

Mamow Ahyamowen Partnership Planning Meeting Report

November 7 – 8, 2017
Sudbury, Ontario



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Executive Summary

Mamow Ahyamowen (meaning *Everyone's Voices*) is a partnership of nine First Nations health service organizations serving 74 Northern Ontario First Nations. The partnership was formed in early 2016 and held its first face-to-face planning meeting in Thunder Bay in October 2016.

This second planning meeting held in Sudbury in November 2017 was focused on planning the partnership's future together. The timing for this second meeting allowed the partnership to reflect on its experiences over the past year to identify what was working well and where new efforts are needed. It also prepares the partnership to pursue new funding to continue its work beyond the end of current funding in March 2018.

The meeting agenda included a mix of presentations and group work sessions. The group work sessions identified five priority themes that Mamow Ahyamowen should focus on in the future. These were:

- Communicating data in ways that change our programming
- Telling our stories along with the data
- Accessing data and analysing data
- Advocating for community Electronic Medical Records
- Community engagement and capacity building

An overarching theme of ensuring the financial and human resources needed to sustain the partnership was identified. This theme is core to all five of the priority themes identified during the meeting.

A meeting evaluation was circulated after the meeting. Feedback was generally quite positive with thoughtful comments. The evaluation had a response rate of 62% of meeting participants.

Thanks to all those who participated in the meeting. Your input, energy, and support are greatly appreciated. We look forward to continuing to work together in the months ahead.

Introduction

The Mamow Ahyamowen partnership emerged in early 2016 when seven partner organizations recognized that First Nations communities lacked the data they needed to inform decision making to achieve health equity. Since its formation Mamow Ahyamowen has made progress in several areas including:

- Defining its vision of being *a trusted Northern voice providing the health information our communities need to achieve health equity*
- Developing a Terms of Reference to describe how the partnership is governed
- Identifying the Tui'kn Partnership as a successful model to guide our work
- Mapping our data assets to help us decide where to focus
- Deciding to analyze mortality and chronic diseases at the time of death
- Submitting an Applied Health Research Question Request to the Institute for Clinical Evaluative Sciences
- Beginning to think about indicator definitions
- Communicating our progress through newsletters and information sharing calls

Details of the progress Mamow Ahyamowen has made were outlined in an initial workshop presentation on *Our Partnership's Development*.

One year after beginning to develop our shared vision at our initial face-to-face meeting in Thunder Bay in October 2016 it was important that the partners come together again with the objective of planning our future together. To create a successful plan we took time to celebrate our successes, continue to learn about epidemiology and each other, identify opportunities, and prioritize the partnership's next steps. From this meeting arose a set of themes and priorities that the Mamow Ahyamowen Steering Committee can now use as a foundation for its sustainability planning and a basis for seeking continued funding.

Meeting Participants and Structure

Meeting participants included representatives from all nine current Mamow Ahyamowen partner organizations, First Nations, First Nations Councils, Health Canada, the Ministry of Health and Long-Term Care, the Institute for Clinical Evaluative Sciences, Cancer Care Ontario, Public Health Units, and the Northeast Local Health Integration Network. See appendix 2 for a full list of meeting participants.

The meeting was structured to encourage group discussions and learning from each other and from presenters. See appendix 1 for the meeting agenda. Calvin Morrisseau (Executive Director, Fort Frances Tribal Area Health Services) opened the meeting with a very thoughtful prayer. Fern Assinewe (Community Wellness Director, Sagamok First Nation) welcomed the group and acknowledged that the meeting was occurring on Robinson-Huron Treaty territory and the traditional territory of the Atikameksheng Anishnaabeg.

Presentations were used to focus the groups thinking on specific topics. An initial presentation on *Our Partnership's Development* by Stephen Moore (Project Manager, Mamow Ahyamowen) summarized the last years work and prepared the group to think about how the partnership supports their organizations' work and how we can further strengthen the partnership.

Cai-lei Matusmoto (Epidemiologist, Sioux Lookout First Nations Health Authority) presented on *Roots for Community Wellbeing* and the different ways that SLFNHA is working to access First Nations data for communities. Jen Walker and Laura Rosella (Institute for Clinical Evaluative Sciences) provided an overview of epidemiology, how it can lead to change, and what opportunities there are to build First Nations epidemiology capacity. These sessions prepared meeting participants for a brainstorming session and prioritization process to identify several themes that the partnership should focus on going forward. A separate exploratory group discussion of the role of data in Indigenous healing work was held to begin to consider what, if any, role Mamow Ahyamowen should have in collection, use, or analysis of Indigenous healing data.

Amanda Sheppard (Scientist, Cancer Care Ontario) presented on the work that CCO is doing with First Nations, Inuit, and Métis in Ontario including their approaches to support effective communication and use of their data analyses. Stephen Moore then presented on different funding models that the partnership could consider in its sustainability planning. Following these presentations workshop participants began to discuss and plan the key themes that had emerged from work on the first day.

Following the meeting an electronic evaluation was circulated using the SurveyMonkey platform. See appendix 3 for the full meeting evaluation results.

Themes and Priorities

This report focuses on the outcomes of the group work sessions since that generated the ideas for the priorities that the Mamow Ahyamowen Steering Committee will build into its sustainability plan.

Group Work Session 1: Building Stronger Relationships

Based on their experiences with Mamow Ahyamowen over the past year meeting participants were asked to reflect on and discuss the following themes:

1. List the shared values that participants felt were contributing to the partnership's success.
2. Record the most exciting or important developments in the partnership so far.
3. Identify any initiatives, objectives, goals, or priorities in your organization that the Mamow Ahyamowen partnership is contributing to.
4. Describe one or two ways in which Mamow Ahyamowen could build even stronger relationships across the partnership.

After discussing these themes in small groups there was a feedback session to the room. Table 1 summarizes the feedback provided under these four themes.

Table 1: Themes identified as contributing to our partnership’s success and helping to further strengthen the relationships that tie our partnership together.

Theme	Feedback
Shared values	<ul style="list-style-type: none"> • Trust • Strong relationship • Shared goals • Commitment • Collaboration • Participation • Respect • Security • Knowledge • Openness • Client focused • Funding • Northern Voice • Community ownership • First Nations led • Sharing experiences • Mutual accountability • Strength in numbers • Willingness to compromise
Exciting or important developments	<ul style="list-style-type: none"> • Identified a common priority • Submitting mortality request • Bringing together our collective voices • Knowledge sharing across partnership • Moving towards meaningful data • Taking a community opt-in approach • Getting direction and validation by communities (this varied across different partners) • Fostering partnerships outside the group • Expansion to serve 73 communities • Improving understanding of datasets • Developing the partnership’s structure • Defining our name, vision, and mission
Organizational priorities that Mamow Ahyamowen contributes to	<ul style="list-style-type: none"> • Connecting & strategic alignment with community partners • Move towards more evidence based decision making • Data asset mapping supports organization’s understanding • Identifying different models for epidemiology • The need for improved technology and internet access • Health surveillance, planning, and data governance • Links to community Electronic Medical Record projects • Public health implementation • Qualitative and quantitative data interests • Information supports devolution or health system transformation • Support front line workers • Evidence for proposal development and advocacy to increase resource availability • Best practice for how organizations can work together
Ways to further strengthen the partnership	<ul style="list-style-type: none"> • More face-to-face meetings • Maintain strong relationships • Long term funding commitments • Develop data sharing agreements • Maintain project coordinator role • Continued dialogue & collaboration across partnership • Continue focus on community driven initiatives • Prioritize community engagement, education, & awareness • Support other communities as the project evolves • Knowledge transfer and implementation • Increased focus on data interpretation • Achieve sustainability of the partnership • More opportunities to share lessons learned

Group Work Session 2: Identifying Our Future Priorities

This session built on the initial group work session where participants reflected on what has been driving the success of the partnership so far. Meeting participants work in this session were informed by previous presentations that summarized the work the partnership has done so far, different models that can be used to access data, how

epidemiology can influence policy, and opportunities for indigenous capacity building in epidemiology. The priorities that emerged from this activity are summarized in table 2. The following four themes were provided to stimulate table level discussions:

1. Identify the most important health data or information or knowledge gaps that your communities face.
2. Write down up to three capacity building priorities that Mamow Ahyamowen could focus on.
3. List up to three knowledge translation activities that Mamow Ahyamowen could undertake to make sure the data we produce is understood and used by our communities.
4. Describe any other priorities that you feel Mamow Ahyamowen should consider.

Table 2: Priorities identified that Mamow Ahyamowen should consider building into its sustainability plan

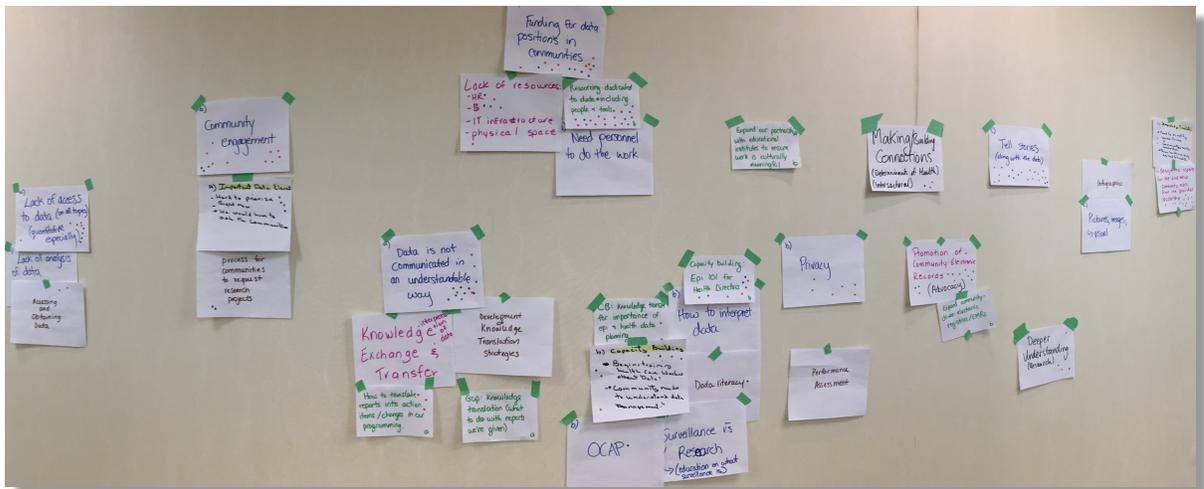
Theme	Priorities
Community health data or knowledge gaps	<ul style="list-style-type: none"> • Chronic Disease • Mental Health • Children’s Health • Lack of access to data • Lack of analysis of data • Lack of resources dedicated to planning & prevention vs crisis • Continuity of care—physician days assigned, used, & number of different physicians seen • Traditional activities • Injuries • Infectious diseases • Accessing and obtaining data • Access to Provincial and Federal datasets
Capacity building priorities	<ul style="list-style-type: none"> • Community engagement • OCAP • Data Literacy • How to interpret data • Privacy • Performance assessment • Epi 101 for Health Directors • Promotion of community electronic records (advocacy) • Expand community driven electronic registries/medical records • Making or building intersectoral connections for determinants of health • Expand our partnership with educational institutes to ensure work is culturally meaningful • Knowledge transfer for importance of epi & health data planning • Education on the difference between surveillance & research • Translating results into action/changes in our programming • Knowledge exchange (what to do with the reports we are given) • Resources dedicated to data including people and tools • Lack of resources (human, financial, IT, physical space) • Process for communities to request research projects • Funding for community data positions • Need personnel to do the work • Knowledge exchange and transfer • Begin training health care workers about data • Data is not communicated in an understandable way • Development of knowledge translation strategies • Community needs to understand data management
Knowledge translation activities	<ul style="list-style-type: none"> • Tell stories along with the data • Infographics • Experiential learning • Design reports for the audience (community members, front line providers, & leadership) • Radio, TV, and community presentations • Pictures, images, visual • Deeper understanding (research) • Simplify terminology
Other Priorities	<ul style="list-style-type: none"> • Stable resource capacity • Intentional regular training/education

Group Work Session 3: Prioritization

After brainstorming priorities during the second group work session workshop participants grouped priorities into a number of different themes that were emerging. These themes were prioritized using a dotmocracy approach where each meeting participant received eight coloured stickers that they could place on the themes they felt were most important. Participants could place all their stickers on one theme that they thought was particularly important or spread their stickers around multiple themes.

Three different colours of stickers were distributed with red stickers being given to Mamow Ahyamowen Steering Committee members, green stickers provided to other First Nations participants who are not formally on the Steering Committee, and blue stickers provided to representatives of external agencies. The top five priority themes received votes from a broad cross section of meeting participants suggesting that views on the priorities Mamow Ahyamowen should pursue are generally shared regardless of organizational affiliation. The top themes that emerged at the end of the prioritization session were:

- Funding and resources for data work
- Communicating data in ways that change our programming
- Telling our stories along with the data
- Accessing data and analysing data
- Advocating for community Electronic Medical Records
- Community engagement and capacity building



Group Work Session 4: Indigenous Healing

Access to Indigenous healing at the request of patients was recognized in the Truth and Reconciliation Commission (TRC) Call to Action #22. A group work session was held to begin to explore themes related to

- There is a spectrum of practices that range from cultural and ceremonial practices to formal Indigenous healing practices. It would be important to clearly

define what we intend to measure if we want to try to measure indigenous healing practices.

- There are a number of initiatives that could be considered cultural or ceremonial practices and that have an important role in achieving or maintaining health. These include formal initiatives like Mamawesying's Beauty for Ashes program or land based healing programs that a number of partners are involved with. They can also include cultural practices not typically thought of as "healing" practices. These could include smudging, dance, pow wows, feasts, etc.
- The path to becoming a true healer is complex. It requires not just learning about healing practices but also having a dream where the healer receives the support of their ancestors.
- Healers may only be able to heal certain people. There is an energy felt when you are in the presence of somebody who can heal you.
- Further discussion is required about whether our partnership should try to measure some aspect of Indigenous healing. A meeting participant shared that there are Indigenous healing practices that would lend themselves well to epidemiologic methods. The example was given of a plant based teacher/healer who was from Wikwemikong First Nation and had a treatment for arthritis that was so effective that the Arthritis Society had noticed that their services were not needed in that part of Manitoulin Island. This kind of observation is part of the initial stages of many epidemiology initiatives.
- Data on Indigenous healing practices is not widely available. Examples of data sources included:
 - Mustimuhw which contains an Indigenous healing module. It is unclear how often this module is used.
 - The Regional Health Survey (RHS) captures data on visits to traditional healers, use of traditional medicines, as well as some of the cultural components of wellbeing such as speaking an Indigenous language, and participating in cultural activities.
 - Some programs such as Beauty for Ashes or land based healing programs may have program specific data on people who have participated in the program.

In summary, there was no consensus on whether Mamow Ahyamowen should try to measure some aspect of Indigenous healing. Considerable additional thinking and consultation would be required before trying to measure some aspect of Indigenous healing.

Group Work Session 5: Planning Our Priorities

The funding and resourcing theme was considered a cross-cutting priority that needed to be central to each priority that the partnership considered in its sustainability planning. The remaining five themes that emerged from the prioritization exercise were distributed to different tables. Individuals were asked to sit at a table that had a theme

that they would enjoy discussing and planning in more detail. Tables were asked to develop their themes by considering the following questions:

- List any funding mechanisms or opportunities you think might be best suited to support your table’s initiative.
- What would success look like if Mamow Ahyamowen receives funding for this initiative? (or what should our objectives be and how would we know we have achieved them)
- What are some of the potential challenges or risks associated with this initiative?
- Describe the key steps required to successfully complete this initiative.

A brief summary of the discussions that occurred at the tables for each priority is summarized in the following tables.

Table 3: Summary of the discussions of the group that worked to develop the priority of *communicating data in ways that change our programming*.

Theme	Summary of Discussion
Funding	<p>Several options were considered. These included:</p> <ul style="list-style-type: none"> • Collaborative models such as working with ICES, PHAC, or through existing partnerships such as the data initiative that WAHA and SLFNHA are jointly undertaking. • Core funding models such as the Public Health Division of Ontario’s MOHLTC, Health Canada, or the LHINs • Research funding models such as the Canadian Institutes for Health Research for research initiatives
What success looks like	<ul style="list-style-type: none"> • Able to produce relevant and useable data and present it back to the community in a way they can use it • The work would be sustainable • Human resources to continue pushing the vision forward • People feel like they have a voice
Challenges	<ul style="list-style-type: none"> • Being able to maintain partners’ commitment • Potential changes in political climate • Community leadership buy-in • Funding • How to communicate the data to facilitate program change
Key Steps to Success	<ul style="list-style-type: none"> • IT infrastructure • Communities to capture data consistently and continually • Human resources to collect, analyze, and communicate data • Sharing the plan with communities • Engagement of partners (Health Canada, LHINs, ICES) • Continue to build new partnerships • This work may never be complete—surveillance is continuous—this initiative will need to grow and expand

Table 4: Summary of group discussions about *telling our stories along with the data and designing the reports for the audience.*

Summary of Discussions	
	<ul style="list-style-type: none"> • Need more resources (financial and human) to customize reports to meet our audience members’ needs. These include front line workers, leadership, etc • Visual reports and community specific stories can connect members to the data presented • Community members will need to be engaged to assist in developing personal and community solutions • Work will be time sensitive to maintain data values and develop action plans with time frames attached and partners identified • We want our first pilot project to be successful

Table 5: Summary of group discussion about *accessing and analyzing data*

Theme	Summary of Discussions
What are we trying to do?	<ul style="list-style-type: none"> • To pull together system data to better understand the health of communities
What is the value to communities?	<ul style="list-style-type: none"> • Long term health care planning • Support to funding applications • Assess resource needs
Guiding principles	<ul style="list-style-type: none"> • Engage data holders—look for opportunities for sharing resources • Do not assume that money will always be the solution • Can this be incorporated into somebody’s role? • Drive the need in the North • Provide the services in the North • Partnership
Community operations	<ul style="list-style-type: none"> • Need to transform from paper to computer • Track information such as demographics and chronic diseases • Are there opportunities for clients to record their own health history?

Table 6: Summary of group discussions about *promotion of and advocacy for community electronic records*

Summary of Discussions	
	<ul style="list-style-type: none"> • Mamow Ahyamowen’s role is best suited to using our shared voices in advocacy • Draft a letter to be signed by all Mamow Ahyamowen partners. The letter should include a business case that covers: <ul style="list-style-type: none"> ○ The importance of electronic health records ○ Cost savings in health worker time by using electronic health records ○ Improvements in patient care that electronic health records can create ○ The funding that would be required for communities to obtain and operated electronic health records • The letter should be sent to: <ul style="list-style-type: none"> ○ Health Coordination Unit of Chiefs of Ontario ○ Health Canada ○ Joint Action Table ○ Keewaytin Table ○ Ministry of Health and Long-Term Care

Table 7: Summary of discussions about *community engagement and capacity building*

Theme	Summary of Discussions
What success looks like	<ul style="list-style-type: none"> • A training program with a more in-depth version for program staff and a less technical one for community members • Provided online or with a version that can be provided by USB for low bandwidth communities • Content should cover epidemiology 101 and OCAP
Funding	<ul style="list-style-type: none"> • Project based funding could support the initial development of the training program that would include community engagement in the design and development • Core funding would be needed to deliver the training face-to-face in the community on a regular basis
Benefits	<ul style="list-style-type: none"> • Communities would have training in advance to better understand reports and results that are shared with them • Community members would understand the importance of health data, research, and evaluation • The better understanding would help to turn results into action
Risks	<ul style="list-style-type: none"> • It might be challenging to make participation in the training appealing <ul style="list-style-type: none"> ○ Could make it part of mandatory job orientations ○ Could offer food or prizes for people who complete the training

Summary and Conclusion

The meeting involved a mix of presentations and group work sessions which helped bring people to a shared understanding before initiating planning discussions (see appendix 1). The meeting brought together a diverse set of stakeholders (see appendix 2). Thoughtful and generally positive comments were provided in the meeting evaluation (see appendix 3).

The ideas generated through this workshop will be used to inform the future direction of the Mamow Ahyamowen partnership. The key themes that arose from the workshop indicate that the Steering Committee should focus its sustainability planning on:

- Communicating data in ways that change our programming
- Telling our stories along with the data
- Accessing data and analysing data
- Advocating for community Electronic Medical Records
- Community engagement and capacity building

An overarching priority was expressed around ensuring there are adequate financial and human resources to sustain the partnership. This will be an important consideration for each of the priorities identified during the meeting. The Steering Committee will further develop the ideas generated during the meeting and seek funding to continue the partnership's work beyond March 2018 in order to act on the priorities identified.

Appendix 1: Meeting Agenda

Mamow Ahyamowen

Planning the Partnership's Future

Tuesday November 7th and Wednesday November 8th, 2017

Grand Paris Room, Radisson Hotel, Sudbury, Ontario

Meeting Objective: To plan our future together

We will do this by celebrating our successes, continuing to learn about epidemiology and each other, identifying opportunities, and prioritizing the partnership's next steps.

Day 1 Agenda: Tuesday November 7th

Time	Topic	Responsible
08:30	Registration	
09:00	Welcoming remarks	
09:15	Review of agenda and meeting objectives	Steve
09:25	Interactive Introductions	All
09:45	Our partnership's development To set the stage for group work we will review what we have accomplished as a partnership. This will help us to see what we want to do more of and the opportunities we have not yet pursued.	Steve
10:15	Coffee Break	
10:30	Group Work: Building stronger relationships This group work session will give us time to reflect on our year of working together and identify how our partnership complements and strengthens our work as individual organizations. These themes will guide the activities we choose to prioritize.	All
11:30	Roots for community wellbeing: Health surveillance SLFNHA is working to develop different approaches to start to support communities' data needs. Cai-lei will tell us about the strengths and limitations of these different approaches.	Cai-lei Matsumoto
12:00	Lunch	
13:00	What does epidemiology capacity look like and how can we build our capacity? This session will focus on the resources, skills, and tools needed for successful epidemiology work. It will speak to some of the opportunities available for epidemiology capacity building.	Jen Walker and Laura Rosella
13:45	Group Work: Identifying our future priorities In small groups we will discuss how to build on our strengths, how to address our weaknesses, and how to take advantages of opportunities we have not yet pursued.	All
15:00	Coffee break	
15:15	Group feedback and prioritization Small groups will share their ideas with the room. We will then prioritize the ideas so we can develop a couple of key ideas further on day 2 and try to match them to potential funding opportunities.	All
16:00	Reflections on the day	

Day 2 Agenda: Wednesday, November 8th

Time	Topic	Responsible
09:00	Recap of Day 1	
09:15	First Nations, Inuit, and Métis cancer research: Going beyond surveillance CCO is working on its third Aboriginal Cancer Strategy. In this presentation Amanda Sheppard will provide examples of how CCO is working with Indigenous communities.	Amanda Sheppard
09:45	Financial Sustainability In this session, we will explore different funding models that Mamow Ahyamowen could pursue to sustain its work beyond March 2018. We will review models such as core funding, project based funding, subscription models, and collaborative models. Thinking about the strengths and weaknesses of each of these models will help us make more realistic plans in the afternoon sessions.	Steve
10:30	Coffee Break	
10:45	Group Work: Indigenous Healing Truth and Reconciliation Commission Call to Action number 22 calls on those working in the health care system to recognize the value of Aboriginal healing practices. This group work session will explore how Mamow Ahyamowen can use its epidemiology focus to contribute to this process.	Steve
12:00	Lunch	
13:00	Group Work: Planning our Priorities Bringing forward the priorities we identified on day one we will use this group work session to begin to plan the work that would need to be done to achieve the priorities we identified. By linking our priorities to funding models we will make sure our sustainability plans are achievable.	All
14:15	Coffee Break	
14:30	Review of Next Steps As a group we will review what we need to do to make the next phase of Mamow Ahyamowen happen.	All
15:15	Closing remarks	All

Appendix 2: Meeting Participants

Attendee name	Organization
Carmen Nootchtai	Atikameksheng Anishnawbek
Fern Assinewe	Sagamok
Julie McKay	Wabun Tribal Council
Allan (Jethro) Tait	Windigo Tribal Council
Penny Carpenter	Keewaytinook Okimakanak
Susan Alton	Wabun Tribal Council
Emily Paterson	Sioux Lookout First Nations Health Authority
Cai-lei Matsumoto	Sioux Lookout First Nations Health Authority
Caroline Lidstone-Jones	Weeneebayko Area Health Authority
Robert Gagnon	Weeneebayko Area Health Authority
Allen Brown	Shibogama Health Authority
Opal Smith	Shibogama Health Authority
Daphne Armstrong	Kenora Chiefs Advisory
Jennifer Cano	Kenora Chiefs Advisory
Calvin Morrisseau	Fort Frances Tribal Area Health Services
Francine Pellerin	Matawa First Nations Management
Rene Melchers	Weeneebayko Area Health Authority
Janice Soltys	Weeneebayko Area Health Authority
Crystal Culp	Weeneebayko Area Health Authority
Elizabeth Walker	Ministry of Health and Long-Term Care
Jen Walker	Laurentian University & ICES
Laura Rosella	University of Toronto, ICES, and PHO
Amanda Sheppard	Cancer Care Ontario
Nicolette Kaszor	Health Canada
Debbie Szymanski	North East Local Health Integration Network
Marc Lefebvre	Sudbury and District Health Unit
Celine Butler	Timiskaming Health Unit
Janet DeMille	Thunder Bay District Health Unit
Charlene Dymont	Sioux Lookout First Nations Health Authority
Stephen Moore	Facilitator

Appendix 3: Evaluation Feedback

There were a total of 18 respondents to the meeting evaluation survey. This represented a **64% response rate** based on a total of 28 meeting attendees. This does not include Steve and Charlene who organized and facilitated the meeting. Steve and Charlene did not submit meeting evaluations.

The first evaluation question was ***How well did you feel the meeting met its objective of planning the partnership's future together.*** This question had 17 respondents and one person skipped the question. Ratings were provided on a scale of 1 to 5 with 1 representing poorly and 5 representing very well. The average of the responses was **4.35 out of 5.**

In question 2 the meeting participants were asked to ***please rate the following meeting sessions.*** There were 12 responses to this question. Session ratings were provided on a scale of 1 (poor) to 5 (great session!). Average ratings are listed in the table below:

Session Title	Rating (Out of 5)
Our partnership's development (Steve)	4.64
Strengthening our partnership (Group)	4.45
Roots for community wellbeing: Health surveillance (Cai-lei)	4.55
Epidemiology (Laura and Jen)	4.45
Next Steps (Group)	4.27
First Nations, Inuit, and Metis cancer research: Going beyond surveillance (Amanda)	4.58
Indigenous healing (Group)	4.00
Financial sustainability (Steve)	4.08
Planning our priorities (Group)	4.17

In question 3 participants were asked to ***please provide any additional comments you had about the sessions.*** Six people provided comments. The comments provided were:

1. Groups should be pre-arranged seating to avoid organizations sitting together. Have a more diversified mixing of working groups.
2. Nice when there were opportunities to rearrange small groups so that we weren't with the same table for the entire two days.
3. The ice breaker (bingo) was very helpful. It wasn't just fun, I think it fostered a more open environment
4. I am not clear as to how we will be different than other data holders. We need to be different. Catalogue our suffering
5. Thought there would be more discussion re: what does the partnership look like - staffing mix, etc. If there is an 'ask' coming before end of fiscal, what is that ask? I know this is dependent upon priorities, but there has to be a sense of the core funding. Don't think that the indigenous healing piece was necessarily additive to the discussion.
6. n/a

In question 4 participants were asked ***what new things did you learn during the meeting?*** The following 11 comments provided:

1. Info on different Data Sources. A more clear understanding of ICES and their role.
2. Gave much a much better sense of the initiative and the incredible level of engagement by the partners
3. Partnerships and developments happening with external organizations (ICES, U of T, Cancer Care Ontario).

4. About the Aboriginal Health Internship that's under development at DLSPH, Laurentian, CCO
5. I learned about the work that CCO was doing with First Nations communities to analyze their data.
6. Learned about data needs and preferences.
7. One thing was evident. Sustainability is contingent on funding which is not the best way to go. We need to be very active if this project is to move forward.
8. That there are still individuals that want to expand the scope of the partnership (eg) have a role in cEMR/EMR deployment etc
9. How to pronounce Mamow Ahyamowen :) Really enjoyed Cai-Lei's presentation on Community Wellbeing.
10. This meeting brought me up to speed in what was happening with the project. I learned a lot about what all of the partners have accomplished and would like to work together to achieve.
11. About the different stages of readiness communities are in in terms of electronic health records

Question 5 asked ***what did you like most about the meeting?*** A total of 11 responses were provided to this question. The responses were:

1. Fellowship and opportunity to meet with others and healthy open discussions.
2. The interactive nature was good - lots of time for the partners to talk.
3. Opportunities to network and better get to know our First Nations partners in other regions of Northern Ontario
4. making new connections
5. Connecting and brainstorming ideas. Seeing the progress made in people's understanding of data and data issues, and the enthusiasm people have for the project.
6. I loved the stories and working through issues together. It was very inclusive and had a nice rhythm.
7. Networking and learning from others. We can work together.
8. Good discussion. Disappointed in the turnout...more people at the Thunder Bay meeting last year.
9. The group work and how the work is put together at the end.
10. Building capacity through partnership
11. Meeting people with common goals, motivation, in an environment with a folks from a variety of perspectives.

Question 6 asked ***how could the meeting have been better?*** The following 9 responses were provided:

1. Breaking up groups to avoid people from the same organization working together.
2. I would have liked to have seen more of a discussion on the longer term nature of the partnership beyond just its priorities ie what could a 'centre' like this do for partners on an ongoing basis, what could it's role be and what could it become (eg developing an Indigenous ICES and building capacity across communities)
3. Not much to improve. I thought it was well structured - good varied order of lecture based vs. small group vs. large group activities. Ice breakers were good! Maybe another energizer in the afternoon when everyone is getting tired and quiet.
4. change up the groups more often
5. Venue and service could have been better, but the coordination of the meeting and the agenda was all great.
6. Only issue I had was the girl [sic-hotel??] seemed outdated in its technology. ie television and slow internet
7. More partners attending. More focused discussions concerning the 'ask' for next year.
8. Better time management - it is important to follow the agenda.
9. No suggestions

Question 7 asked ***have you developed a better understanding of the Mamow Ahyamowen partnership?*** Please explain... The following 11 responses were provided to this question:

1. Good clarification as to it's role and responsibilities and to advocate for the communities for the collection and reporting of health data.
2. Absolutely (see earlier answer)
3. Yes. Reminded of the reasons why we came together and what we've accomplished so far. Motivated by the potential this partnership has and the importance of it continuing past 2018.
4. Yes, I can better appreciate how diverse the perspectives are depending on what agency/group you come from
5. Yes, I see the role in advocacy and supporting each other in initiatives and trainings
6. Yes. It was difficult to gauge the intricacies of data needs over teleconference.
7. Yes but in saying so I am cautious on its future
8. Not really
9. Yes. Meeting all the partners and seeing all the different types of departments and health setting they are in is interesting.
10. Yes, I have only been involved with this project from the sidelines and this meeting gave me a much better understanding of the goals and relationships that are being developed
11. Yes. The partnership has excellent potential since its starting with community buy-in.

Question 8 asked meeting participants ***do you have any other comments, questions, or suggestions?*** The following seven responses were provided to this question:

1. Well developed agenda with flexibility in time to adjust to full discussions. Good synergy and a catalyst for better healthcare in the First Nations communities. Sessions on the current political landscape and the nation to nation funding proposals would provide some good background information as to how communities are or will be funded.
2. Another great in-person meeting, hope we will be able to continue this partnership!
3. I'm concerned that the question of sustainability and financial commitment was not well answered. I heard about collaborations between agencies like LHINs and health units to do analyst in-kind; but I'm worried that this would undermine the great work and progress that's been done to date. the sustainability plan should address keeping existing staff not one where people do work off the corner of their desk as in-kind. there needs to be core funding.
4. Thank you for making such an inclusive meeting.
5. None but be aggressive in securing more funding. Now is the time to act.
6. No...well organized, but difficult when new people are constantly being onboarded to have everyone on the same page, but it is getting there.
7. Looking forward to next steps. The meeting was excellent.