

# Terms of Reference Health Advisory Councils

## Terms of Reference Health Advisory Councils

November 2020

### 1. Purpose

The following Terms of Reference will outline operations for the Alberta Health Services (AHS) Health Advisory Councils (“Councils”) in accordance with the *Amended [Bylaw for Alberta Health Services Establishing Health Advisory Councils](#)* (“Bylaw”). As required by Article 15.1 of the Bylaw, these Terms of Reference shall comply with and are subordinate to the *Regional Health Authorities Act, Community Health Councils Regulation* and *Community Health Councils (Ministerial) Regulation* (collectively, the “Legislation”) and the Bylaw, including the respective limits of authority in the Legislation and Bylaw.

The majority of the topics outlined in this Terms of Reference are specifically governed by the Legislation and the Bylaw, and as such, the content of these Terms of Reference is intended only to summarize and/or provide further information or detail.

The Terms of Reference are not intended to conflict with the Legislation and the Bylaw. In the case of conflict, the Terms of Reference shall be interpreted to the extent possible so as to eliminate the conflict having regard, firstly, to the paramountcy of the Legislation and, secondly, to the Bylaw.

The Councils report to the [Community Engagement Committee \(“Committee”\)](#) of the [AHS Board](#) (“Board”). They are set up on a geographical basis across the Province of Alberta, in accordance with the map attached as Appendix A. There are a total of twelve (12) Councils, with the following names:

Health Advisory Council 1	True North Health Advisory Council
Health Advisory Council 2	Peace Health Advisory Council
Health Advisory Council 3	Lesser Slave Lake Health Advisory Council
Health Advisory Council 4	Wood Buffalo Health Advisory Council
Health Advisory Council 5	Lakeland Communities Health Advisory Council
Health Advisory Council 6	Tamarack Health Advisory Council
Health Advisory Council 7	Greater Edmonton Health Advisory Council
Health Advisory Council 8	Yellowhead East Health Advisory Council
Health Advisory Council 9	David Thompson Health Advisory Council
Health Advisory Council 10	Prairie Mountain Health Advisory Council
Health Advisory Council 11	Palliser Triangle Health Advisory Council
Health Advisory Council 12	Oldman River Health Advisory Council

Councils have been established under the Legislation for the purpose of advising the AHS Board and AHS leadership on community health needs and priorities. In carrying out this advisory role, the Councils will engage with residents to gather local perspectives about health care delivery in communities across the province. Councils are established and members are appointed, by the Board. The Board has legislated authority to disestablish a Council by submitting for approval to the Minister of Health (Minister) a proposal for disestablishment and, upon obtaining such approval, passing a bylaw to disestablish the Council. Additionally, the Minister has the legislated authority to give directions to the Board to disestablish a Council.

### 2. Council Objects, Functions and Duties

Councils will provide advice on health system policies, strategies, and planning to the Board and AHS leadership based upon regional and community needs, while taking financial parameters into consideration. Councils are guided by AHS standards and tools.

In accordance with the Bylaw, Councils act in an advisory and engagement role. Councils support two-way dialogue between Albertans and AHS to address local and regional health issues. Therefore, the Councils will:

- i. Gather information including public input respecting health, health needs and health services for the residents of the communities in the Council area;
- ii. Provide advice to AHS about health issues, health needs and priorities, access to health services, promotion of health and any other matters requested by AHS; and
- iii. Promote and participate in activities that enhance the health of Albertans.

The Councils shall:

- i. Support open dialogue by communicating with local communities and regional stakeholders;
- ii. Advise AHS on what they are hearing regarding health services in the Council area;
- iii. Consider information provided by AHS and identify health issues or trends from a local and regional perspective;
- iv. Provide ongoing feedback based on community perspectives regarding what is working well and areas for improvement in the local health system;
- v. Advise AHS regarding strategies to further engage communities and individuals on matters relating to healthcare;
- vi. Develop annual priorities and commitments for review by the Committee; and
- vii. Develop Annual Reports for review by the Board as outlined in the Bylaw.

### Advisory

The voluntary role of Council is advisory, rather than advocacy, in nature. The difference between these two roles is considered as follows: An *advisor* seeks to inform a process, while an *advocate* seeks to ensure a particular outcome. While Councils are not boards or elected officials, their focus on bringing the community voice to health planning is vital in both creating a better health system and in supporting Albertans where they live. Councils operate at both system-wide and grassroots levels to help build healthier communities.

### Expectations

Council meetings are conducted respectfully with an emphasis on listening and understanding to ensure that all members have an opportunity to participate and that all perspectives are heard. It is the responsibility of the Chair to manage conflict, when it arises, respectfully and in a timely manner. Additional participation expectations for all Council members are as follows:

- i. Attend scheduled meetings and notify the AHS Council Coordinator in advance if unable to attend;
- ii. Travel to in-person meetings held in Council communities and submit appropriate mileage for reimbursement (see section 10);
- iii. Be prepared for meetings by reviewing meeting materials in advance;

- iv. Demonstrate an interest in community health, representing regional voices and bringing forward community perspectives;
- v. Demonstrate respect for fellow Council members, AHS representatives, presenters and members of the public and act in accordance with the AHS Code of Conduct;
- vi. Act in good faith;
- vii. Disclose any disagreement or conflict, real or perceived, to the AHS Council Coordinator (role outlined in Section 5 below) as soon as possible and as required by the Legislation and the Bylaw;
- viii. Act as representatives on behalf of the Council on other AHS committees as appointed and bring forward topics from these committees to Council as appropriate;
- ix. Consistently use e-mail as a means of communication and participate in virtual meetings (e.g. Telehealth, Zoom, Skype) as appropriate; and
- x. Actively participate in Council work between Council meetings and events.

Council activities are to align with priorities approved by the Council that guide the work of the group and develop the agendas.

### Conflict of Interest & Confidentiality

#### A. Political Activity:

- i. AHS is a politically neutral organization and does not support or endorse any political party or candidate at any level of government;
- ii. The Councils are public bodies and an extension of AHS. Members representing Council in-person, on social media, or in any other setting are to remain non-partisan; and
- iii. The AHS Political Activity Policy recognizes the personal right of AHS representatives to participate in political activities. Council members participating in political activities shall not do so as Council or AHS representatives. For example, individuals participating in an electoral campaign or publicly endorsing a political candidate shall do so as individual citizens and refrain from using their membership on Council to further a political outcome.

#### B. Conflict of Interest:

- i. Recognizing that Council members have interests outside of AHS, they are expected to fulfill their responsibilities in a manner that avoids involvement in any potential, apparent or real conflict of interest situations;
- ii. Members are to promptly disclose and address any real or perceived conflicts should they arise;
- iii. In the course of carrying out member duties, no member shall take part in a decision or action that may further a private interest of the member or any person directly associated with that member or a minor child of that member, in accordance with Article 8.1 of the Bylaw and *Community Health Councils Regulation*;
- iv. Should a conflict arise during the course of a meeting, the member must make a verbal declaration of that conflict and must withdraw from the meeting without participating in the discussion or voting on the matter, in accordance with Article 8.2 of the Bylaw and the *Community Health Councils Regulation*;

- v. Members and AHS employees who interact with Council shall act honestly, in good faith, leaving aside personal interests to advance the public interest;
- vi. No member shall use the office or power of a Council to influence a decision made by Council or the Board to further a private interest, in accordance with Article 8.3 of the Bylaw and the *Community Health Councils Regulation*;
- vii. To mitigate real or perceived conflicts; AHS employees, physicians, Alberta Health employees, and other members who have identified conflict may not serve in the capacity of Chair; and
- viii. In the event that a conflict has been identified, it may be necessary to request the affected Council member to step down from the Council and any other associated AHS volunteer activities.

### C. Confidentiality

- i. Members will receive confidential information and will not distribute or relay confidential information outside of their role as a Council member;
- ii. Members shall seek clarity when needed to confirm that the information they wish to share is intended for a public audience;
- iii. Confidentiality shall encompass both AHS information and that shared in confidence by other members of Council (i.e. personal health information);
- iv. Members must sign a confidentiality agreement in accordance with the *Alberta Evidence Act* and the *Health Information Act*; and
- v. Members must use AHS e-mail accounts for official Council business in accordance with confidentiality and privacy policies.

### D. Diversity and Inclusion

- i. All who are part of or who interact with AHS are protected from discrimination on the grounds of race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status and sexual orientation (*Alberta's Human Rights Act*); and
- ii. Members who demonstrate discriminatory behavior in conflict with AHS policies and the *Alberta Human Rights Act* will be asked to relinquish their membership on the Council.

## 3. Distinct Roles

### Chair

The Chair will represent the majority of views on Council and communicate their Council views and priorities to AHS executive leaders and the Board. To ensure adequate succession planning, a member may not serve as Chair in the last year of their second three-year term as a member. Chairs who have completed their term will mentor new Chairs in collaboration with the Council Coordinator (see Past Chair). The Chair will be elected from their respective Council membership for one or two-year terms.

### Chair Duties

#### Providing leadership:

- i. Ensure the work of the Council is meaningful for all members;
- ii. Act as a spokesperson for Council at events or in the media, as appropriate;
- iii. Participate in regular meetings and planning activities with AHS leads and the Council Coordinator outside of public Council meetings and events;
- iv. Ensure the skills and experience of all members are used to their potential;
- v. Facilitate a safe and equitable environment for Council members;
- vi. Lead Council in community engagement and event planning in collaboration with AHS Zone and Medical leaders and the Council Coordinator; and
- vii. Communicate Council needs, concerns, and ideas to the Council Coordinator in a timely fashion.

#### Ensuring proper Council function:

- i. Ensure each meeting is planned effectively, conducted according to the Bylaws and these Terms of Reference, and that matters are dealt with in an orderly, efficient manner;
- ii. Jointly plan meeting agendas, Council priorities and Council activities with AHS Zone representatives and the Council Coordinator;
- iii. Capture recommendations for meeting agenda items from Council members;
- iv. Act as the conduit between the Council and AHS, including Community Engagement leadership and the Board; and
- v. Manage any conflicts of interest in partnership with AHS as they are presented.

#### Membership and Recruitment:

- i. Review Council membership and develop recruitment strategy in partnership with the Council Coordinator;
- ii. Strive for diversity of membership on the Council; and
- iii. Assume the role of Past Chair for one year prior to completion of final term and work with the new Chair in a mentorship and coaching capacity.

#### Council of Chairs:

- i. Participate in quarterly and ad hoc Council of Chairs meetings and report meeting outcomes back to members; and
- ii. Provide insight and feedback to AHS on consultation projects presented to the Council of Chairs.

### Past Chair

Upon completion of term as Chair, members will assume title of Past Chair for one year. Past Chairs participate in mentorship and guidance activities for new Chairs outside of public Council meetings and events, to ensure new Chairs are set up for success. Past Chairs will:

- i. Be responsible for providing guidance, advice and support to the current Chair and Council during transition; and
- ii. Support the Chair in their position through mentoring, advising and analysis of Council development and procedures.

### Co-Chair of the Council of Chairs

The Council of Chairs is co-lead by two Advisory Council Chairs. Co-chairs may be Chairs of a Health Advisory Council, Provincial Advisory Council, or the Wisdom Council. Co-Chairs may serve in two-year terms to ensure overlapping leadership. Together, Co-Chairs work in close collaboration to:

- i. Lead the Council of Chairs;
- ii. Act as the representatives of the Council of Chairs to the Board and AHS teams as appropriate;
- iii. Provide input and feedback to AHS on behalf of the Council of Chairs;
- iv. Review and approve Council of Chairs meeting agendas; and
- v. Ensure all Councils are represented during Council of Chairs discussions.

### Vice Chair Duties

The Vice Chair will be elected from their respective Council membership on a two-year election cycle. If a member is unable to assume the Vice Chair role for a two-year period, a one-year election cycle may be considered. The Vice Chair is responsible for supporting the Chair in effective Council leadership, function, and recruitment and will carry out Chair duties in absence of the Chair, including acting as the spokesperson for Council when the Chair is unavailable. Vice Chairs may attend Council of Chairs meetings when the Chair is not available and are invited to participate in one Council of Chairs meeting per year. The Vice Chair may consider expressing their interest in the position of Chair should the current Chair resign or their term expire.

### Alumni

Those members who complete their maximum years of service on the Council will be offered the option to join the Alumni. Alumni are not additional Council members, as approved by the Board. Instead, they are non-voting stakeholders who have expressed interest in continuing to be engaged in opportunities and conversations offered through AHS. Alumni will be held to the same policies and guidelines as other Council members. This would include signing confidentiality agreements and following the AHS Code of Conduct. Alumni involvement may include:

- i. Invitations to AHS and Council-hosted events in the community. AHS must provide the appropriate information for alumni to participate meaningfully;
- ii. Mentoring new Council members; and
- iii. Invitations to participate in advisory work with AHS.

### 4. Membership

#### Eligibility

The Council members shall be appointed by the Board. The membership of each Council shall include a range of eight (8) to fifteen (15) members, which will be comprised of individual volunteers who:

- i. Reside in the Council geographic area;
- ii. Are 18 years of age, or older; and
- iii. Have demonstrated interest in the health of the region and communities and in health issues generally.

#### Terms

- i. The term of office for Council members will be three (3) years, for a maximum of six (6) years (e.g. one 3-year term plus one, 3-year term), unless otherwise determined by the Board;
- ii. Each Council member must be re-nominated and reappointed for any second and subsequent terms as determined by the Board; and
- iii. Former Council members may reapply to the Council after two years have elapsed following the completion of their final term on the Council.

### 5. Support to the Councils

The Councils will be supported by AHS Zone and Medical leaders (see below for description) and the AHS Community Engagement team, including the Council Coordinator.

#### Health Advisory Council Coordinator

The Health Advisory Council Coordinator is a member of the AHS Community Engagement and External Relations team and may work with up to four Councils. Council Coordinator duties include:

- i. Acting as the main point of contact for each Council they support;
- ii. Providing guidance to both members and AHS teams on matters relating to Councils;
- iii. Managing Council process, progress and issues in partnership with Council Chairs;
- iv. Advising Council on how their activities can be aligned with AHS priorities and leadership teams;
- v. Capturing recommendations for meeting agenda items from Council members;
- vi. Navigating AHS systems and providing channels for Council ideas and concerns;
- vii. Working with the Chair on an ongoing basis to lead recruitment, plan Council activities and events, and to develop Council agendas;
- viii. Guiding Council in priority setting and work planning;
- ix. Ensuring Councils have access to relevant and timely information;
- x. Providing tools and materials to help with Council work;
- xi. Coordinating booking of speakers, presenters, and content for meetings and ensuring follow-up;
- xii. Seeking out information requested by Councils where appropriate;
- xiii. Providing orientation to new members and Chairs; and
- xiv. Recording meeting summaries for public meetings

### AHS Zone leadership

Relationships and communication with AHS Zone leadership representatives is important for all Councils. AHS representatives may include:

- i. Chief Zone Officers, by virtue of their office;
- ii. Zone Medical Directors, by virtue of their office;
- iii. Senior Operating Officers as assigned by the Chief Zone Officer; and
- iv. Other delegates as assigned following agreement with AHS Community Engagement and the Chief Zone Officer.

Where delegates are assigned, the Chief Zone Officer and/or Senior Operating Officer shall be provided with regular updates on Council activities and will be invited to participate in Council events. The roles of AHS leadership include:

- i. Attendance at all Council meetings and events;
- ii. Sharing AHS strategies, updates, and plans in as timely a manner as possible;
- iii. Participating in development of Council commitments, priorities and activities to ensure alignment with Zone operational priorities;
- iv. Identifying and bringing forward opportunities for Council participation, input, and engagement;
- v. Reporting back to Council on how input was used; and
- vi. Acting as a champion for Councils and encouraging other AHS teams to connect with Councils.
- vii. Co-design community engagement events in collaboration with Council(s), including:
  - a. Selecting engagement or information topics for community events;
  - b. Identifying community stakeholders and AHS representatives to participate in community events; and
  - c. Determining the goals and scope of engagement activities.

### Community Engagement & External Relations

AHS Community Engagement and External Relations acts as the executive sponsor for Councils and is part of the AHS Community Engagement and Communications portfolio. Duties include:

- i. Logistical and process supports to the Councils;
- ii. Onboarding and orientation support for members and AHS Leadership;
- iii. Collaborating with Councils and AHS leads to plan community events and activities;
- iv. Creating awareness of Councils across AHS and to the public (e.g. social media, public service announcements, etc.);
- v. Managing Council of Chairs meetings and activities in collaboration with the Co-Chairs;
- vi. Coordinating Council deliverables and authoring Council documents to be submitted to the Board; and
- vii. Seeking out opportunities for Council involvement.



### 6. Participation and Conduct

#### Attendance

Attendance at a minimum of 75 per cent of meetings is expected for individual Council members, unless extenuating circumstances arise. If members are unable to attend Council meetings and events, they are expected to communicate their circumstances as soon as possible to the Chair or Council Coordinator. Consistent absenteeism without explanation may result in removal from Council:

- i. If a member is consistently absent, they will be contacted by the Chair or designate to discuss absenteeism;
- ii. The purpose of the discussion is to determine whether their absence was excusable due to extenuating circumstances, and to determine their commitment to continuing with the Council; and
- iii. Failure to communicate with or provide a sufficient explanation of absenteeism to the Chair or Council Coordinator may result in the initiation of the termination process from the Council, as set out in Article 7.7(a) of the Bylaw.

#### Conduct

The [AHS Code of Conduct](#) outlines the values, principles and standards of conduct that guide our actions and interactions. All Council members and AHS staff are to exhibit behavior in accordance with the Code of Conduct, including:

- i. Treat people with respect, compassion, dignity and fairness;
- ii. Be open, honest and loyal;
- iii. Act ethically and uphold professional standards;
- iv. Take responsibility for our own actions and expect the same of others; and
- v. Respect confidentiality and privacy.

Members may be asked to relinquish their Council membership if their behavior is found to be in conflict with the AHS Code of Conduct or Conflict of Interest policies. AHS staff who are unable to follow Code of Conduct guidelines during Council meetings will be subject to removal from the meeting by the Council Chair and subsequent action in accordance with AHS Management and Human Resources standards.

#### Resignations

Members wishing to resign from the Councils during their term should communicate this intention in writing to AHS in a timely manner. An exit interview will be offered and is conducted by AHS Community Engagement leadership to support transparency.

#### Commitment

On an annual basis, members will be asked to evaluate their contribution to the Council and AHS as a whole and determine their ongoing commitment and participation. By confirming their commitment, Council members agree to adhere to these Terms of Reference and the Bylaws.

### 7. Meetings

#### Meeting Elements

Council shall approve the agenda and minutes for each public Council meeting. In addition, to align with the [purpose](#) of Councils, the following elements are taken into consideration when developing meeting schedules, community events, and agendas:

- i. Public and community engagement: Direct interaction and activities with public for relationship building, gathering, health education;
- ii. Community pulse check: Sharing the issues or concerns important to communities with AHS and identifying emerging issues or trends;
- iii. Information sharing: AHS and community groups regularly present to Councils and solicit advice;
- iv. Advising AHS: AHS to bring items for discussion and advice to Councils. In instances where advice is needed on matters of a confidential nature, time will be allotted to hold conversations in-camera;
- v. Meaningful engagement: Council may prioritize presentation requests from AHS that include opportunities for Council members to contribute meaningfully to AHS projects and outcomes; and
- vi. Administrative functions: Council commitments and priorities will act as a guide for Council activities.

#### Frequency

The Councils shall

- i. Hold community events or engagement activities at least twice per year;
- ii. Hold public meetings at least twice per year; and
- iii. Councils may convene other informal meetings and working sessions, if required, at the call of the Chair.

#### Location

In-person meetings must be hosted within the geographical boundaries of the Council. Given the geographical range of Councils, meetings may be held either in-person or on a virtual format, such as Zoom, as appropriate.

#### Meeting Minutes

Public meeting agendas and meeting minutes shall be prepared by the Council Coordinator and master copies of the meeting minutes shall be retained by AHS Community Engagement and External Relations.

#### Extenuating Circumstances

Council will work with AHS to accommodate extenuating or unforeseen circumstances that may impact meeting schedules, elements, format, or location.

At in-person meetings held in communities, in-person attendance is expected and travel may be required. Travel costs incurred in accordance with AHS travel policies are reimbursed (see [section 10](#)). In extenuating circumstances, participation through electronic measures (teleconference call, Skype, Zoom, etc.) may be acceptable at the discretion of the Council Coordinator and Chair.

### 8. Committees

#### Council Sub Committees

The Councils may form sub-committees to achieve time-limited work, or to seek expertise not available within the current Council. These sub-committees or project groups will:

- i. Be established by Council at scheduled meetings with the approval of the attending members;
- ii. Be established for a maximum length of time, appropriate to need;
- iii. Outline scope, membership, objectives, and deliverables. For example, the sub-committee will not have authority to make financial decisions on behalf of AHS, but may advise on processes for partnering with AHS to gather community input on a specific project;
- iv. Report back to respective Council on progress;
- v. Provide a written report (if appropriate) to respective Council and Community Engagement Committee upon completion of their specific task or project; and
- vi. Fulfil such deliverables as requested by respective Councils.

#### AHS Committees

Council members may sit on AHS program or project committees as appropriate. The Council Chair shall ensure equitable opportunities for Council members to join Committees where multiple AHS committees request Council representation.

### 9. Recruitment and Vacancy Management

A province-wide recruitment process will take place on an as-needed basis, facilitated by AHS and in collaboration with Council Chairs. As individual Council vacancies arise, local recruitment will take place.

Members will be recruited to represent the diversity of the geographic area. Individuals with a broad community perspective on health matters will be preferred over individuals who have a singular concern regarding health services, in keeping with the mandate of Councils.

### 10. Remuneration of Council Members

Members of Councils are not entitled to remuneration; however, the Committee may authorize the payment of expenses incurred by members of the Councils such as approved travel costs and expenses related to meetings, which, in the opinion of the Board Committee are reasonable.

### 11. Reporting

The Councils will report through the Chair and Vice Chair to the Committee.

### 12. Terms of Reference

These Terms of Reference will be reviewed and revised

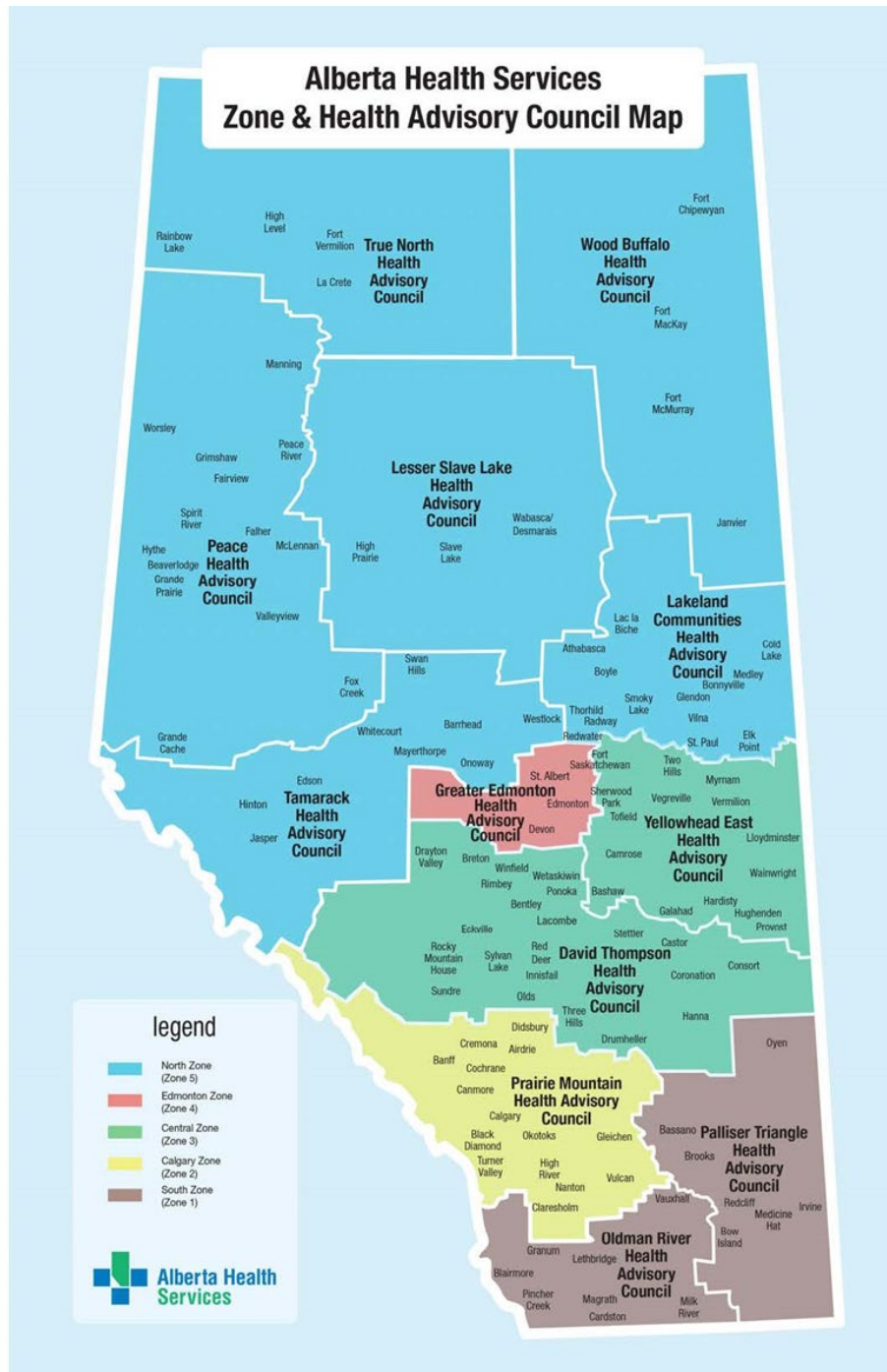
- i. Every three years; or
- ii. As required by the Board.

### 13. Evaluation

- i. The Councils will conduct self-evaluation annually, for inclusion in Annual Reports to the Board; and
- ii. The Councils will participate in activities to evaluate community engagement across AHS; and
- iii. Councils will participate in a regular satisfaction survey to be administered by AHS annually.

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## Appendix A: Health Advisory Council Map



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### Appendix B - Legislation, Bylaws & Policies

[Regional Health Authorities Act](#)

[Community Health Councils Regulation](#)

[Community Health Councils \(Ministerial\) Regulation](#)

[Alberta Evidence Act](#)

[Alberta Human Rights Act](#)

[Health Information Act](#)

[Health Advisory Council Bylaws](#)

[AHS Conflict of Interest Bylaw](#)

[AHS Political Activity Policy](#)

[AHS Code of Conduct](#)