

# Welcome! Orientation Session

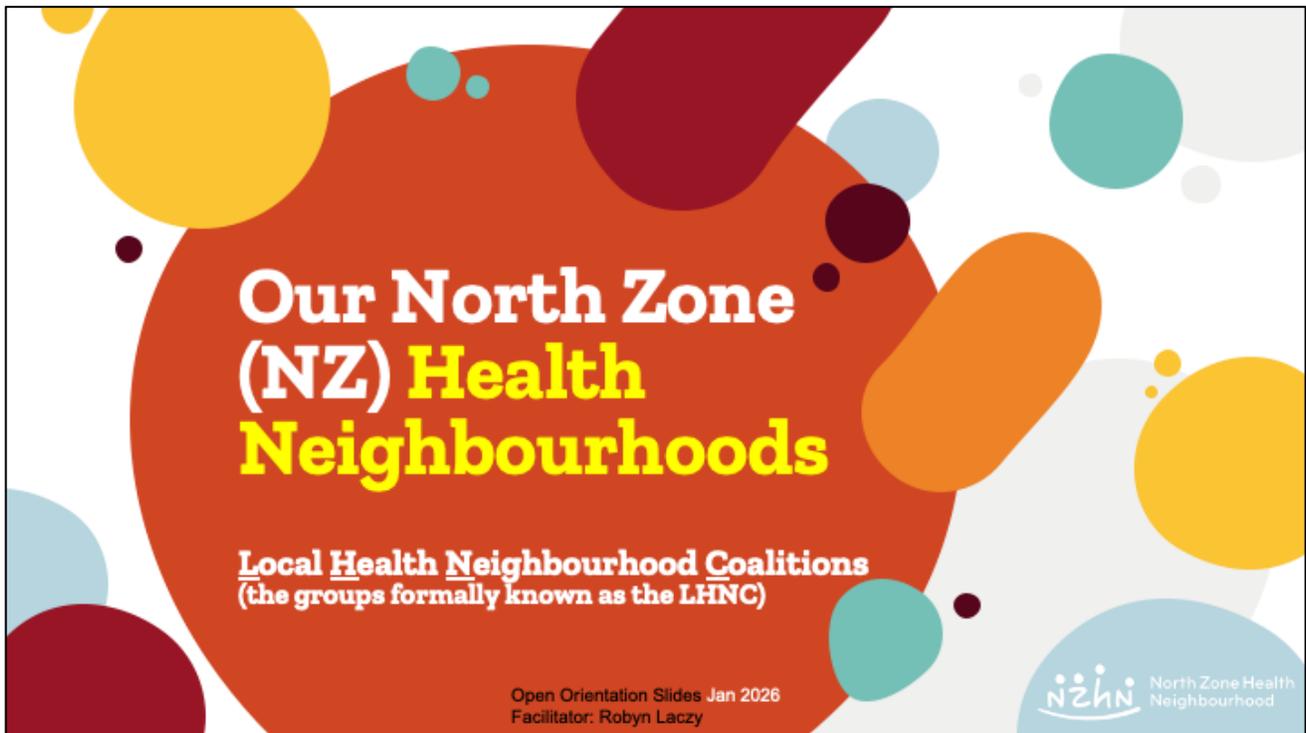


North Zone Health  
Neighbourhood

1<sup>st</sup> step – visit us online to learn: <https://northzonepcns.ca/nzhn/>

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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.**



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

## Agenda

- Welcome & Land Acknowledgement
- **What is Primary Health Care and “SDoH”?**
- The North Zone (NZ) Service Plan (ZSP) - Our “Origin Story”
- **Our Three High Level Goals (underpin “new way of working”)**
- Theories of Change & Engagement – Our “Model” / Framework
- **NZ Health Neighbourhoods – Member Roles & Responsibilities**
- Specifics within the 4 NZ Health Neighbourhood groups and Leadership
- **Questions and Discussions**

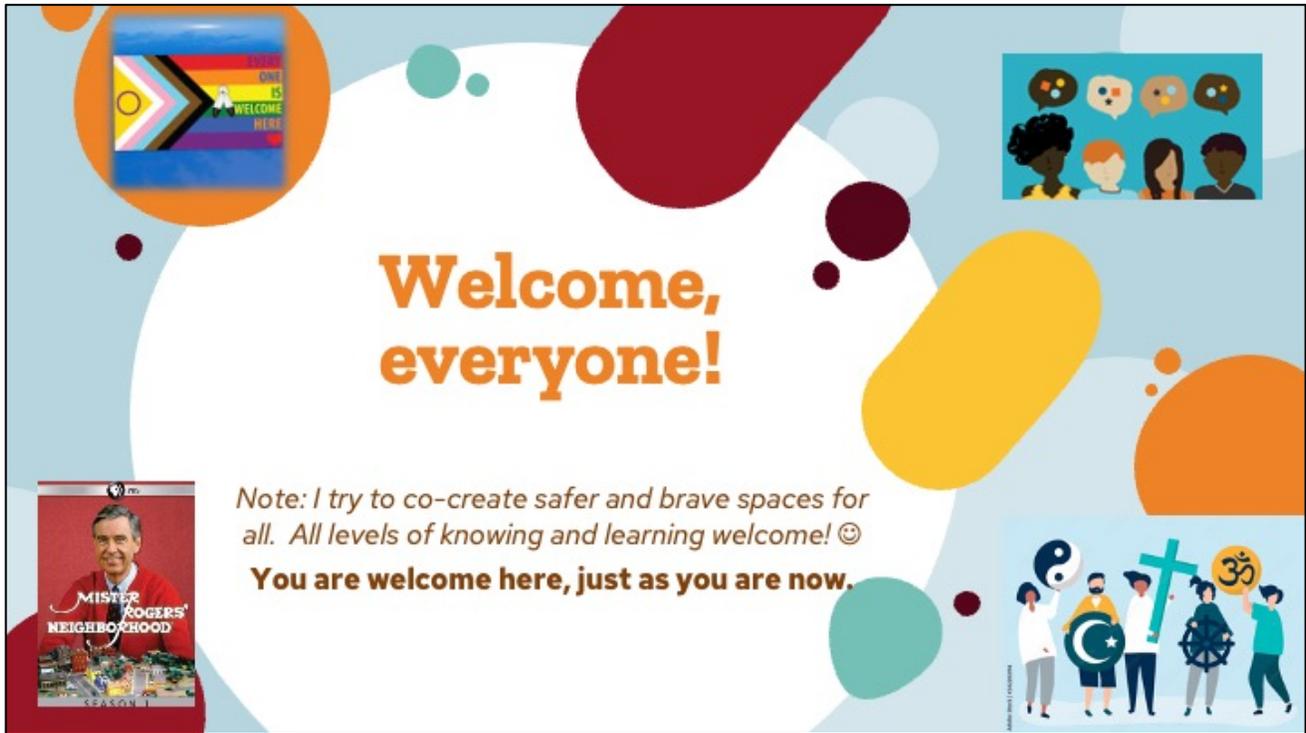
Agenda to set out what we hope to learn today.



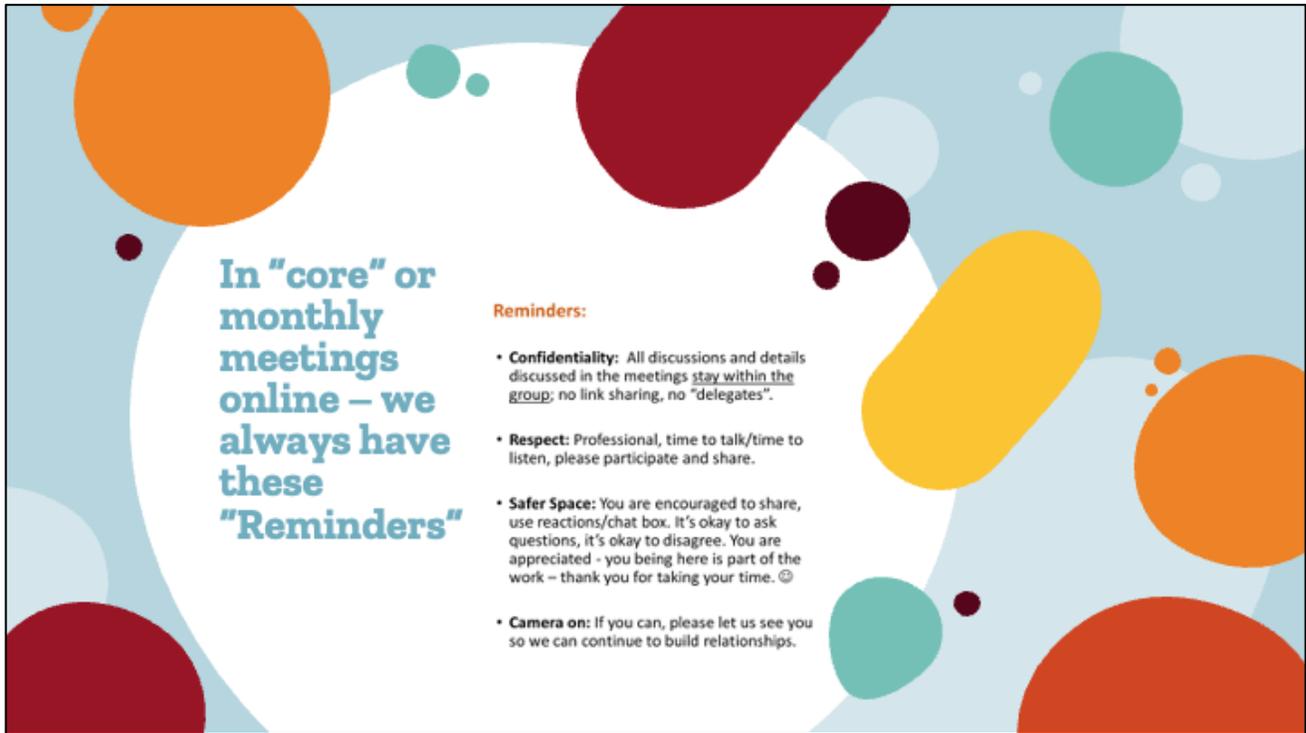
## Learning Objectives for Today:

- Learn about the **North Zone (NZ) Health Neighbourhoods**
- Learn about the "model" / collective impact
- **Hopefully, enjoy learning something new!**
- Consider implementing elements of this model into your own work (it is the new way of working in a new world)
- **Set you up for success in being a future Member** of a Health Neighbourhood

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.

## Agreement for a Brave Space

We will speak for ourselves and allow others to speak for themselves, with no pressure to represent or explain a whole group.

We will listen with resilience, "hanging in" when something is hard to hear.

If tempted to make attributions about the beliefs of others, we will instead consider asking a question to check out the assumption we are making.

We will focus on impact over intention.

We will keep in mind that understanding and agreeing are not the same thing.

Stories stay here, share the ideas.

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.

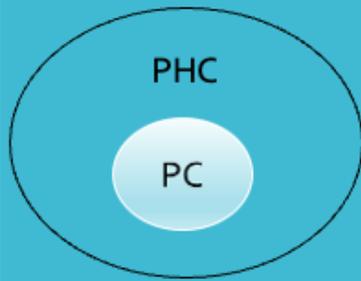


# What is "primary health care"?

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?

## Primary Health Care VS. Primary Care



### Primary Health Care:

- An approach to health and a spectrum of services beyond the traditional health care system.
- It includes all services that play a part in health, such as income, housing, education, and environment (often SDoH – Social Determinants of Health...)

### Primary Care:

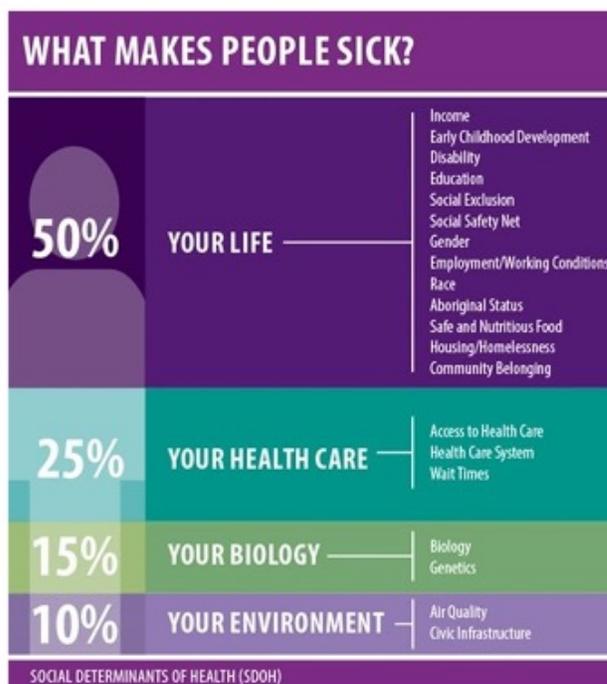
- Primary care is the element within Primary Health Care that focusses on **health care services**.
- Including public health, health promotion, illness, and injury prevention, and the diagnosis and treatment of illness and injury. **Patient medical home connection is important to health outcomes.**

[About primary health care - Canada.ca](http://About.primary.health.care-Canada.ca)

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 as Focus

**NZ Health Neighbourhood work** focuses on making improvements in primary health care. **Members** work, live, and/or play within the broader health ecosystem and can come from any space there. **We are “cross-sectoral”**.

***Cross-sectoral also means cross-cultural.***

“This type of care typically involves routine care, care for urgent but minor or common health problems, mental health care, maternity and child-care, psychosocial services, liaison with home care, health promotion and disease prevention, nutrition counselling, and end-of-life care.” *On Primary Health Care*



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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"



## What is a "Zone Service Plan" (ZSP)?

- A **document** required by the government (Province) outlining the **broad, strategic direction** for primary health care in the North Zone (NZ or "Zone"); *sunsetting now/March 2026 to Corridor regions.*
- "We want the NZ **Health Neighbourhoods** to be part of what makes the [Plan] **come to life.**"

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.

- **Service Plan guides**, but action happens in NZ Health Neighbourhoods (HNs) & other primary care initiatives.
- **Incremental, agile, & local change approaches** – “baby steps” and “big leaps”! *Ambiguity & change normalization*, diversification, the groups encourage transformational leadership – “let’s change it.” *Working with.*
- **All the buzz – Healthcare Refocus/Restructure & “MAPS”** – Modernization of Alberta’s Primary Health Care System – Government of Alberta (Zone structure remaining, organization changes, community integration with “traditional” healthcare, collaboration as key, grants, Indigenous Health focus). **Primary Care Alberta (PCA) replacing former organizations** and planning new “Regional Networks” under new administration and Corridor structures

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- 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.

- **PCNs** or **Primary Care Networks** are often at the NZ Health Neighbourhood table and are a key partner in alignment with current Service Planning and in NZ primary care operations and planning both

- Former NZ PCN Committee Structure; 10 PCNs in North Zone currently



- **PCNs becoming “Regional Networks”** – in transition currently. Amalgamation into fewer. “Lots of questions, I don’t have answers!” Slow transformation process expected

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- 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.

## How did it all start? Our "Origin Story"

- Engagement sessions held in-person across Zone in 2020-2021, data analysis for ZSP, engagement with diverse **primary care partners**.
- **Integrated Operations Team:** *Let's make "Local Health Neighbourhood Coalitions" that look at local priorities & concerns and share the work across sectors* (**Lisa K, Ping, Sam S**) *Thanks, ladies. 😊*

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- 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.

## Current Service Plan of 2023-2025/6

### Initiatives:

- Capacity Building in Primary Care
- Zone Business Unit (NZ team, ended March 2026)
- **NZ Health Neighbourhoods**
- Transitions in Care
- Alberta Surgical Initiative (ASI)
- Indigenous Health
- Emerging Issues (lessons from COVID-19)

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

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

## Service Plan of 2023-2025/6 (con't)

### Priority Areas/Populations:

- "Unattached" & "Vulnerable"
- Well-At-Risk
- Frail, Complex Seniors
- Addictions & Mental Health
- Chronic & Co-Morbid Conditions (COPD, Diabetes)
- Indigenous Health

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- 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

## **Primary Care Partners in Alberta:**

- PCNs, AHS, AMA, etc. (formal health organizations)
- Independent Physicians, NPs, etc.
- Patients & Caregivers (centred in care, but also a partner at our tables, part of the care team)
- Community-based Agencies, Societies, Groups (beyond “traditional” health organizations)
- Public Members (aka “all Albertans”)

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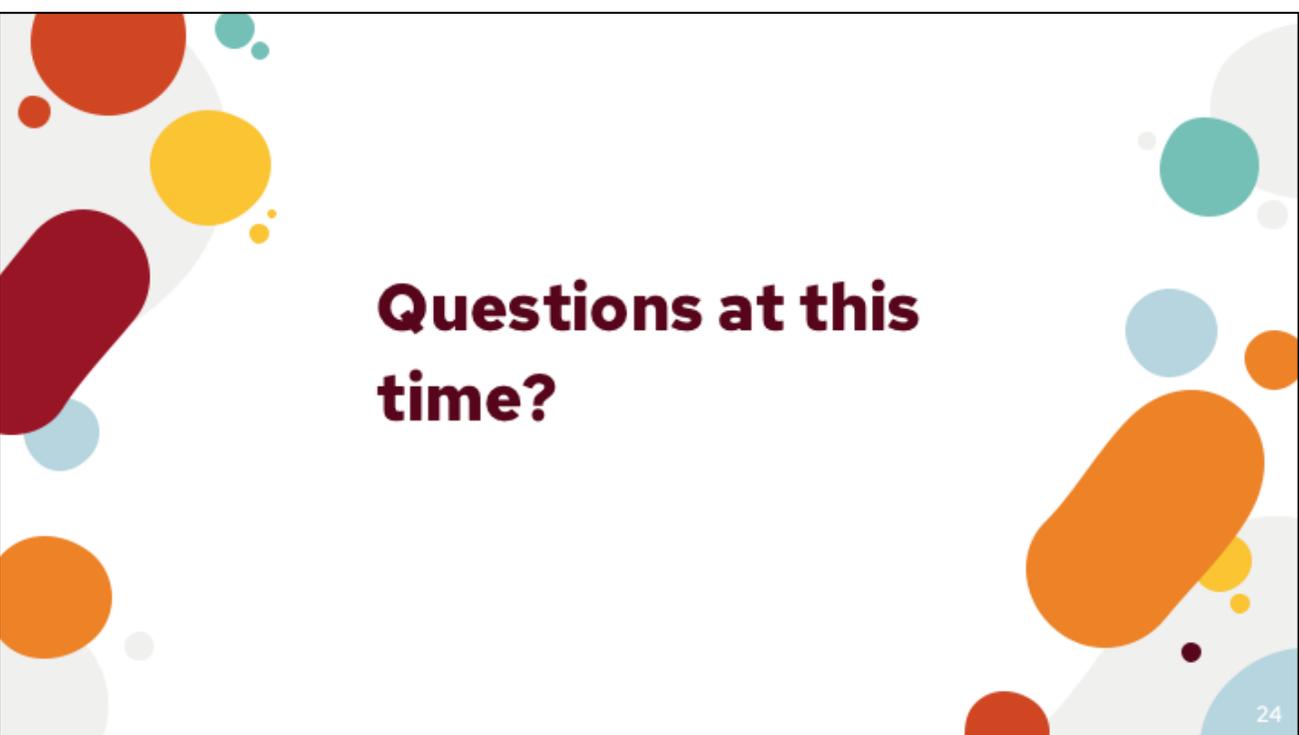
Everyone has a different idea of primary care partners – the ZSP kept partners broad to ensure robust engagement and a democratic approach to healthcare planning. This understanding of partnership and eventual collaboration is key to working to improve primary healthcare – together. With all partners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

## Onboarding Process and Membership-Based groups:

- Closed groups; **Members only**
- Not secret – confidential, local, smaller communities
- Building trust ("**work moves at the speed of trust**")
- Member-based (Members attend meetings)
- **Membership Commitment Agreement**, e-signing
- Orientation Session to set new Members up for success (this)!

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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.

## Our 3 High Level Goals:

**Integration** (blur boundaries)

**Alignment** (same goal)

**Shared Services** (every Member / partner should be able to access and use easily)

**(Remember these!**  
Let's define these together now)

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- 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-existing 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.

*“In our culture, we associate vulnerability with emotions we want to avoid such as fear, shame, and uncertainty. Yet we too often lose sight of the fact that vulnerability is also the birthplace of joy, belonging, creativity, authenticity, and love.”*

— BRENÉ BROWN

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- 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.

## Theories of Change & Engagement

- Theoretical Guides make up **our framework**
- What is **"the work"** in NZ Health Neighbourhoods?

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

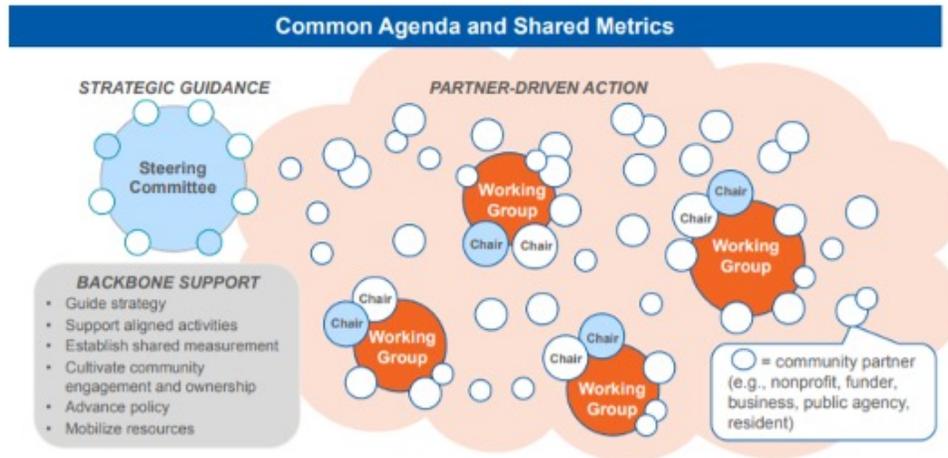
## Theory of change and engagement – our framework:

- **Theory of change, collective impact**
  - Community development
  - **Collective Impact** framework
  - Collaborative partnerships (higher level of engagement)
  - Co-designed/co-build/co-ownership/consent – **Member based**
- **Engagement**
  - **Collaborate** – on Spectrum of IAP2 (international association of public participation), higher level of engagement practiced
  - Human-centred (**feels friendly**, accessible, safer, brings smiles)
  - **Inclusive & diverse** Membership (always brings conflict and challenges; like-hearted, not always like-minded – some **conflict and discomfort are not bad** rather part of growth!)

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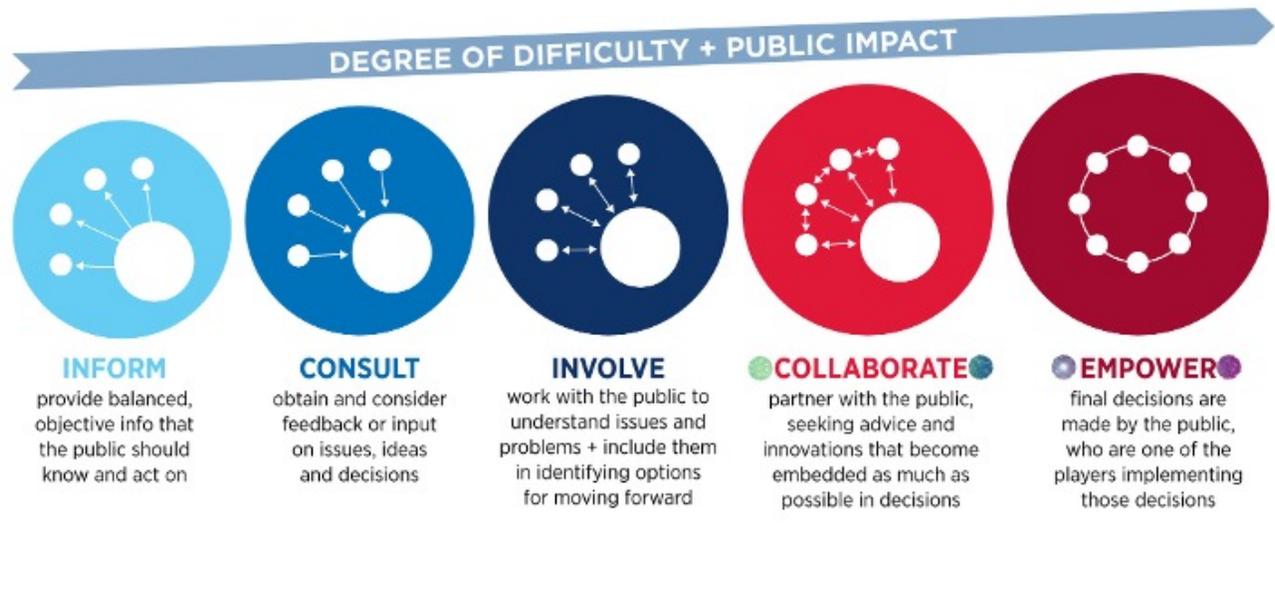
- Papers available on theories of change and collaboration
- Collaboration as highlight and practice for Health Neighbourhoods – collaboration is true, meaningful partnership (think of a healthy marriage between an equitable dynamic duo) Tamarak Institute has workshops, papers, etc on collective impact 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

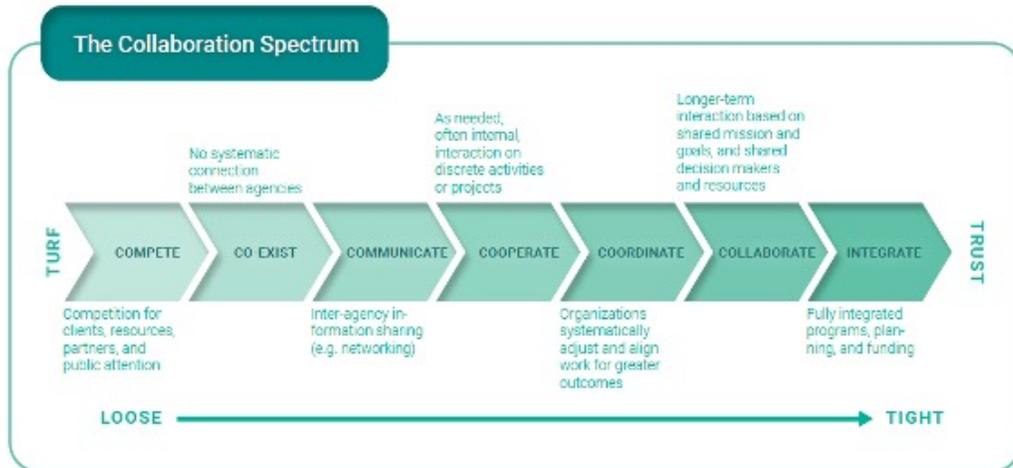
## Model for implementation – Engagement Types:



- 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.



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



- 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” in NZ Health Neighbourhoods is simple really:

- **Local, Bite-sized Projects (Projects):**
  - Establish themes, action-oriented “Mini Working Groups”
  - Population/Audience of focus, engagement
  - Tangible, doable, bring us together with larger community
- **Collaborative Process (Relationships):**
  - Process as important as project outcomes
  - Working together vs. Working “quick & dirty”
  - Dynamic / transformative / relational / vulnerable
  - Front-line, grassroots, & leadership development

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- 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.”**

## The “Work” in NZ Health Neighbourhoods is simple really:

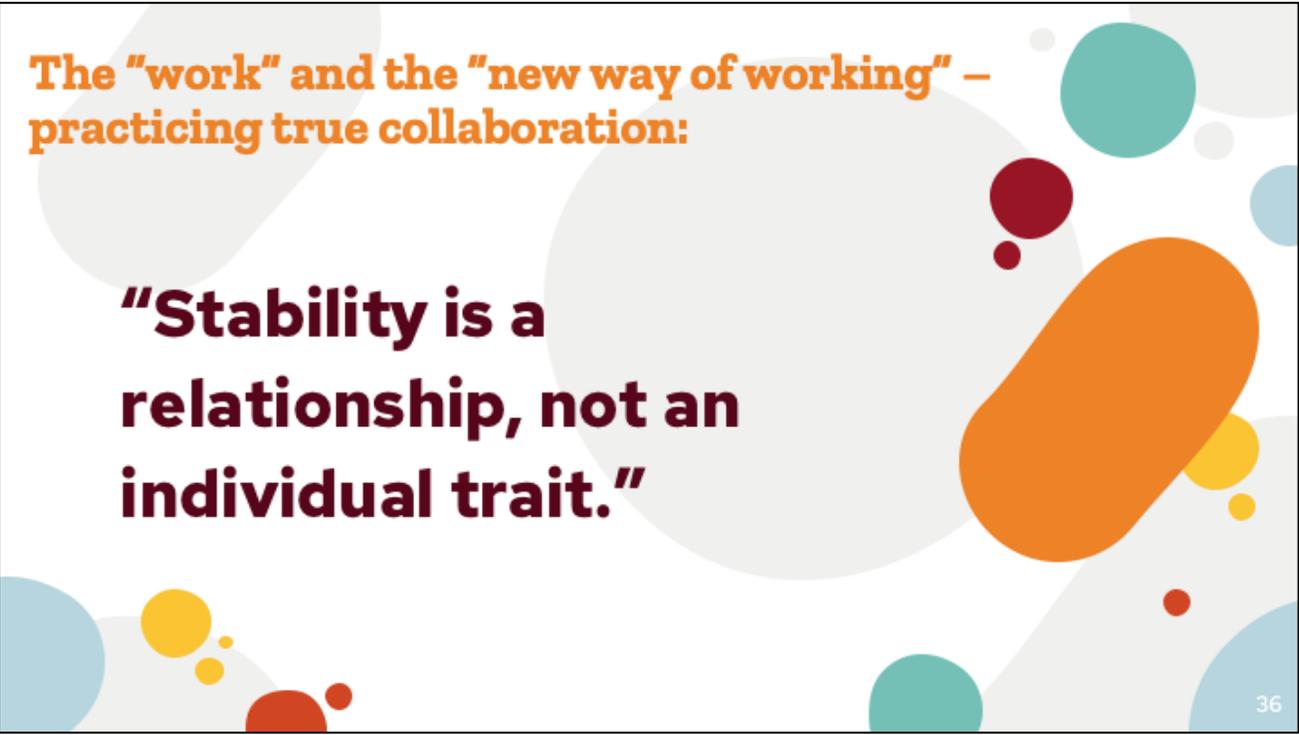
- **Seeing both Projects *and* Relationships as “work”**

*\*Relational trust comes before quality collaborative work (projects)\**



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- “Relational trauma \*requires\* relational repair.” Dr Karen Triesman. Think about that.



**The “work” and the “new way of working” – practicing true collaboration:**

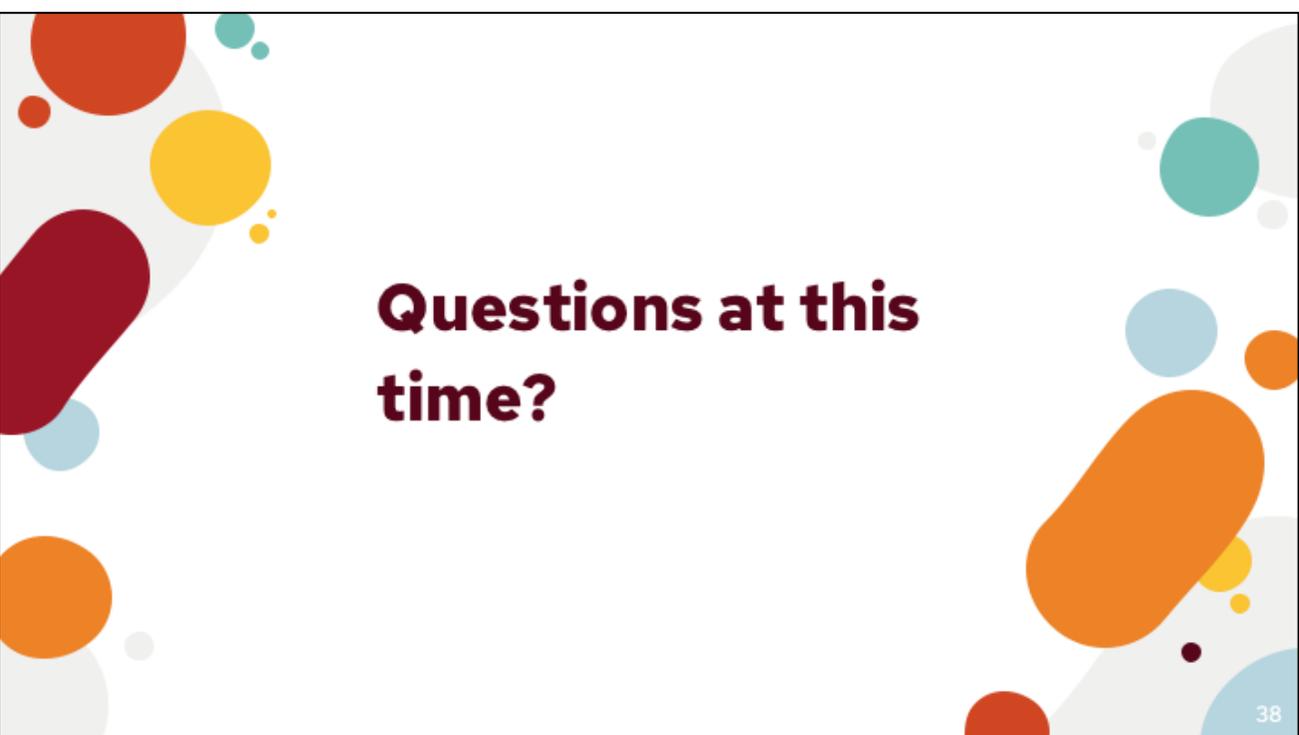
**“Stability is a relationship, not an individual trait.”**

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- 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).

## Our 4 NZ Health Neighbourhood groups:

- **Tri-River Health Neighbourhood:** Westlock, Athabasca, Boyle, Barrhead and surrounding rural areas.
- **Peace Country Health Neighbourhood (PCHN):** Peace River, Grande Prairie, Beaverlodge, and surrounding rural areas.
- **Wood Buffalo Health Neighbourhood:** Fort McMurray and the WB region including the 5 First Nations in the WB area, surrounding rural areas
- **Four Directions Health Neighbourhood:** Cold Lake, Bonnyville, St. Paul, Smoky Lake, Frog Lake, Buffalo Lake Métis Settlement, and surrounding rural areas.



- 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 - Roles and Responsibilities:

- **Onboarding** / orientation
- **Terms of Reference (ToR)** guide & rules, read / co-write
- **Membership Commitment** (read, e-sign)
- **Action planning, Speaking up** (in core meetings)
- **Action implementation, Tasks** (i.e., Mini Working Groups)
- **Communication** (assertive, open, respect, key to success, speaking & acting in “good faith”)
- **Networking** (sharing, really build those Member relationships because that will mean sustainability... and enrichment) and being a good group and healthcare **Ambassador**

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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.

## Member Responsibilities in a wordy nutshell:

- **Commitment.** Attend core meetings. Keep connecting.
- Practice **collaborative** work and transformative **leadership**
- **Implement ideas** via projects with people across sectors with population engagement utilized; don't be afraid to try it
- "The **goal of the group is the goal we follow**" Collective, Consensus, open discussions
- Mindful **knowledge transfer** (Knowledge Translation/K\*) means actively planning to promote, translate, and campaign with and for wider partner networks in mind (including the public, families, your workmates, etc.)
- **Confidentiality** to build trust and **co-ownership** of the work (responsibility, accountability, cross-sector equity)

General Member "rules"/guides in a wordy nutshell

## Current Co-Chairs and "dyad" structure:

### Wood Buffalo HN:

Co-Chairs:

- **Anna**
- **Cassie**

### Peace Country HN:

Co-Chairs:

- **Miranda**
- **Natasha**
- **Emily**  
(offboarding)

### Tri-River HN:

Co-Chairs:

- **Jon**
- **Nora**
- **Vineth**  
(onboarding)

### Four Directions HN:

Co-Chairs:

- **Karen**
- **Michael**

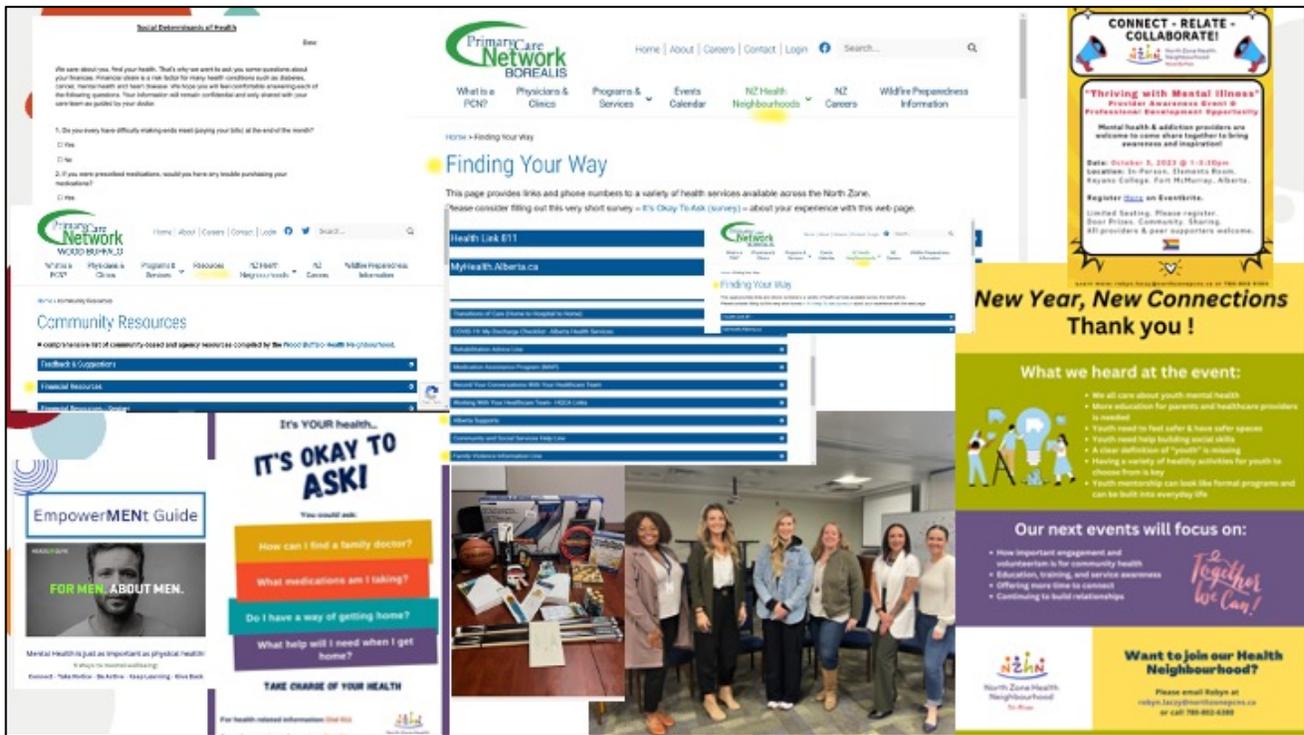
- Note on Lingo: Often, the "PCN" / "AHS" organizations are noted as "the dyad", but with community and other social service organizations, there are actually many organizational and identify representations working in the HNs/Neighbourhood Coalitions. For example, Nora has never worked in healthcare 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.

**Prepare your eyes!**

**Incoming Collage of works  
from our "Mini Working  
Groups"**

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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):



Peace Country Health Neighbourhood Service Area



### 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!**

- 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.

## Wood Buffalo Health Neighbourhood (WB HN)

### Two Mini Working Groups – TiC and AMH:

#### 1. Transitions in Care (TiC) Mini Working Group/Name Change

- Tue morning 11am-noon, once every 2 weeks
- Transitions means a patient's journey
- Past project works: "It's Okay to Ask" poster campaign for patient empowerment, partnership with HQCA, Indigenous community relationship development, Patient SDOH survey
- **Active projects:** WB Resource List & merger with TR HN – ***Did you Know? Public Information project, awareness of services outside of emergency rooms***

#### 2. Addiction & Mental Health (AMH) Mini Working Group

- Thurs afternoons, 3-4pm once every 2 weeks
- Both addictions and mental health as focus
- **Active project work:** "Connect-Relate-Collaborate" (CRC)/ Provider event series – speaker series – provider event engagement series, self-care components for providers/workers – move to in-person events in Fort McMurray. Example themes: confronting stigma, movement for mental health, etc. **Examples of CRC events: Come & Go Fire, Behind the Business Card**

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- 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.

# Tri-River Health Neighbourhood (TR HN)

## 2 Mini Working Groups

### 1. Community Connections Mini Working Group

- Connecting with local youth to showcase community-based options and health via sessions & **School Sessions on Caring Community/Health project (school in Westlock) and also "Grill & Gather" Welcome to Town project (pilot in Athabasca 2026)**

### 2. Transitions in Care Mini Working Group, recent merger with WB HN TiC group

- "Know Your Primary Care Provider" poster, know full name, clinic location are key and **Did You Know? Public Messaging**
- *Past engagement work - New Year, New Connections - public event series, youth mental health awareness and presentations started off January 2024 - Community Connections Mini WG; youth mental health*
- *Public awareness of primary health care theme for both MWGs*

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- TR HN 3<sup>rd</sup> 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!

**School in Westlock – Community Connections Mini Working Group Members held first youth session on November 25<sup>th</sup>, 2025**

**“Did You Know?” early sneak peek snapshot of the slide deck... coming soon! Project merger with WB group**

**Upcoming Summer 2026 – “Grill & Gather” Welcome to Town event, Town of Athabasca selected as site for event, newbies, newcomers, new (or not) to community welcome**

**DID YOU KNOW...**

24/7 Mental Health Helpline: **1.877.303.2642**

24/7 Addictions Helpline: **1.866.332.2322**

24 Hour Distress Line: **1.780.482.4357**

**DID YOU KNOW?**

Service	Phone Number	Hours
24/7 Mental Health Helpline	1.877.303.2642	24/7
24/7 Addictions Helpline	1.866.332.2322	24/7
24 Hour Distress Line	1.780.482.4357	24/7

- 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



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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!

**BONE HEALTH**

Am I Eating Well for My Bones?

Do you have bone health concerns? Did you know you can ask your Primary Care Provider about them? Consider asking:

- How do I take better care of my bones?
- How does the food that I eat impact my bone health?
- How much calcium do I need to consume in a day?
- Do I need a calcium supplement?

What other factors affect bone health? Too much sodium, caffeine, and alcohol, can harm your bones. Talk to your pharmacist about medications that may affect bone health.

Work with your health care provider to quit smoking.

Are You Eating Well for Your Bones?

Visit this link or scan the QR to find out

More support? Call 811 Health Link and ask to talk to a dietitian or complete a self-referral form on [ahs.ca/811](https://ahs.ca/811).

Alberta Indigenous Virtual Care Clinic | [albertafindoctor.ca](https://albertafindoctor.ca) | North Zone (N2) Health Neighbourhoods

The Four Directions Health Neighbourhood is a grassroots primary care improvement group working toward better community understanding of health and wellness and does not necessarily endorse all people or services advertised.

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!"

## Trivia/ Questionnaire/ Quiz Time!

- **What are the high-level NZ HN 3 Main Goals?**
- **Who “owns” the Health Neighbourhood groups?**
- **What human skill (according to Robyn) is needed for successful collaborative & collective impact work?**
- **Why are NZ Health Neighbourhood meetings confidential?**

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- 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.

FROM THE U OF A STUDENT'S LITERATURE REVIEW 2020


**Key Findings**


GUIDE YOUR WORK IN THE NEIGHBOURHOOD!

<p><b>Collaboration</b></p> <p>Align in goal, not in identity. Collaborative inquiry can streamline services in areas of fragmented care. Empowers users and providers alike!</p>	<p><b>Define "Health"</b></p> <p>Have a shared definition of health for you and in mini working groups. Early meetings showcased "holistic" / whole person health.</p>	<p><b>Funding</b></p> <p>Can ensure appropriate infrastructure and services that are sustainable in integrated care networks. Neighbourhood work is voluntary currently.</p>
<p><b>Leadership</b></p> <p>More power needs to shift to frontline workers. Break down traditional thinking related to silos and separate organizations.</p>	<p><b>Measurement</b></p> <p>Is this working? Metrics tracked should be cohesive across jurisdictions for ease of surveillance and future evaluation.</p>	<p><b>Policy</b></p> <p>Overarching policy should be considered and will help guide newly integrated networks like our neighbourhood.</p>
<p><b>Tech &amp; IT</b></p> <p>Integrated networks need strong and user-friendly technology. Tech anxiety is okay. Ask support for help. Share IT systems when we can.</p>	<p><b>Time Commitment</b></p> <p>Our neighbourhoods require significant time commitment. Be honest with yourself and others in this. Communicate if yours needs to change.</p>	<p><b>Trust &amp; Relationships</b></p> <p>Building relationships and trust within and within surrounding community create strong foundations for successful operations.</p>

Before the groups really started, we had U of A students do a lit review and they showcased 3 case studies of best and promising practices with other groups like this – the model is evidence-informed itself! These were their hopes for the future to sustain the groups in the future...

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- 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)

### NORTH ZONE (NZ) PRIMARY HEALTH CARE NZ SERVICE PLAN INFOGRAPHIC 2023-2026

*"Through implementation of the plan, Alberta Health Services (AHS), Primary Care Networks (PCNs), and community-based partners will work together to support primary health care needs across the NZ."*

#### PC STRATEGIC OUTCOMES

1. Access: Albertans have access & flexible care options
2. Integration: Albertans have a well-coordinated health home
3. Quality: Albertans receive high-quality care with evidence-informed services
4. Partners: Albertans & their partners are meaningful partners in planning & implementation

#### NZ PCN COMMITTEE

This Committee is the governance body of this work:

1. Vision: create equitable access to high quality primary care & medical homes
2. Mission: advocate for thriving, sustainable primary care teams to better serve all communities
3. Values: trust, collaboration, quality, people-centre

#### PRIORITY AREAS

These are our focus areas and populations for the NZ:

1. Unattached & vulnerable
2. Well (not) at Risk People
3. Frail, Complex Services
4. Addictions & Mental Health
5. Chronic & Co-Morbid Conditions (CCO), Diabetes
6. Indigenous Health

#### INITIATIVES

1. Capacity Building in Primary Care
2. NZ Health Neighbourhoods
3. Zone Primary Care Business Unit
4. Transitions in Care
5. Alberta Surgical Initiative
6. Indigenous Health
7. Emerging Issues

#### HEALTH NEIGHBOURHOODS

Health Neighbourhoods bring together people from diverse backgrounds & identities to make small local improvements & build meaningful relationships across organisations & sectors. Our goal is to have 8-9 operational Health Neighbourhoods across the NZ.

#### NOW & FUTURE

1. Active Collaboration
2. Stronger Partnerships
3. Bold Change Management
4. Long-term Sustainability
5. Continued Quality Improvement
6. Improved Communications

March 2023

### Our Health Neighbourhoods

**Key Messages**

*Health Neighbourhoods bring together people from diverse backgrounds to improve primary health care for the people in Northern Alberta.*

**We celebrate that our Health Neighbourhoods are unique to Northern Alberta, and unique even when compared with each other.**

**We are evolving:** As we add new Membership, the look and feel of the Health Neighbourhoods will change in time.

**We do not want to duplicate existing work.** We meet to learn, share, and use our ideas to support primary health care needs now and in the future.

**We strive to be inclusive and communicate in a way that all Membership and community members can access and understand.**

**We are building bridges between health and social areas to improve the primary health care experience for everyone in Northern Alberta.**

**We take our time to relationship-build and want to avoid being only project-driven.** We work meaningfully together to understand gaps in services for the benefit of everyone in Northern Alberta.

**We have Mini Working Groups** targeted to address specific concerns related to primary health care:

We model shared leadership and take ownership of our work.

Our work is ongoing - we want to co-create navigation supports, workshops, stories, networks, and build on communities within existing projects.

We balance meeting time by getting to know each other, staying connected, and implementing the North Zone Service Plan.

We know that everyone has solutions and we need everyone's solution to move forward together.

Our Health Neighbourhoods (OHN) or "Health Neighbourhood" is a concept in the North Zone. It is not the same as a community, neighbourhood, or area. It is a group of people who work together to improve primary health care in their community.

March 2023 version

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

**There's no 1 "right" way to lead. Steal this cheat sheet for the best LEADERSHIP STYLES**

Leadership styles are different ways to guide and inspire a team. Knowing these styles helps you choose the best approach for different situations. This makes you a more effective and adaptable leader.

**10 Leadership Styles**

- Adaptive** How can we adjust? Encourages flexibility in complex, fluid or changing environments. Example: Navigating a market shift.
- Autocratic** Follow this plan! Makes quick, firm decisions. Makes rules or set-piece decisions for others. Example: Leading an emergency situation.
- Coaching** How can you do it? Develops people's skills for the future. Good for new recruits. Example: Mentoring a junior health professional.
- Democratic** What do you think? Values everyone's input. Best for collaborative environments. Example: Seeking input on a team project direction.
- Inspirational** Let's aim higher! Motivates with vision and stories. Good for building teams. Example: Rallying a team around a new company vision.
- Laissez-Faire** Drive from independence. Good for skilled and diverse teams. Example: Managing a group of experienced researchers.
- Servant** How can I support? puts teams' needs first. Good for creating supportive cultures. Example: Focusing on team well-being.
- Strategic** Here's my vision. Aligns actions with long-term goals. Good for pushing through growth. Example: Developing a 3-year business plan.
- Transactional** Meet these goals. Rewards or punishes based on performance. Effective for goal-oriented teams. Example: Meeting sales targets.
- Transformational** Let's change the game. Use when leading a team through innovative projects or significant changes. Example: Launching a new business strategy.

**Situational Leadership**

Good for a "capable but cautious" team that needs support. Good for "dedicated workers" who need coaching to grow.

Good for "well-learned employees" who need delegated authority. Good for "ambitious beginners" who need strong direction.

**Emotional Intelligence Model**

A high EQ helps you build your leadership skills in the classroom. Manage yourself before leading others.

Know your emotions. Manage your emotions. Build strong teams. Recognize others' emotions. Build strong bonds.

**Transformational Leadership**

- Intellectual Stimulation**
  - Innovation
  - Creativity
  - Goals
  - Challenge
- Individualized Consideration**
  - Mentorship
  - Empathy
  - Purpose
  - Strength & Skills
- Idealized Influence**
  - Role Model
  - Walk the Walk
  - Enthusiasm
  - Embody Value
- Inspirational Motivation**
  - Clear Vision
  - Optimism
  - Inclusion
  - Productivity

**Cultural Safety**

**Cultural humility**

Compassion Informed Care

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.

## New Way of Working...

- **Collaboration**
- Engagement & Collective Impact (people power)
- Relational (not transactional, learning healthy relations)
- **Health equity** in partners (includes caregivers, patients, public members)
- Not being perfect, but trying and speaking anyway
- **"Everyone belongs** in a 'Health Neighbourhood' because everyone belongs in our real-life communities!"
- **Be brave** – reach out first! Connect with your Co-Chairs and other Members, the point is connection across sectors and identities 😊

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- The new way of working, A New Hope



# Thanks!

**Question & Discussion time.**

Please **let your Co-Chairs know** you completed the PPT and that you are new!

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Time to stop screenshare and get into some discussion ☺