitians, physiotherapists, and social workers, often regulated by colleges and boards and the government. This may be a time to learn more about both “cross-sectoral” and “team-based care”.

Providers work in clinic style institutions and in community-based institutions, clinics, and community spaces.

Mental Health Navigators, Medical Office Assistants (MOAs), Mental Health Therapists, Exercise Specialists, Practice Improvement/Facilitators, Home Care Teams, Indigenous Elders and Medicinewomen/people, Health Promotion Facilitators, Family Caregivers, Neighbourhood Advocates, Spiritual Health Practitioners, Patients, People with Lived Experience, etc. are all part of the larger health ecosystem. Focus on patient choice and autonomy when ideology clashes (and it will).

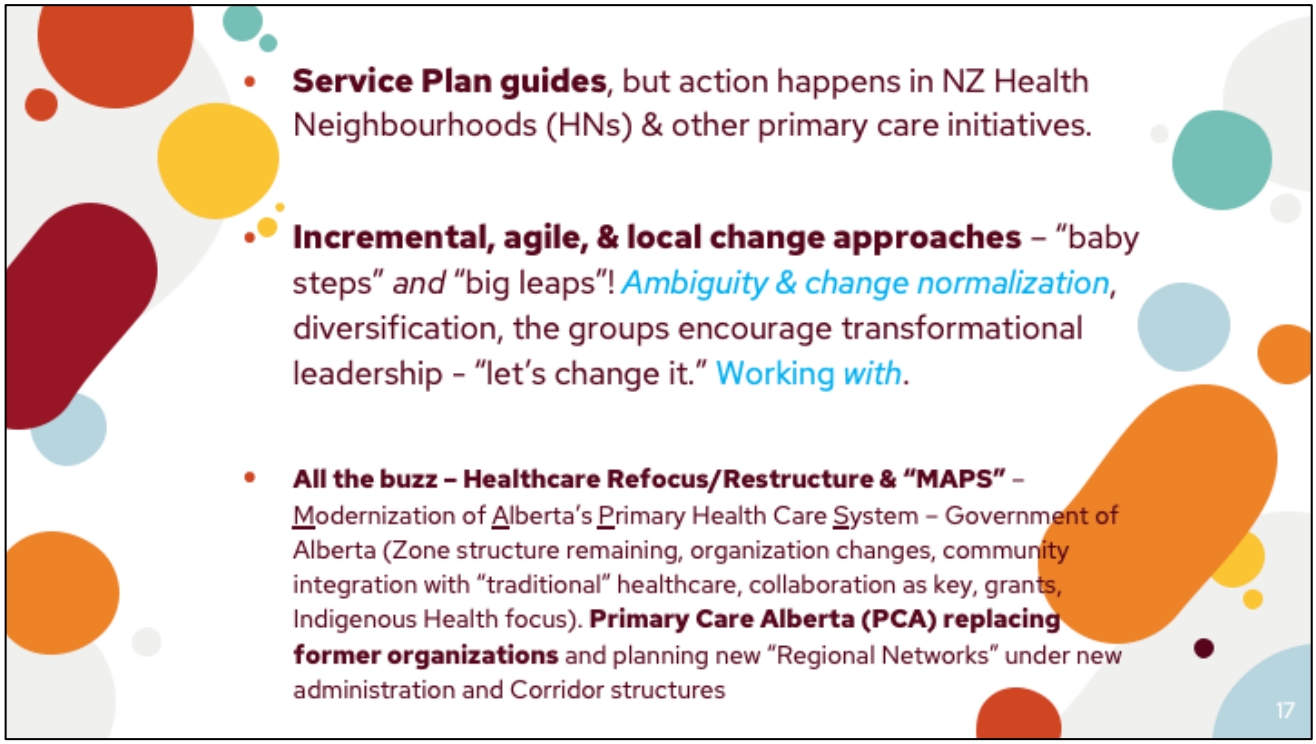
Our "Origin Story"



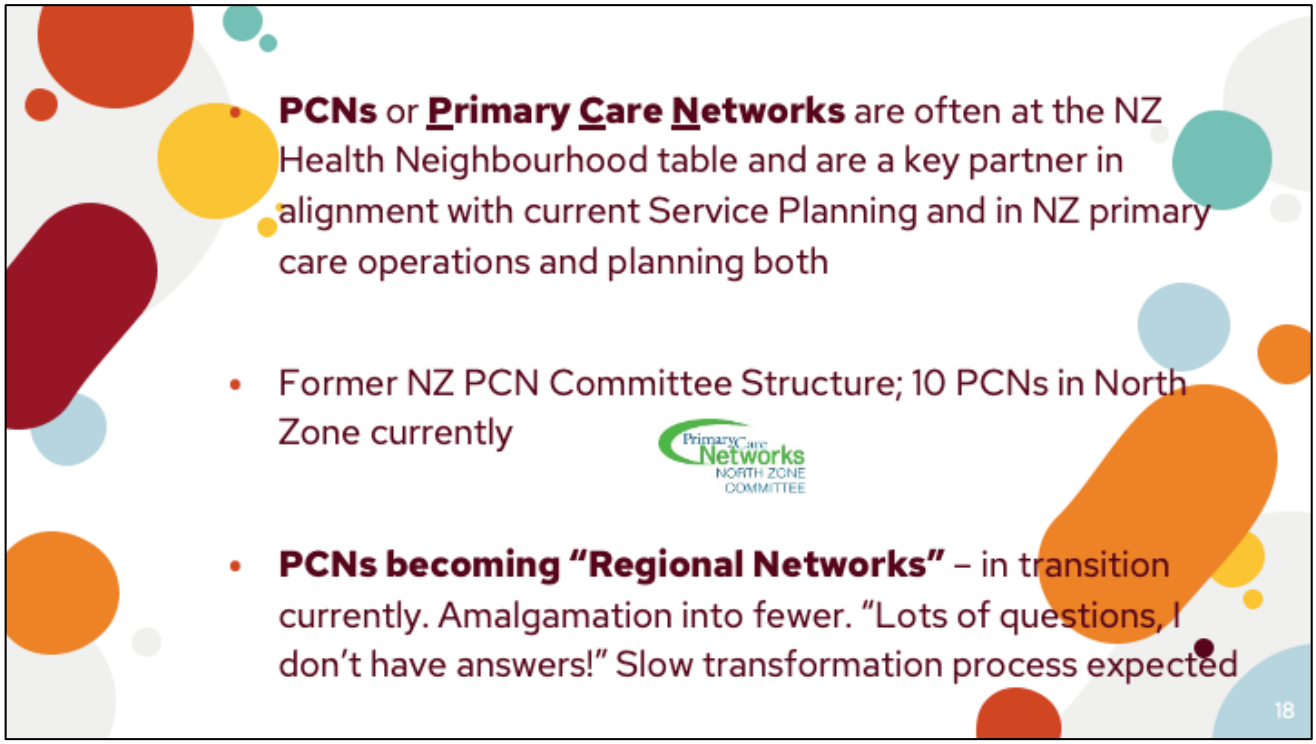
The Zone Service Plan was a strategic document written by management that needs amending, approval, pre-approvals from different governing bodies. It outlines for us our Priority Areas / areas of focus (i.e., Addiction and Mental Health, Maternal and Child Health, Indigenous Health, etc.) The North Zone Project Manager (at the time, Ping Mason-Lai) wrote the Zone Service Plan. The ZSP required accountability to the PCN Committee and to the Provincial Government.

The Service Plan document guides the HNs now, but in time, the HNs should influence the Service Plan or new plan structure due to rich community engagement and evidence coming from rural, remote, local North Zone perspectives on the ground. See the circle/cycle we want to form?

Now that the ZSP is out of commission, the values and data are what remain. Let's learn the lessons to carry on the good work and allow our coalitions to do the work required to empower Members and provide primary healthcare literacy to our communities.



- The Service Plan is the document that outlines the strategic direction; it can guide us and points out our priorities and the expectation is that the HNs focus on the Service Plan's goals and priorities/targets to carry these beyond any structural change.
- This was written at the time of massive changes, refocus, and cuts in healthcare in Alberta. The need for collaboration was anticipated in ZSP and is part of why the stability of the Health Neighbourhoods is key to community health and primary healthcare improvement.



- There are 10 PCNs in the North Zone currently. They are governed by Boards with Executive Directors and Diverse Healthcare and Administrative teams as all part. Not all PCNs are the same – some are centralized clinics and some are not.
- At the time this was written, the PCNs across Alberta were going through massive administrative and operational changes in becoming "Regional Primary Healthcare Networks" (from 39 PCNS in Alberta to about 7). Primary Care Networks are highly functional operational clinic and administrative teams and their changes impact directly community health and wellness. Having PCN/Regional PCN staff at the table is essential for health and social service collaboration, networking, and primary care improvement.

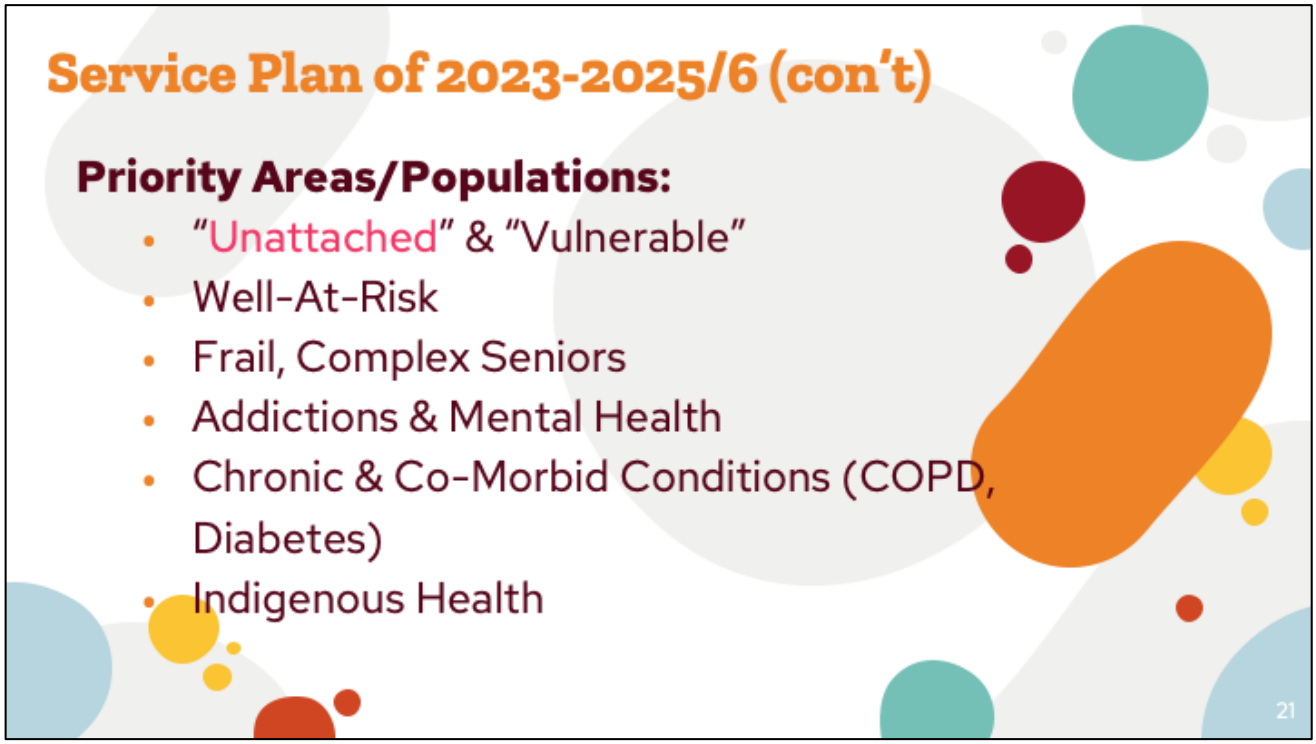
- A little bit of history of how we got here:

Ping Mason-Lai, Project Manager in Zone Service Planning, travelled across Northern Alberta for in-person engagement sessions where all health partners were invited to attend and be heard.

Ping (Zone), Lisa Kemp (AHS), and Samantha Semograd (PCNs) formed the Integrated Operations Team to help implement the Service Plan for the North Zone. Part of that vision was developing Local Health Neighbourhood Coalitions (LHNC) what we now simply call "Health Neighbourhoods". These organizations came together in good faith to work together constructively, knowingly wanting to also engage "community-based" and patients, caregivers too.

The second Service Plan 2023-2026 approved in mid 2023.

Please check out the infographic for more detailed information (Slide 60).



- Unattached means a patient has no family doctor or medical home. Not everyone has this language/definition for "unattached", it's a specific primary care term everyone needs to learn about.
- Priority Areas overlap – that's a good thing / normalization of overlap, no strict silos
- No one area is more important than the other and they are, as stated, deeply interconnected

Everyone has a different idea of primary care partners – the ZSP kept partners broad to ensure robust engagement and a democratic approach to healthcare planning. This understanding of partnership and eventual collaboration is key to working to improve primary healthcare – together. With all partners working at a high and meaningful level of engagement.

NZ Health Neighbourhood groups are comprised of Members – active, ad hoc, or connected Members. Membership Lists are available to the public via the Terms of Reference (ToR) document.

Questions at this time?

Our NZ Health Neighbourhoods

-3 Goals
-The framework and "work"
-Our 4 Active NZ Health Neighbourhood Groups

Note the model infographic pic on this slide was co-created by NZ Project Coordinator Robyn Laczy and early HN Members, especially early HN Co-Chairs. It was important to us to clearly demonstrate and understand the model. The model has been the key to the success of the current NZ HN groups. The model is a key to success based on the evidence gathered from early student work on case studies (see slide 59). We will not be discussing the model introduced on the infographic here, but instead the collective impact, community development, and engagement framework of the HNs.

- Integration between pre-existing primary health care networks like AHS, PCN, Community Agencies, etc. – integration helps redundancy of projects, services, tech, etc. and more seamless care due to high communication between organizations and sectors. Integration between the health sector and the social services sector is a priority. Blurring our boundaries in area of institutional and identity is important to be able to join a "new" group (like the coalition of a HN).
- Alignment in goal, no matter our organization or identity – different people, same goals. This also requires meaningful engagement and encourages good communications. If we have the same goal, it doesn't matter that we have differences – we work toward our goal – together.
- Shared Services – what we produce should be easily shareable throughout pre-existing health care networks and communities alike. We also push for sharing pre-exiting services/resources already being held within PCNS, AHS, Community Agencies, etc. Different approaches here as well – sharing evaluation? Sharing administration? Sharing a document among agencies? Sharing staff between organizations?

- Facilitator notes: New terms for many – explain from your perspective first and expect diversity of answers. Different backgrounds bring more knowledge. Evaluation work done to help define these three with more standard and clarity. Consult MAPS 2023 for more on collaboration and front-line engagement and beyond into community-based work in best practices in

active collaboration and meaningful engagement.

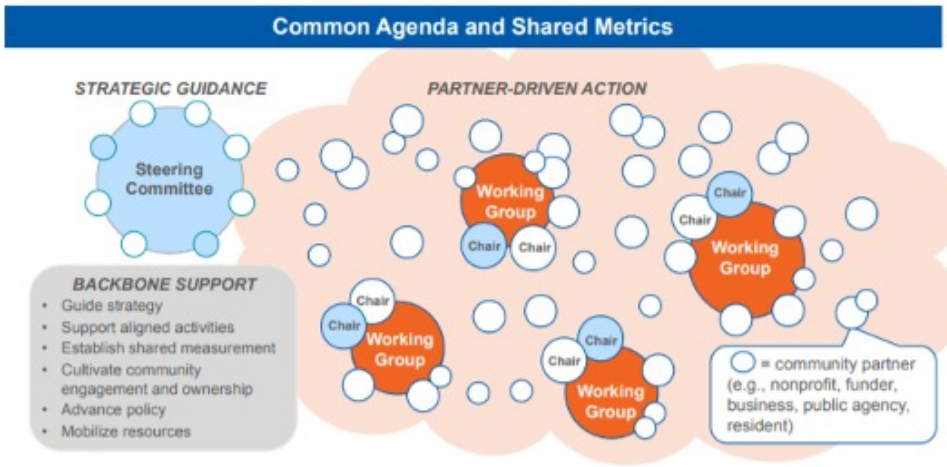
- Common in all? The need for genuine partnership/collaboration. Justification? Same funds, same community. Public healthcare/public accountability.

- Key – human skills are needed for this type of work, **vulnerability comes before even communication and trust** – vulnerability means we take care with ourselves and with others too – **good leaders are caring about themselves *and* others.**
- Brene Brown is an American PhD in Social Work (SW) and researcher famous for her vulnerability, shame research and leadership advocacy. She is not for everyone, and has been in some scandal, but the key message here is that **vulnerability is a key part of virtual collective impact / collaborative engagement due to the relational nature of the work.** It's a requirement.
- Vulnerability is a skill in building healthy relationships and is necessary in collective impact work / collaboration! Vulnerability is required for assertive communication. People decide how vulnerable to be, but it's key in building trust. Of course, not everyone deserves our full vulnerability and openness – this is professional in nature, as the HN groups are. Trust must be built, but we cannot build trust without being at least somewhat vulnerable.

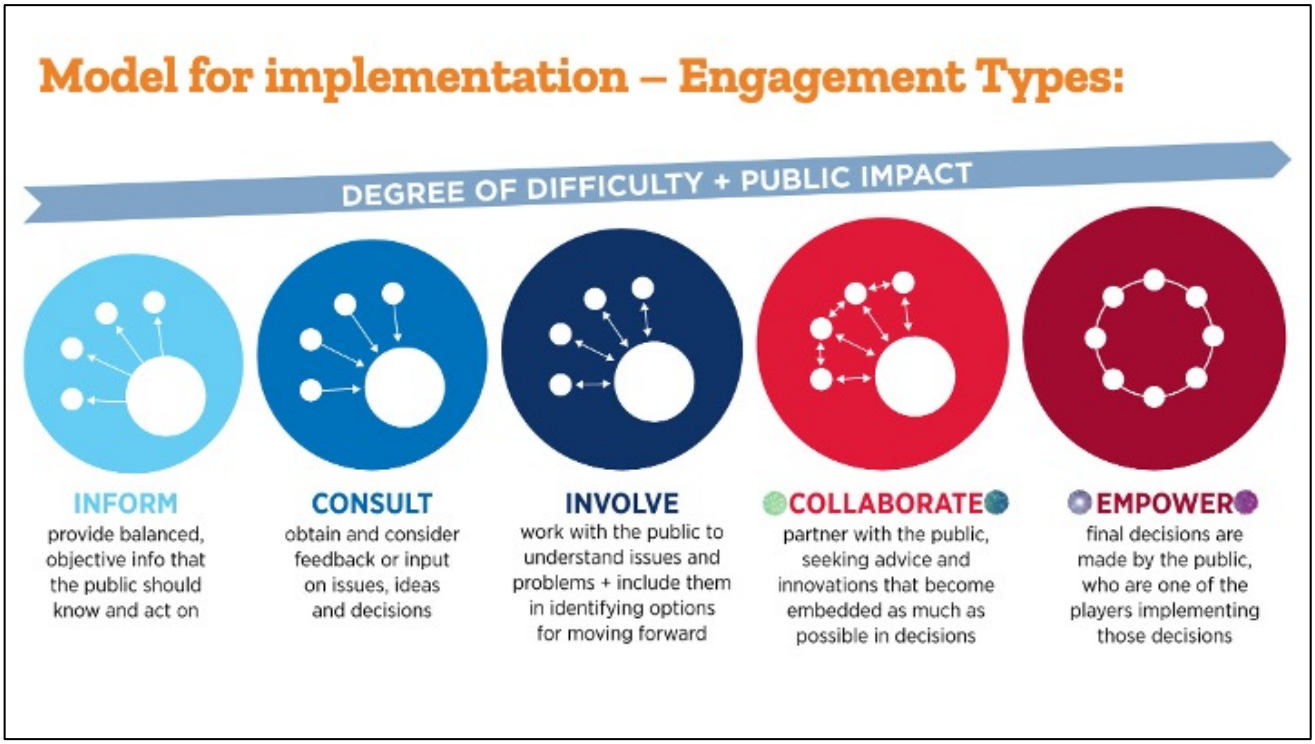
Let's explore the background theoretical and evidence-based frameworks of some wise and best practices we can draw on to tackle this work…

- Papers available on theories of change and collaboration
- Collaboration as highlight and practice for Health Neighbourhoods – collaboration is true, meaningful partnership (think of a healthy marriage between an equitable dynamic duo) Tamarak Institute has workshops, papers, etc on collective impact search it
- Many levels of engagement – “nothing about us without us!”
    - Meet people where they are at and comfortable
    - IAP2 is International Association of Public Participation find it online
    - Inform, Consult, Involve, Collaborate and Empower are levels of engagement – meet people where they are at and be realistic with where you actually are in terms of project work and how thoughtful you are actually “engaging”.
    - In the NZ HNs we seek to work at the higher levels of engage – collaboration and empowerment/lead/shared leadership.

Model for implementation - Collective Impact – a "bird's eye view" of Northern Alberta



- Example of a bird's eye view of collective impact work – imagine the orange dots as our HNs…
- Leading Collective Impact Resource – reference source: 1 Adapted from Listening to the Stars: The Constellation Model of Collaborative Social Change by Tonya Surman and Mark Surman, 2008. Found in How to Lead Collective Impact Working Groups by DANIELA URIBE, CARINA WENDEL, VALERIE BOCKSTETTE



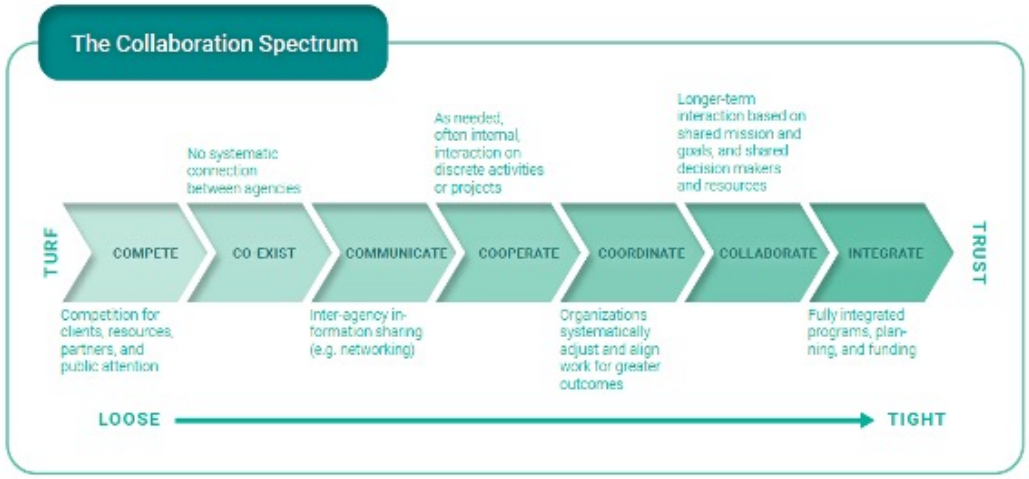
- Engagement continuum, based loosely off the iap2 spectrum of engagement, used widely in best practices for engagement. Know where your project is on the spectrum. There is no “good” or “bad” engagement level, one at a lower level may be more appropriate than one at a higher level. It all depends on the goal of the project.

Bare Bones: "Get Partners Practicing Actual Collaboration!"

Word Collage from Tamarack Institute's "A Guide For Building a Sustainable and Resilient Collaboration":

- From Tamarack Institute workbook on Active Collaboration

Collaboration Spectrum from Tamarack Institute's "A Guide For Building a Sustainable and Resilient Collaboration":

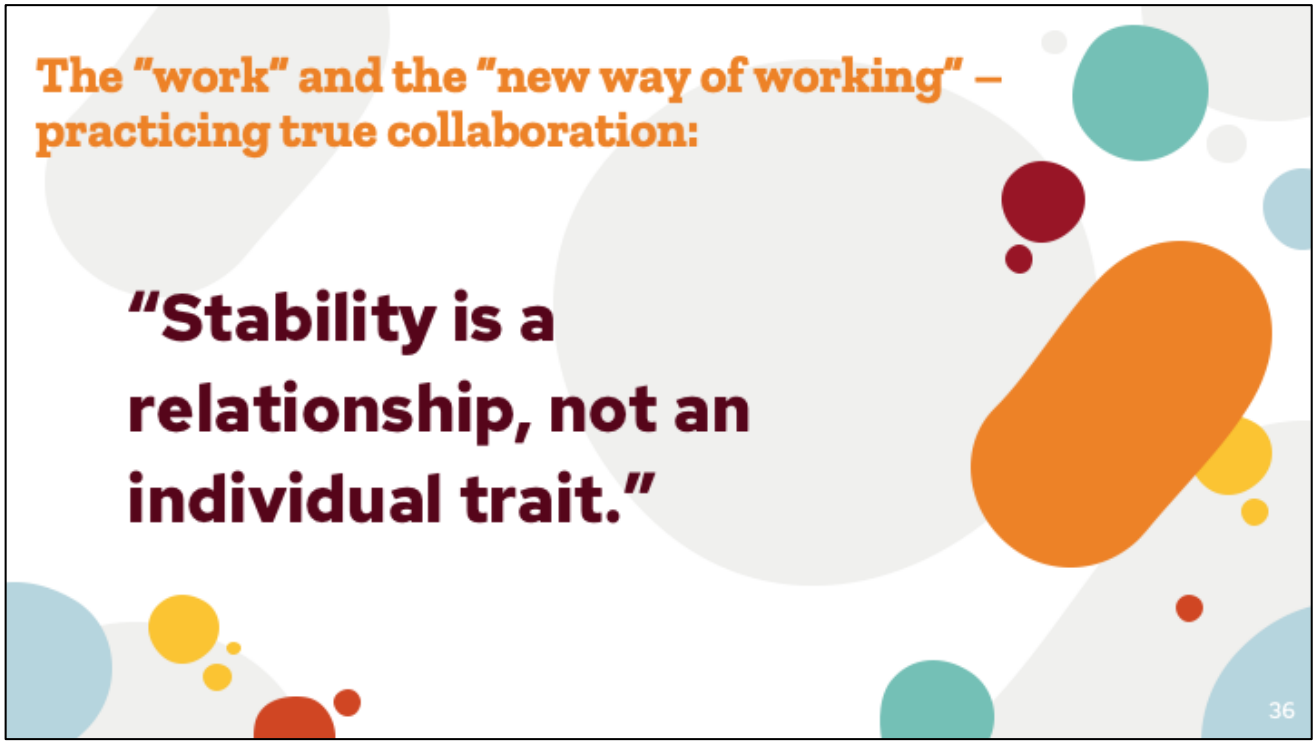


TAMARACK INSTITUTE

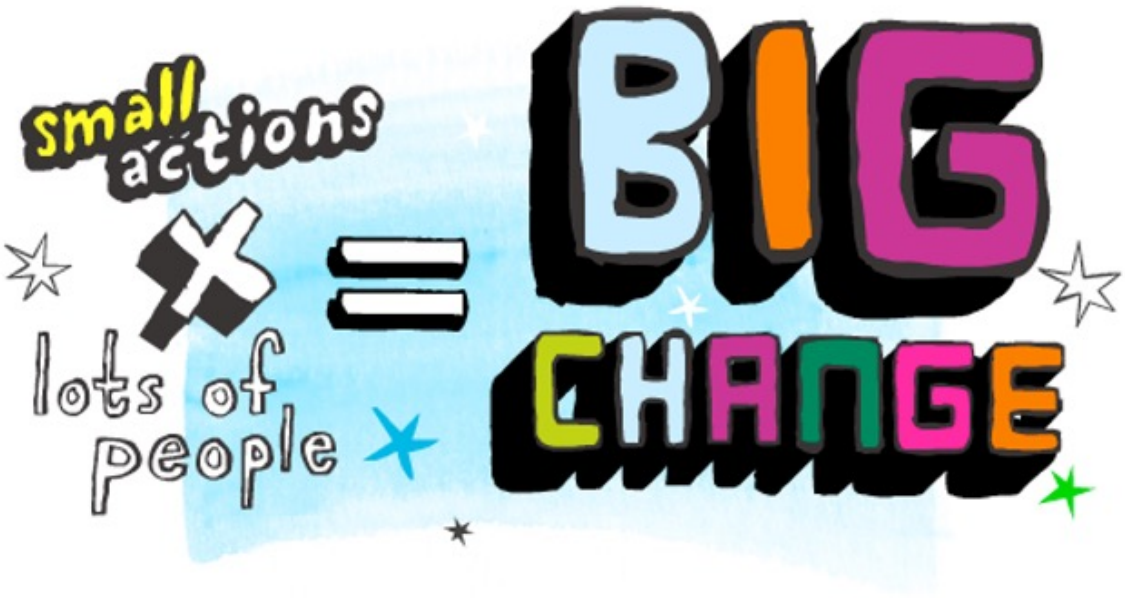
- Collaboration Spectrum – even if you start at "compete" just focus on getting to the next area, ability to "co-exist" together. Keep moving your community "up" toward integration/trust of each other.

- The work is the reward, and we all want to see changes happen in our community. Be mindful that change happens from project outcomes and also by practicing the actual collaborative process.
- Quick elevator speech about the HNs – **"the work is two-fold, building relationships together across sector, and doing project work together too."**

- "Relational trauma *requires* relational repair." Dr Karen Triesman. Think about that.



- This is why building trust, professional relationships across sectors, identities, and organizations are good practice – we get to practice true collaboration. Collaboration is a high level of engagement – more akin to partnership than to informing each other – that requires time to build, and relational health and warmth to solidify.



- Essentially – the framework means…. Small actions, lots of people means big changes. Collective impact can be powerful in getting more people engaged with health and for systemic change. Often it is only individuals working together that can change systems.

Questions at this time?

Our logo – branding. We use this logo on the HN project work and not each and every organizational logo of Members/partners. Remember, patients, people with lived and living experience, caregivers, private members, citizens, community members and volunteers don't have a logo, but still deserve credit and representation. Our NZ HN logo covers that by representing the whole group (and all Members no matter role).

- 4 active groups as of March 2026 with respective flexible geographical boundaries.
- It was intentional to use geography for the mapping of the HNs and not any current health organization region, catchment area, or grouping. Real rural and isolated communities should be included over being excluded. HNs can share geographical boundaries, and overlap may be key in cross-pollination and “North Zone” / Northern Alberta collaboration and sharing.
- The names were selected in early meetings by the HN Members themselves.
- Naming the groups was seen as the first shared decision of the groups.

Our 4 NZ Health Neighbourhoods webpage

https://northzonepcns.ca/nzhn/ or SEARCH
North Zone Health Neighbourhoods Alberta

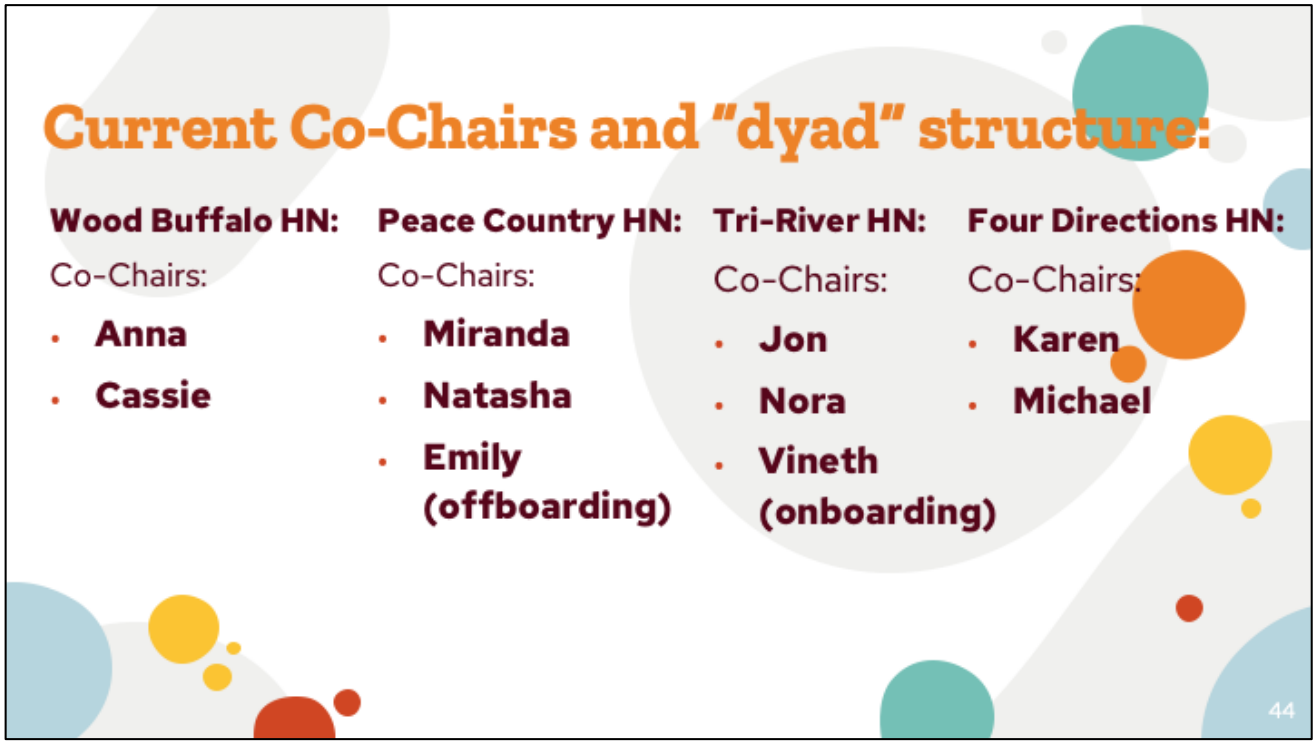
Visit the webpage to view our work including a video, origin story newsletters, current projects, the group names again, etc.

- Webpage inactive / can't update end of March 2026 as Zone team cut
- Information on the side bar of the webpage has projects and old newsletters (our origin stories) for archival reference

Members are onboarded and Membership is “closed” meaning someone can’t just show up to a meeting. Practice informed consent – just ask. When in doubt – ask, don’t just invite someone new or show up to something you’re not sure about. The process of informed consent is important for healthcare and beyond.

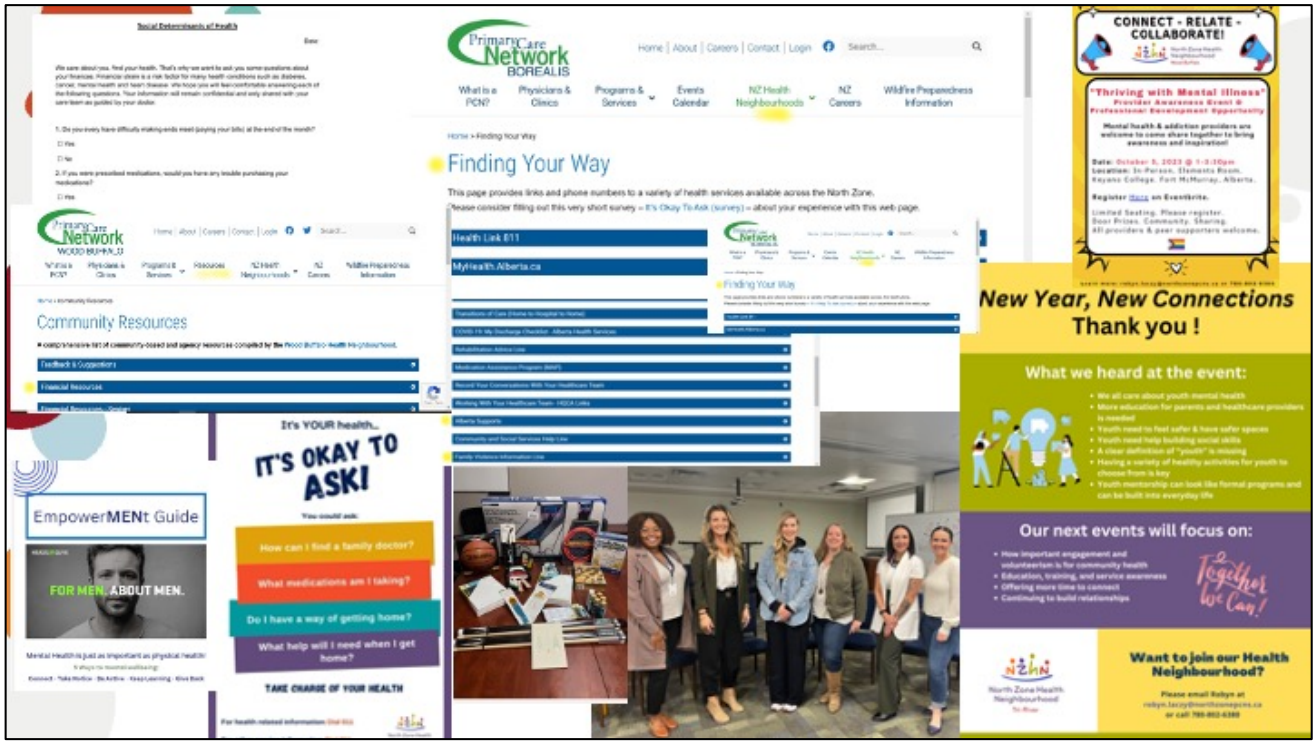
Members can come from all walks of life, all different types of organizations, sectors, and identities. We all have wisdom and we need everyone’s wisdom at the table to help with the work.

General Member "rules"/guides in a wordy nutshell



- Note on Lingo: Often, the "PCN" / "AHS" organizations are noted as "the dyad", but with community and other social service organizations, there are actually many organizational and identify representations working in the HNs/Neighbourhood Coalitions. For example, Nora has never worked in healthcare and is a retired teacher, former family caregiver, and community member.
- Co-Chairs serve four about 2 years with flexibility. Often a PCN staff Member is a Co-Chair. Consult your ToR. Co-Chairs should serve in one HN together from different organizations to model collaboration across sectors. Onboarding new Co-Chairs requires a Orientation Session with the Coordinator and help from current Co-Chairs. Co-Chairs are made aware they model the framework and the behaviour they'd like to see. There is a monthly Co-Chairs meeting with all NZ HN Co-Chairs coming together to share. Co-Chairs should think about how to involve other HNs to ensure cross-pollination and growing the "North Zone" voice together.

Collage time!



- Examples of our work across HNs from the years about 2022-2024
- This work comes from the groups' **Mini Working Groups** – our project focused "sub-committee"esque structures.

Peace Country Health Neighbourhood (PCHN)

PCHN Mini Working Group (MWG):

1. **PCHN Mini Working Group (MWG)**
   - Get times and e-vite from Co-Chairs
   - **Project works:** Drive Happiness partnership for patient transportation, "It's Okay to Ask" posters campaign for patient empowerment/Finding Your Way PCN webpage, Social Determinants of Health theme, Men's Health; Merger history (used to have 2); **EmpowerMENt Guide** project and promotion, updating and self-promotion of PCHN group
   - **"Know Your Neighbour", Newsletter with Editions and Member Spotlight feature in the future!**

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- PCHN is often the named used for this HN, the only one using an acronym. Demonstrates the difference of each group and the differences are welcomed and normalized.
- PCHN Mini WG has done a myriad of projects over time!

First ever in-person PCHN meeting in Fairview, Alberta!
October 2025

Rural Mental Health Project in Fairview donated the muffins (which apparently were a hit!) We often ask local groups and business for sponsorship/donations as the HNs have no budget.

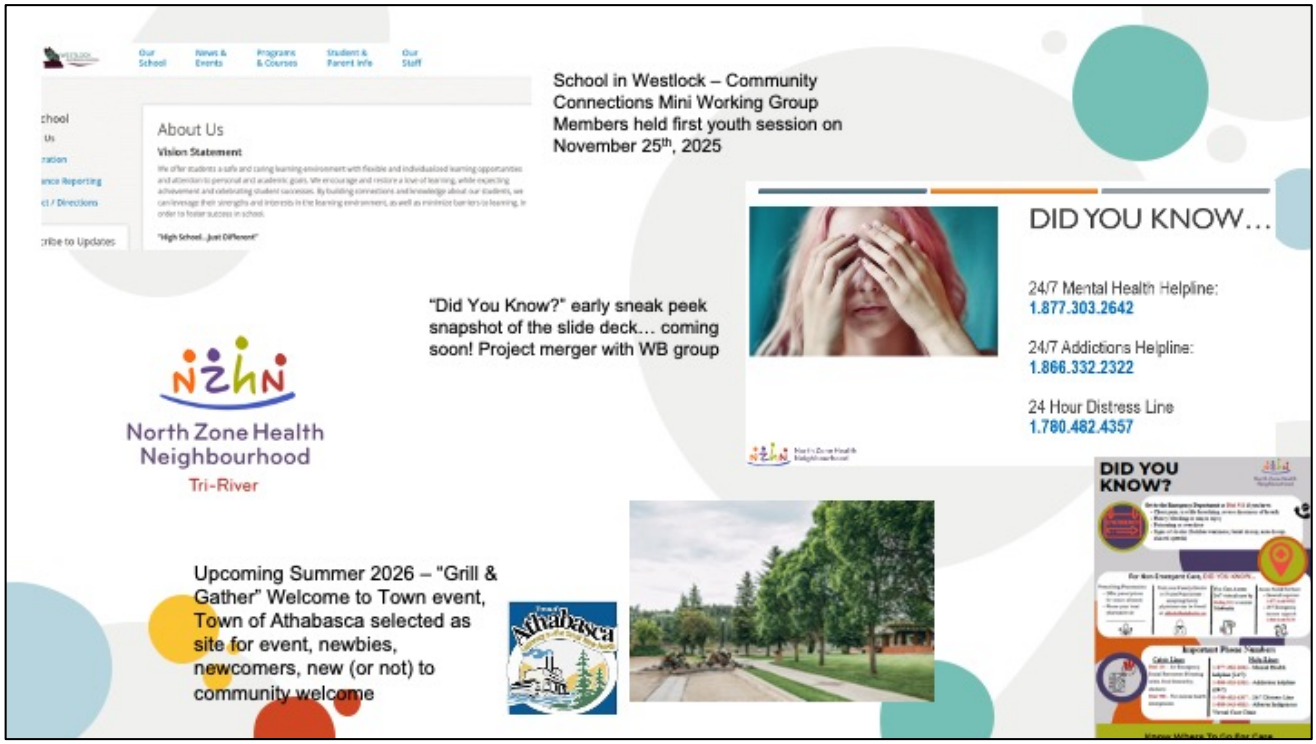
- WB HN has 2 Mini WGs. Anna Foley has been an on and off Co-Chairs since the start – even before Robyn's time!

"Come & Go Fire" addictions and mental health provider connection event – September 2025 – hosted by Wood Buffalo Health Neighbourhood AMH Mini Working Group (CRC event)

Thank you to Rabia, a Mini WG Member for these great photos. Tammy has her guitar! Thanks to ATC for donating the Bannock and place. From the Come and Go Fire CRC event.

These events bring together providers and supporters in mental health and addictions work in the WB area.

- TR HN 3rd HN to be started. The most rural of the groups with no city. Thanks to Co-Chairs for their steady leadership and dedication. Currently onboarding new Co-Chairs after 3 years of same Chairs. 2 Mini Wgs and one of the Mini WGs has more than one project!



- TR HN Mini WGs works.
- The "Did You Know?" PPT slides are also called Know Your Neighbour in some circles or New Health Navigation Resources on the webpage – everyone should have a copy of these helpful slides. Use these slides in your groups, clinics, wait rooms, libraries, etc. Everyone should access. The slides can be modified to fit social media posts.

Four Directions Health Neighbourhood (FD HN):

1. Know Your Neighbour Mini Working Group

- **"Know Your Neighbour" Infographic/Newsletter** showcasing a health provider and sharing about community and healthcare with different themes, like a community flyer
- Bi-monthly publication/release, open to public feedback
- Building capacity in connection across sector and with public at large

Health literacy and awareness of primary health care, community-based "neighbours"/providers featured in the "Hello, Neighbour!" section

The New kid on the block or the FD HN, the fourth group to be build. 1 Mini WG. Group Members have more fun than the people that get to read their awesome newsletters meant for the public as a whole
Know Your Neighbour features contain a Hello, Neighbour section to learn about a primary care provider in the region… in-house affectionally referred to as the creature feature!

In house and public favourite – *Know Your Neighbour* "Spooktacular" Issue on Bone Health… October 2025 Ed from Four Directions Health Neighbourhood Know Your Neighbour Mini Working Group…

- FD HN Know Your Neighbour example. Using already produced evidence-based resources is key!
- "Am I Eating Well for My Bones?" was a co-designed effort from Patients 4 Change and AHS Nutrition Services dietitians. The FD HN did not create that resource, but they worked to help promote it. That's well in-scope of our Mini WGs! Circulate and promote already made evidence-based health materials.

Spirit of the Mini Working Groups:

- Action-oriented, grassroots - **Projects**
- Leaving titles at the door, coming as project team member ("high school project work", **relaxed**)
- **Collaborative** - Honest ideas, conversations, compromises
- We don't just observe/direct others in meetings / **"I can do that, what can you do?" ABCD approach** (asset-based, strengths)
- Shared decision-making, **co-ownership means shared accountability**
- Small scale, **scope is small** ("under promise – over deliver")
- Commit to quality work – **evidence-based knowledge matters**! This is healthcare
- **Share work out** – mindful knowledge transfers across sectors

- The Mini Working Groups are for the doers. If a Member is onboarded into the core group and has the added time, they should seriously consider joining a Mini Working Group to get to action
- Often Mini Working Groups already have projects on the go – help the work
- Sometimes a new idea comes forward – consider starting another Mini Working Group! Why not?
- ABCD stands for Asset-Based Community Development
- Keep the scope small – everyone is a volunteer, manage expectations and fosters partnership
- If a project does not fit your style or hopes, just leave – not every project is the right fit for every member

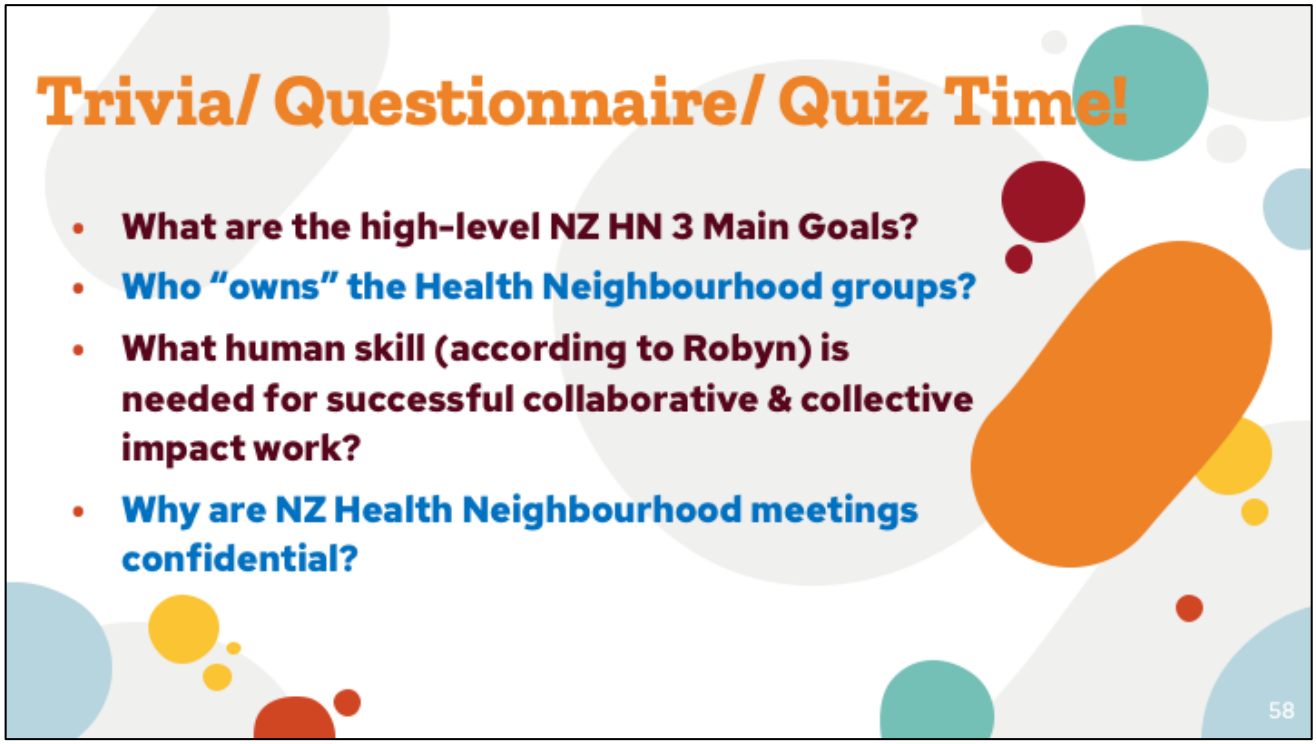
Getting along:

- Goal of the group is the goal we follow
- Consensus doesn't mean we all love everything
- Getting along to go along works in community development
- Disagreement is okay
- Keep perspective; building things takes time
- There will be hurdles, conflict, and the need for repair
- Read the ToR and be prepared to update it together

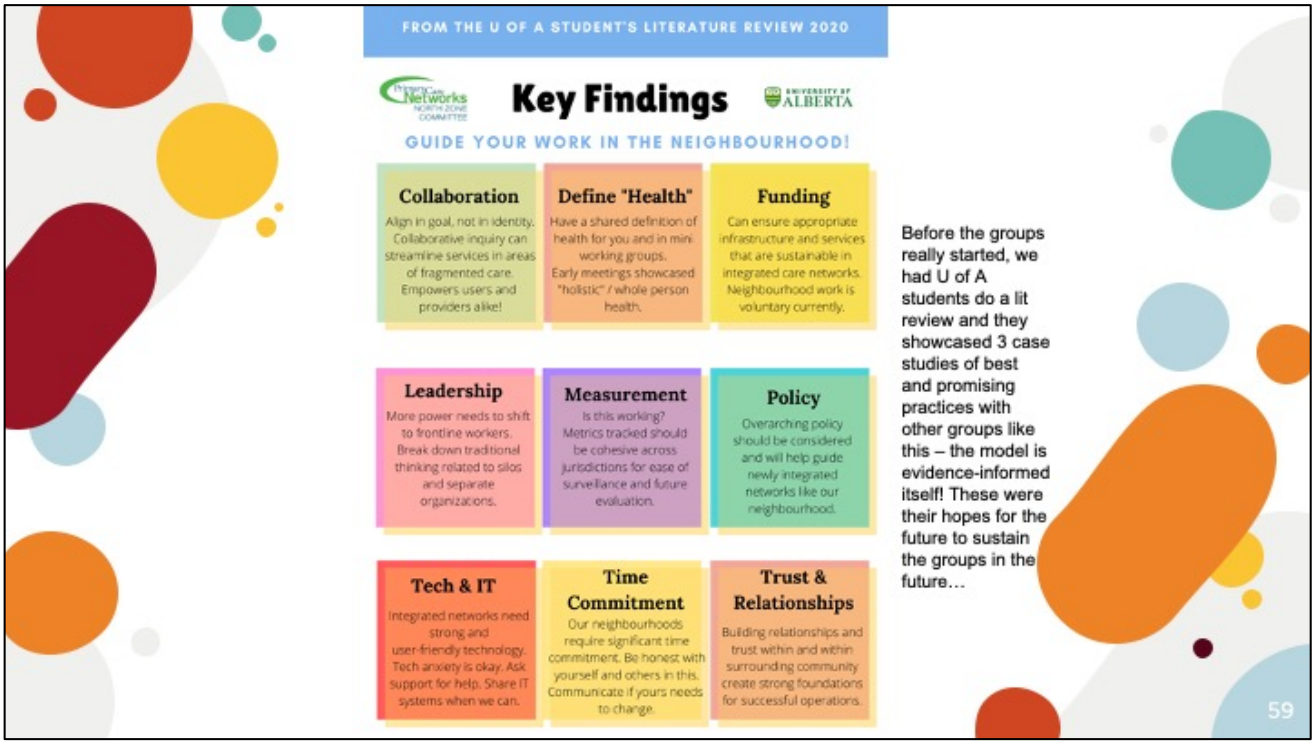
- A big part of collaboration is knowing we are different and just getting along enough to get to solutions.
- The only person you can change is yourself
- Consider adding to the ToR if you want to ensure values remain a priority; often, shared values are an easy way to get back to getting along if there is long-term conflict

Greg Mortenson is an American professional speaker, writer, and veteran.

- Agile Change is a method of change management which highlights slowing down, building relationships, behavioural change in everyday work practices, and knowing what to do vs. being able to do it.
- Building Relationships is key work in the Neighbourhoods that only you as a Member can do.
- A shift from seeing work as new deliverable focused and instead sharing deliverables, cross-promoting tools, and relationship-centric labour (build trusting relationships – the most challenging work of all!)
- “WORK MOVES AT THE SPEED OF TRUST!”



- Goals: Integration, Alignment, Sharing Services
- Owns: the Membership makes decisions together; the Members co-own the group/works, but the work is shareable.
- Skills: Vulnerability – often people say open communication, comfort in ambiguity, agile change… Robyn argues vulnerability has to come first, and is in short supply in formal healthcare meeting settings, often for good reason!
- Confidential: Encourage openness, vulnerability, and hard conversations, building trusting relationships means we respect each other. Sometimes there is a wupsie – we forgive each other, or hold each other accountable. The work is not secret, but people's stories and name associated with sensitive stories are.



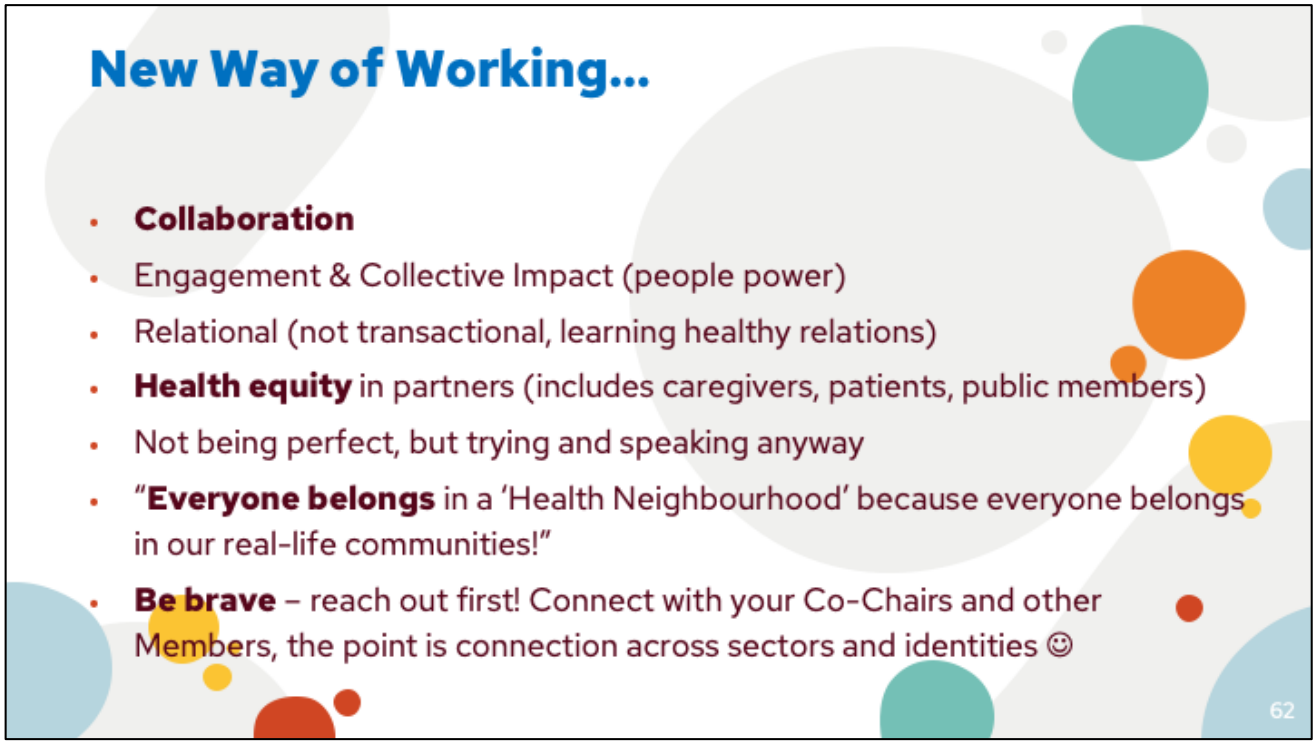
- Lit Review done in the early days that influenced the HN model, framework, and future hopes if the groups are to be sustainable long-term.
- Review based on case study done on 3 similar “Health Neighbourhood” models across the world
- The framework for our HNs is evidence-based and continues to gather evidence; it’s also important to understand engagement practices and best and promising practices
- This is the future of healthcare work
- Policy should be flexible and able to be changed by Members in consensus and conversation (hence the ToR)

- Examples of current infographics to help you digest all the background and current information.

Different leadership styles, there are many. And look at the Emotional Intelligence model. The best leaders have a high understanding of reflection in emotional intelligence. Working with a cultural safety and cultural humility (we all have culture and we can all learn about each others' culture respectfully) is key.

Transformational leadership needs to be modelled (walk the talk). Good side is it's inspiring, bad side is it can be exhausting and bit too "cheerleadery"

Coordinator should model Transformational Leadership from a support, guide position.



- The new way of working, A New Hope

Time to stop screenshare and get into some discussion ☺