Expression of Interest:
Burlington Anchor Table Patient and Family Advisor

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) is seeking patients, families and caregivers to participate in the new Burlington Anchor Table as a Patient and Family Advisor.

We encourage patients and their family/caregivers who live within the HNHB LHIN's Burlington sub-region to complete and submit this Expression of Interest for consideration as a member of Burlington's Anchor Table.

Please complete and return this form by 9:00 a.m. Monday, March 2, 2018, by email, mail, fax, or in person to the attention of:

Kathy Peters, Director, Burlington Sub-Region Planning and Integration
Hamilton Niagara Haldimand Brant LHIN
440 Elizabeth Street, 4th Floor, Burlington, ON L7R 2M1
Telephone: 905-639-8794 ext. 3864 or Toll Free 1-866-363-3864
Fax: 905-639-0129
Email: kathy.peters@LHINS.on.ca

We thank you for your interest and taking the time to complete this form. All applicants will be contacted as to the status of your application by Monday, March 12, 2018.

Background

The HNHB LHIN's Burlington Anchor Table will aim to assist in shaping the LHIN's programs, services and initiatives specifically designed to improve population care within the Burlington sub-region.

The role of a Patient and Family Advisor is to share his or her unique stories, experiences, opinions and perspectives in order to strengthen engagement of patients, caregivers and the public in important local health planning decisions and policies.

The Burlington Anchor Table will apply their learning, collective experience and insights to:

- Identify and advise on opportunities to incorporate the patient's perspective in initiatives to better integrate care across the region and across the health care system.
- Support effective patient engagement within the LHIN as it relates to the Burlington sub-region.
- Provide advice on recommendations about health care access or service delivery improvements from the patient and/or family caregiver perspective.
- Provide input on LHIN policies and standards guiding LHIN initiatives, particularly regarding patient care and patient engagement.
- Recommend strategies and practical ideas for improving patient care, and caregiver recognition and support.
- Work in partnership and engage in co-design with the LHIN CEO, LHIN staff, service providers and partners.
- Link and collaborate with other patient and family advisory groups within the LHIN and across the province as appropriate.

Members will be recruited and selected to ensure diversity that is reflective of the LHIN's Burlington sub-region population makeup, including in relation to age, gender, cultural diversity, socio-economic status and health experience with the health system.

Note, the following persons are not eligible for membership: *members of LHIN-funded health service provider Boards, elected representatives, practicing health care professionals, paid employees of health charities, employees of companies in health industries, elected officials, and employees of provincial and federal health ministries.*

For more information, please contact Harmony Bertard at harmony.bertrand@lhins.on.ca.
or toll-free at 1-866-363-3864 ext. 3810

Expression of Interest to be a member of the HNHB LHIN's Burlington Anchor Table, Patient and Family Advisor role

Name _____

Home Address _____

Phone Number _____

Email _____

Which of the following best describes you? Please check all that apply.

- ☐ Patient or former patient
- ☐ Family member/friend of patient or former patient
- ☐ Caregiver of patient or former patient

Please tell us the region where you (or your family member / friend) receive(d) care. Please check all that apply.

- ☐ Brant
- ☐ Burlington
- ☐ Haldimand
- ☐ Hamilton
- ☐ Mississaugas of the New Credit First Nation
- ☐ Niagara North West (Grimsby, Beamsville, Lincoln, Vineland, Smithville)
- ☐ Niagara (beyond Niagara North West) Norfolk
- ☐ Six Nations of the Grand River

Which part(s) of the health care system do you (or your family, or the person you care for) have experience with? Please check all that apply.

- ☐ Primary Care (Family Physician / Nurse Practitioner)
- ☐ Family Health Team
- ☐ First Nations Health Services
- ☐ Community Health Centre
- ☐ Aboriginal Health Access Centre
- ☐ Community Mental Health and Addictions Agency
- ☐ Community Support Services Agency
- ☐ Home and Community Care
- ☐ Hospice Palliative Care
- ☐ Hospital
- ☐ Long-Term Care Home
- ☐ Other (Please Describe):

_____

_____

Without sharing any personal health information, briefly describe your experience with the health care system and what unique perspective you would bring to the Committee. Note your comments below or attach on a separate page.

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In support of your application, please describe your skills / experience in any of the following areas:

	Please indicate your role and how your participation advanced the agenda. Please include dates of participation if possible.
Experience sitting on a Health Care Advisory Council or Committee	
Experience providing strategic advice for health system planning	
Experience providing strategic advice to other planning entities	

The following questions in *italics* are <u>OPTIONAL</u> and you can choose not to answer any of these. These questions are intended to help us ensure diversity on the Patient and Family Advisory Committee.

I identify my gender as:

☐ Man
☐ Woman
☐ Trans
☐ _____ (fill in the blank)
☐ I prefer not to disclose

Please indicate your age range.

☐ 18-25
☐ 26-39
☐ 40-55
☐ 56-64
☐ 65-75
☐ 76 +

Please tell us if you identify with any of the following.

☐ First Nations, Métis or Inuit
☐ Francophone Community
☐ Newcomer (An immigrant or refugee who has been in Canada for a short time, usually less than 3 or 5 years)
☐ LGBQT+ Community

What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

☐ No certificate, diploma or degree
☐ High school graduate, diploma or the equivalent (for example: GED)
☐ Postsecondary qualification (for example, college, university, or trades certificate)
☐ Graduate or professional education

What was your total family income before taxes last year?

☐ $0 - $29,999
☐ $30,000 - $59,999
☐ $60,000 - $89,999
☐ $90,000 - $119,999
☐ $120,000 - $149,999
☐ $150,000 or more

Which of the following best describes the type of community that you live in?

☐ Rural (population less than 1,000)
☐ Small (1,000 to 29,999 people)
☐ Mid-sized (30,000 – 99,999 people)
☐ Large (100,000 – one million people)

The LHIN is also developing a Mental Health and Addictions Peer and Family Advisory Committee and is seeking persons with lived experience of mental health and/or addictions (including family members) to join this group. Would you be interested in participating in this Committee?

- ☐ Yes
- ☐ No
- ☐ I am interested in joining both the Patient and Family Advisory Committee and the Mental Health and Addictions Peer and Family Advisory Committee

Please let us know if you require any accommodation in order to participate.
If you prefer that we contact you directly to discuss, please indicate this below.

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Please provide any other comments that would support your Expression of Interest for membership on the HNHB LHIN Patient and Family Advisory Committee.

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In addition to completing this form, you may also attach a current copy of your resume (if applicable) for consideration.

Thank you!