



## **Are you Interested in Making a Difference or Improving the Health Care System? We Need Your Help!**

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### **Patient, Family, Caregiver, and Partner Request for Interest**

As part of a commitment to place the needs of patients and clients first, the Kiiwetinoong Healing Waters Ontario Health Team (KHWOHT) aims to engage and empower patients and clients, families, and caregivers in helping to shape their local system of healthcare.

With this important objective in mind, the KHWOHT Patient Family Advisory Council (PFAC) is seeking to increase its membership to:

- 1) Broaden diversity across PFAC members related to geography, health care sector representation as well as community characteristics;
- 2) Be able to respond to the high value for patient and family engagement in key KHWOHT initiatives.

Through the sharing of unique health care stories, opinions, perspectives and lived experiences, the voices of patients/clients, family members and caregivers will help to inform, influence and actively co-design initiatives, programs and services within the KHWOHT.

#### **Qualifications**

- Receiving or have received care, are or have been a family member/caregiver within Dryden, Red Lake, Sioux Lookout, Ignace, Vermillion Bay and surrounding areas
- Comfortable speaking in a group and interacting with others;
- Able to generate ideas and build consensus on differences of opinion;
- Able to maintain confidentiality of patient and organizational information; and
- Not in a position of employment within health care.

Please see page 2 to complete the application.



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**Date:**

**First Name:**

**Last Name:**

**Email:**

**Primary Phone Number:**

**Mailing Address:**

**Are you a paid employee of a health care related agency?** Yes No

*\* If YES, please note that applicants are only eligible if they have no other means to make change within the health care system and related services. We thank you for your interest for volunteering and encourage you to consider other volunteer opportunities. If you are not a paid employee of a health care related agency, please proceed with the rest of the application.*

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

Patient/Client or former Patient/Client

Family Member/Friend of Patient/Client or former Family Member/Friend of Patient/Client

Caregiver of Patient/Client or former Caregiver of Patient/Client

**Which part(s) of the health care system do you, your family, or the person you care for, have experience, knowledge or interest in improving? Please check all that apply:**

Primary Care (Family Physician/Nurse Practitioner)

Community Health Centre

Community Mental Health and Addictions Agency

Chronic Obstructive Pulmonary Disease (COPD)

Congestive Heart Failure (CHF)

Other Chronic Disease Care (diabetes)

Integrated Care Pathways (Transportation, Travel, Supporting Family Members in Long-term Care, Patient Navigation & Coordination, etc.)

Home & Community Care (Needing or Receiving Care in your Home)

Equity, Diversity and Inclusion (LGBTQ2s+, Minority Populations, Youth, Elders/Seniors, New Canadians, French/Francophone, etc.)

Indigenous Medicines and Traditional Healing

Social Services

Long-term Care, Assisted Living, Care of Seniors

Other Please Specify: