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Mamow Ahyamowen
PARTNERSHIP

Report from Mamow Ahyamowen Planning Meeting
March 10 & 11, 2020
Thunder Bay, Ontario

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Date prepared:
April 24, 2020

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Executive Summary

It should be noted that this report describes the resultant discussions emerging from a planning session which took place on March 10 & 11th, 2020, just prior to the world-wide Covid pandemic being declared.

Mamow Ahyamowen "Everyone's Voice" Partnership, established in 2016, is a network of 11 Tribal Councils and Health Service Organizations involving 78 First Nations in Northern Ontario. The vison is to be "*a trusted Northern voice providing health information our communities need to achieve health equity*."

On March 10 and 11, 2020, Mamow's Steering Committee and staff came together in Thunder Bay for a face to face planning meeting to discuss:

1. The partnership's vision and reflect on progress towards that vision
2. Strengths and accomplishments of the partnership and what each partner contributes to the partnership
3. The future role of the partnership and associated initiatives that build on the partnership's strengths within the context of an increased level of funding

The current environment and context locally, regionally, provincially and nationally were also discussed and implications for action proposed.

Refinements to the Vision, Mission and Goals of the partnership reflect an understanding that the partnership focusses on supporting access to *available data sources* to enable *evidence informed decision making* and planning. Over the long term this will enable and equip communities to address health inequities. The partnership also seeks to build community capacity and advocate as a collective voice for the North. Building upon this understanding, the Goals were re-oriented from a set of "guiding principles" to actionable goal statements in line with the Mission.

Accomplishments of the partnership which reflect the vision and mission in action were summarized as:

- Development of mortality analysis as a key deliverable and partnership learning experience upon which to build
- Connections, data and analysis partnership and sound community engagement with more community partners coming on board
- Capacity building in the communities to enable them to put the information to use
- A Northern voice for sharing and planning which is the true foundation of partnership

In moving forward, the partnership should build on these strengths by focussing on:

1. Continued community capacity building for data driven proposal writing, evidence informed planning and data governance.

2. Advocacy and access to additional data sources, enhancing data analysis to include social determinants of health, strengths-based or asset-oriented data and child related health

3. Coordinating data standards and approaches

4. Continued collaboration with existing and new partners

Background

In early 2016, seven First Nations health service organizations representing 68 First Nations in Northern Ontario came together to discuss how to address a common need – namely timely access to high quality, comprehensive, health related data specific to their communities. This information is needed to enable community leadership to identify emerging health issues, track trends in health status, and make evidence-informed planning, programming and policy decisions.

Since 2016, **Mamow Ahyamowen "Everyone's Voice" Partnership** has been established as a network of 11 Tribal Councils and Health Service Organizations involving 78 First Nations in Northern Ontario. The vison is to be "*a trusted Northern voice providing health information our communities need to achieve health equity*."

Mamow Ahyamowen's partner organizations include:

1. Fort Frances Tribal Area Health Services
2. Independent First Nations Alliance
3. Keewaytinook Okimakanak
4. Kenora Chiefs Advisory – Health Services for Northwest
5. Maamwesying North Shore Community Health Services
6. Matawa First Nations Management
7. Mushkegowuk Council
8. Shibogama Health Authority
9. Sioux Lookout First Nation Health Authority
10. Wabun Tribal Council
11. Weeneebayko Area Health Authority

Introduction

Mamow Ahyamowen (meaning ***everyone's voices***) is a partnership of Northern Ontario First Nations governed health service organizations. Mamow works with participating communities to identify important health questions, find and analyze data and then interpret this data with the communities in order to help answer pressing health questions and achieve health equity.

Mamow is guided by a steering committee comprised of:

- Fort Frances Tribal Area Health Services: Kayla Caul-Chartier, Ashlee Grimard
- Independent First Nations Alliance: Lloyd Douglas
- Keewaytinook Okimakanak: Anjali Mago, Penny Carpenter
- Kenora Chiefs Advisory: Jocelyne Goretzki, Daphne Armstrong
- Maamwesying North Shore Community Health Services: Fern Assinewe, Carol Eshkakogan
- Matawa First Nations Management: Francine Pellerin, Paul Capon
- Mushkegowuk Council: Catherine Cheechoo, Barb Duffin

- Shibogama First Nations Council: Howard Meshake
- Sioux Lookout First Nations Health Authority: Emily Paterson, Janet Gordon
- Wabun Tribal Council: Julie McKay, Jean Lemieux
- Weeneebayko Area Health Authority: Robert Gagnon, Sandra Kioke

The steering committee meets monthly by teleconference and annually in person to plan collaboratively around priority needs and activities.

This year's planning meeting was held on March 10 and 11 in Thunder Bay and involved 24 participants including steering committee members and project staff.

Meeting Objectives

The objectives of the two-day session were:

4. Review the partnership's vision and reflect on progress towards that vision
5. Discuss the strengths and accomplishments of the partnership and what each partner contributes to the partnership
6. Identify the future role of the partnership and associated initiatives that build on the partnership's strengths within the context of an increased level of funding

Meeting format

The meeting agenda was developed in discussions over two planning calls with Mamow Ahyamowen's coordinator and presented to the Steering Committee on their monthly call to seek their input. The meeting was designed to engage in interactive dialogue and discussion about the current landscape, implications for action and moving forward on the vision, mission and goals. Meeting discussion points were captured in colourful visuals with the help of graphic recorder Eric Bota.

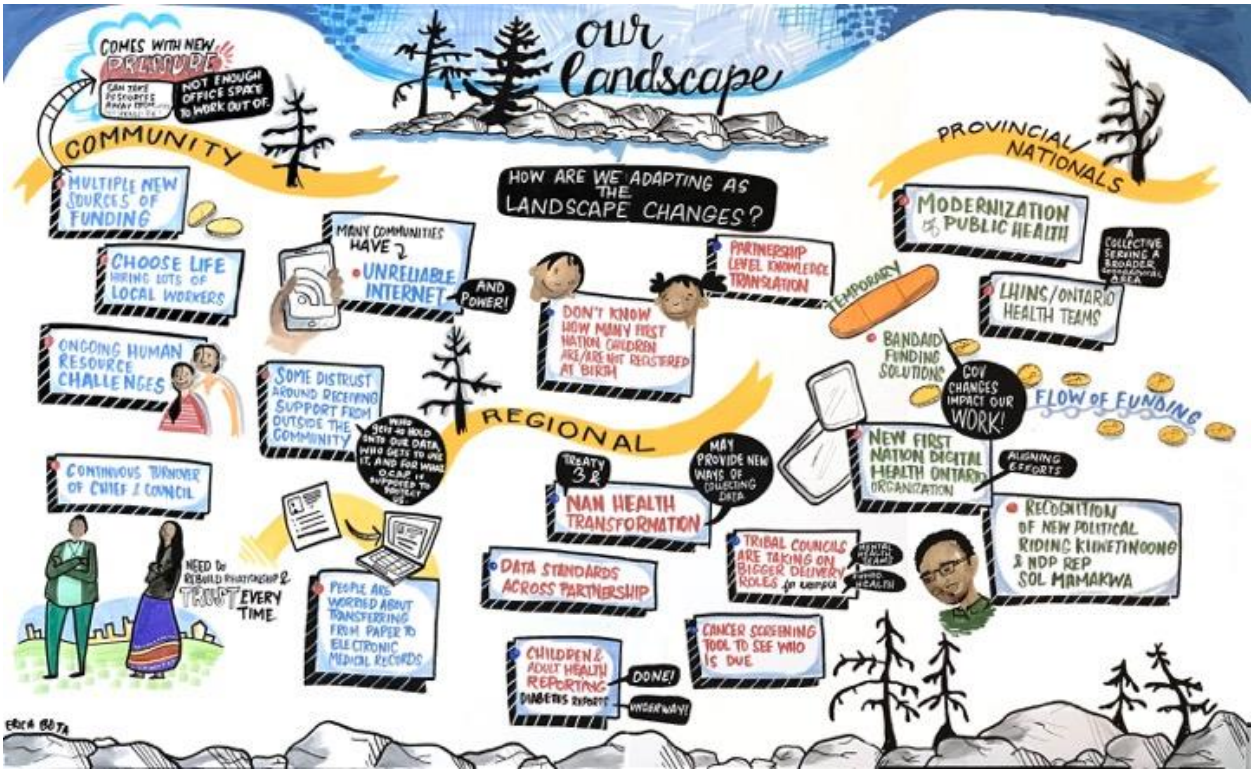
The meeting agenda is attached in Appendix A.

Meeting participants

Meeting participants included the Steering Committee members as well as both the outgoing program coordinator and newly hired incoming program coordinator for Mamow Ahyamowen. Opening and closing prayers and reflections were shared by elder Hammond Lac Seul. The list of meeting participants is provided in Appendix B.

This report documents key discussion points and prioritized areas for action arising from the meeting.

Reflections on the current landscape



Mapping priorities moving forward requires a critical reflection on the current environment. Meeting participants took the time to discuss and share what they perceive as important influences and developments in the local, regional, provincial and national landscapes.

Community Landscape

Multiple sources of new funding are emerging for community health and although this is encouraging, this also brings added challenges and pressures. For one, there are not ample facilities and office space from which to deliver new programming. Additionally, the planning, administration and staffing of such new programs can take resources away from where they need to be within communities.

There is also some distrust about the reporting and data provision obligations undertaken by communities agreeing to receive program funds. Communities are skeptical and suspicious when outside funders have access to data as this raises a host of OCAP flags concerning “who gets to hold onto our data, who gets to use it and for what purpose.”

Other developments such as the proliferation of Choose Life programs within the communities which are hiring lots of local workers, though positive also exacerbates an already difficult challenge in finding and recruiting qualified human resources which has been a longstanding issue in communities.

Another systemic issue involves the constant turnover in leadership at the community level which means continually re-establishing and rebuilding relationships as well as re-educating new Chief and Councils concerning the partnership and its role.

Access to reliable internet and power in the communities has also been a longstanding infrastructure issue impeding delivery of quality data management systems. For this reason, people are worried and hesitant about transferring information and data from paper systems to electronic records.

Regional Landscape

Within the regional entities such as the Provincial Territorial Organizations (NAN, GCT3) health authorities (WAHA and SLFNHA) and tribal councils there have been numerous developments in the area of health and health data.

For example, SLFNHA's Approaches to Community Wellbeing program has spearheaded the development of Child and Adult Health population health reports and is currently completing a similar report on diabetes in the region.

There has also been promising development in the implementation of a cancer screening tool on the OSCAR EMR as well.

Tribal councils are taking on a larger service delivery role, for example in the area of environmental health as well as through the development of mental health teams.

At the PTO level, Treaty 3 and NAN are pursuing overall system wide Health Transformation which will most likely impact on the way in which health data is collected.

Data standards across the partnership are being contemplated and there is also a recognition of the need to advocate for registration of births within the First Nations to address not only service delivery issues but also to ensure that this data, when accessed, is robust.

Provincial/ Federal Landscape

Recent provincial policy directions which are emerging as concerns for the First Nations include the Ford government's modernization of Public Health in Ontario as well as the implementation of Ontario Health Teams which replaces the Local Health Integration Networks as the primary vehicle for planning and flow of program dollars. Program funding continues to flow as temporary, bandaid solutions to address health issues which are clearly longer term systemic health inequities.

The new First Nations Digital Health Organization holds promise as a potential data partner and there is interest in aligning efforts with this new organization.

Having a Northern First Nations voice in the legislative assembly of Ontario with the election of Kiiwetinoong MPP Sol Mamakwa was viewed as equally promising.

The developments described within communities, within regional and provincial and federal contexts will be important to consider in reflecting on the priorities moving forward.

The next section, describes the meeting discussion concerning Mamow's vision, mission and goals going forward.

Refining our Vision, Mission, and Goals

In 2016, Mamow's original partner organizations including WAHA and SLFNHA, tribal and regional health authorities and health service organizations, government and academic partners as well as interested communities came together to discuss a vision and goals for the then-titled First Nations Centre for Epidemiology Excellence. From this meeting emerged a name for the partnership project "Mamow Ahyamowen – everyone's voices" and an overarching vision and mission. Over time, the partnership has grown with the addition of new members as has the steering committee which has evolved to include new members.

Given these changes, as well as the natural evolution and development of the partnership over the past 4 years, it was felt that this meeting represented an opportune time to revisit and review the vision and mission statements.

Steering Committee members spent time discussing refinements and clarifications to the current Vision and Mission statement.

The vision is presently expressed as follows:

Vision

> "We are a trusted Northern voice providing the health information our communities need to achieve health equity."

A suggested refinement was to change the Vision to reflect the idea that this is an aspiration which the partnership is striving towards i.e.:

"To be a trusted Northern voice providing the health information our communities need to achieve health equity.*"*

Other meeting participants suggested that the wording "to achieve health equity" should include additional phrasing "to ***support their quest*** to achieve health equity" to better reflect the notion that though health information may equip and support communities to pursue health equity, the achievement of health equity is itself an outcome involving a complex path with many steps.

There was also a suggestion that the word "information" was somewhat limiting as the partnership does more than supply analysis of data in the way that it supports community capacity building, collaboration, advocacy and sometimes technical advice such as proposal writing.

Similarly, the Mission in its present version was reviewed as well.

Mission

> "We are First Nations communities, Tribal Councils and Health Authorities in Northern Ontario who follow a respectful path to collect and analyze data so we can share meaningful information to support better decision making for health and wellbeing."

The suggested refinement included the following key changes:

We are First Nations communities, Tribal Councils, and Health Authorities in Northern Ontario who follow a respectful path to ***use available data resources*** so we can share meaningful information to support ***evidence-based*** decision making for health and wellbeing.

The changes connote the need to reflect the fact that the partnership presently seeks out and uses available data sets as opposed to creating or instituting processes of data collection. The other change from "better" decision-making to "evidence-based" decision making seeks to reflect the idea of the

partnership assisting members to make informed decisions grounded in evidence emerging from the data analysis.

Goals of Mamow Ahyamowen

Building further upon the discussions of the Vison and Mission statements, meeting participants weighed in on the Goals as expressed in the Terms of Reference. These are presently stated as follows:

Goals

1. **We have good governance**
   We will know we have good governance when our partnership is strong. We have clear processes for working together and making decisions. We communicate effectively with each other, the communities we serve, and the organizations who support our work. We achieve our objectives and our successes drive our sustainability.

2. **We are a trusted, timely, and relevant source of information**
   We will know we are a trusted, timely and relevant source of information when our information technology and data assets are mapped. We have agreements in place to analyze key datasets. We have common indicators that we use to measure health status in our communities. We are producing the information that our community leaders need when they need it to make decisions that improve health in their communities.

3. **We use our data to improve our health**
   We will know we are using our data to improve our health when our leaders are able to write proposals that include First Nations data from Northern Ontario. Our leaders have the training and knowledge to interpret and use their own data. Our health indicators have started to improve. We have successfully advocated for all communities in the partnership to be funded to have appropriate electronic health record tools in their health centres and nursing stations.

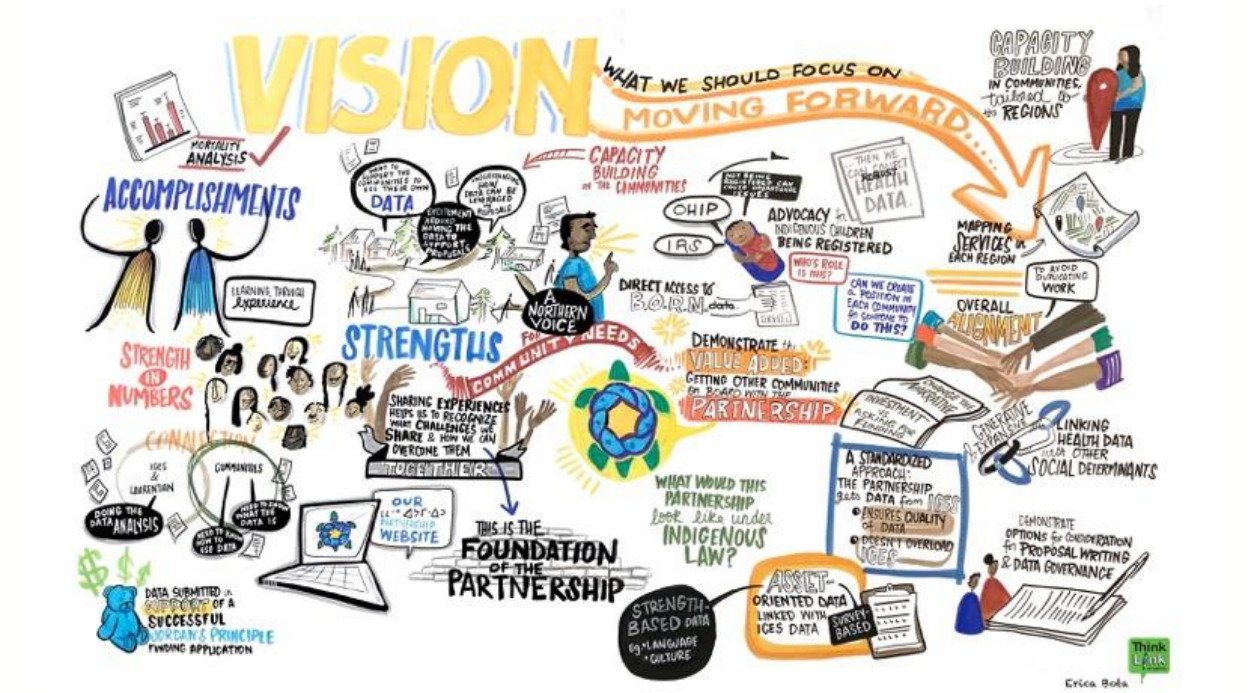
Meeting participants felt the goals as presently stated were framed more as guiding principles rather than goal statements. Other than some minor wording (remove the word “timely” in Goal 2) and formatting changes (such as adding bullets in Goal 3), questions were raised about how to reflect data governance and advocacy in the goals. Further discussion yielded the following revised goals for the partnership going forward.

Goals

1. Use data to develop and sustain alliances to build a shared voice to strengthen community wellbeing
    a. Maintain strong communication within Mamow Ahyamowen

   b. Continue to share our progress and results with external partners to support development of alliances
2. Measure the health and determinants of health our communities experience
   a. Measure health outcomes and access to health services
   b. Measure social determinants of health and how they relate to and influence health outcomes
   c. Identify health inequities that need to be resolved
3. Build community capacity for using data to achieve health equity
   a. Increase data literacy at the community level
   b. Support communities to use data in funding proposals and advocacy work

Vision moving forward



One of the objectives of the meeting was to revisit and review the partnership's original vision and consider progress towards that vision. Small groups were formed to discuss the accomplishments and strengths of the partnership and how they align with the original vision. A few key themes emerged:

Development of deliverables and learning - Mortality analysis is one of the key accomplishments of the partnership. The learning journey through this experience, reinforced the understanding that there is strength in numbers – not only in the data being examined but in the number of communities and

partners coming together to acquire and analyze and then learn from and leverage the information in the data. This has been a central focus of the partnership's vision in action.

Connections - Key connections were made from this experience in being able to access the data through partnership with ICES and through undertaking the analysis with Laurentian as a partner. Connections were further enabled with the communities to help them understand and use the data.

Capacity building in the communities - Excitement in the communities was generated by supporting communities to use their own data in support of proposals. For example, data afforded by the partnership were leveraged to support a successful application for funding through Jordan's Principle.

A Northern voice for sharing and planning - The true foundation of partnership was in evidence in the way Mamow provided an opportunity for the partners to come together to share common experiences, shared challenges and discuss how these can be overcome together.

Over time, the partnership expanded with more communities and partners coming on board which clearly demonstrated the value-added nature of the endeavour.

In moving forward, the partnership should build on these strengths by focussing on:

5. Continuing to build capacity in the communities tailored to their respective regions and contexts. For example, build skills and provide templates for data driven proposal writing and explore other ways and options to enact data governance. A compelling question to be explored is how this could look under Indigenous law.

6. Advocacy – for example, in ensuring birth registration data is as robust as it can be as well as in advocating for access to BORN data.

7. Coordinating a standardized approach so that communities are aligning their data needs – this would ensure quality in data being accessed from ICES and support efficiency by avoiding duplication and lessening burden on ICES.

8. Generative and expansive approaches to data analysis should be considered, for example, by:
    a. linking health data to other social determinants data
    b. incorporating an overlay of "Asset oriented data" or strengths-based data such as language and culture, perhaps through surveys and other means

These goals should be further considered in light of the meeting discussion and priorities for action which emerged on the second day. These are described in the next section:

Prioritized areas for action

Day one discussions resulted in a long list of "implications for action" which emerged from reflections on the current landscape. From the long list, meeting participants agreed on four key areas within which to group these actions.

These areas included:

- Capacity Building
- Advocacy
- New data sources and new types of analysis
- Collaboration

The actions within these four areas were then prioritized through simple "dot-mocracy" voting by the meeting participants. The results of this prioritization exercise are captured below.

1. Capacity building

Meeting participants identified the following as the most important capacity building endeavours for MA going forward:

1. Increasing capacity building efforts with communities, specifically supporting communities who wish to:
    - initiate collecting and using their own data
    - undertake research projects with the partnership or others
    - use information from the partnership such as contextualizing results for community and health leadership
    - use the data for proposal writing, share proposal templates etc.
2. Support knowledge to action such as in program or policy development. This implies a host of activities including:
    a. Understanding community needs, contexts and ways of knowing and using knowledge
    b. Assessing gaps in knowledge and capacity
    c. Customizing and adapting the information and knowledge
    d. Engaging with communities to ensure relevance, garner community support, build community knowledge and capacity, and ensure sustainability.

These two goals are linked and will over the long term encourage engagement of more communities (for example, those who did not participate in the mortality analysis) in future analyses.

A third important goal identified by the Steering Committee members involving the sharing of data governance resources, approaches and options. Data governance which builds upon OCAP principles, is an important aspect of community capacity building as it will enable First Nations to collect, manage, report on and own their own community data.

Regional endeavours in health transformation such as with Nishnawbe Aski Nation as well as the Anishinabek Nation will rely on robust health data as well as community lead data management systems and capacity. Mamow Ahyamowen can over the long term, strategically position the partnership to support member communities in this important transformative process.

Other areas suggested as areas for future development included:

- Development of a data warehouse for Mustimuhw data based on data standards co-developed with First Nations Digital Health Ontario (FNDHO) which could then be linked other heath administrative data within ICES
- Accessing Better Outcomes Registry Network (BORN) data for child health related information and analysis by working with them to establish an Indigenous data cube

2. Advocacy

Steering committee members wish to see these data and analysis leveraged to educate government partners at all levels (Federal, provincial and regional governments). Health data can be very powerful and serve many purposes—to describe and delineate a particular health issue, to inform and educate, to plan and make decisions and certainly to advocate and persuade. Clearly presented and appropriately interpreted data can be leveraged to inform and educate decision makers about issues, mobilize action and influence policy and program decisions.

Steering Committee members see this as a critical aspect of the partnership's role – supporting decision making for quality data-driven public policies and programs.

They also spoke to some specific examples in child health, in which advocacy is needed to support either access to data (e.g. BORN and an Indigenous cube) and/or support for registration of Indigenous children so that data is as comprehensive as it can be for child related health work.

3. New sources of data & new types of analysis

3 a. Mustimuhw Standardized Data Capture

Mustimuhw is a community electronic medical record in use by numerous First Nations within the partnership. An area in which the partnership could be helpful is in the development of standards for data capture.

As noted earlier, Steering Committee members wish to see the development of a data warehouse for Mustimuhw data based on data standards developed in collaboration with FNDHO. Further the objective would be to link the data warehouse with other heath administrative data holdings at ICES.

3 b. Cost Analysis

Meeting participants see an important area for future work by the partnership involving economic analysis. Such analysis will be pivotal in long term system planning as it can help determine need and service demands, inform decisions regarding the best intervention options and demonstrate value for investment. Such analysis could include:

- cost of illness or impact analysis e.g. the burden of disease such as diabetes and losses in terms of years or quality of life, loss of productivity and costs for care
- programmatic cost analysis which examines all costs involved in delivery of care and treatment – staff, space, utilities, travel, supplies and overhead
- cost benefit analysis which examines costs in care and treatment and explores benefits in terms of years of life saved for example

3 c. Linkage with social determinants of health

A third area prioritized as important included the prospect of linking health data with other data sets involving social determinants of health (income, housing, education etc.).

This would entail measuring the health and determinants of health which member First Nation communities experience. The analysis would likely include:

a. Measuring health outcomes and access to health services
b. Measuring social determinants of health and how they relate to and influence health outcomes
c. Identifying health inequities that need to be resolved

Apart from these three prioritized areas for accessing new data and developing new areas for analysis, Steering Committee members suggested the following other possibilities to explore:

- Harmonized approaches to data collection across the partnership and shared analysis (to minimize the number of communities/groups approaching ICES with the same requests for data and analysis)
- Other analysis as planned such as mental health and addictions, chronic conditions, and injuries

4.Collaboration

Steering committee members see collaboration unfolding in three main directions:

4 a. First Nations Digital Health Ontario (FNDHO)

From their website description there are clear opportunities for closer alignment as:

"FNDHO provides customized service pathways for First Nation Health Service Organizations to engage in digital health advancement and/or transformation: from foundational education and capacity building through to enhanced privacy and security, digital health solution implementation and optimization."

As mentioned earlier, working with FNDHO to co-create data standards for Mustimuhw and facilitate linkage to ICES data holdings is an area the partnership should explore. Collaboration in community capacity building would also be important so as to not duplicate or confuse efforts.

4 b. Shared analysis/harmonized approach:

One of the strengths of the partnership is the ability to coordinate and act on behalf of the collective needs of the members. In this regard, an ongoing area for collaboration will be in working with partnership members to develop a harmonized approach built around common data priorities and standardized analysis. This will leverage economies of scale to contain overall costs of analysis, facilitate more efficient access and linkage with ICES as a major data partner and consolidate data to assist in overcoming "small number" constraints when generating reports.

4 c. First Nation Information Governance Centre

The First Nations Information Governance Centres is a key source of information about First Nations living on reserve and in Northern communities as a First Nations governed data partner tasked with delivering the First Nations Regional Health Survey (RHS) and the First Nations Regional Early Childhood Education and Employment Survey (REEES).

One of the potential areas recommended for exploration is the administration of the First Nations Community Survey (FNCS)on behalf of Mamow Ahyamowen's member First Nations. This would afford communities to look at more contextual "asset oriented" that when coupled with data presently afforded from the national surveys, could provide additional insights going forward.

Unlike the RHS or REEES, which has thousands of First Nation respondents in the data set to generate national averages, this FNCS is a targeted online survey that asks select community members a series of questions about their specific communities such as housing, infrastructure, education, employment and social services. This provides insights and understanding about how community social determinants of

health and other factors like access to clean water, having a community centre and First Nations driven education programs can influence and improve health and wellbeing.

4 d. Other areas for collaboration

Apart from the three prioritized areas for collaboration, meeting participants suggested collaboration with:

- PTOs such as Nishnawbe Aski Nation who are pursuing Health Transformation
- Academic partners such as University of Toronto, Dalla Lana School of Public Health, Indigenous epidemiology program
- Government partners such as First Nations Inuit Health Branch to access data on communicable diseases
- Public health units (communicable disease data partnership)

Summary

The meeting represented an opportunity for Steering Committee members, new partners and Mamow staff to come together in person and identify shared goals and common ground in the path moving forward.

Reviewing and unpacking the vision, mission and goals and contrasting those against the activities, accomplishments and learning experience of the partnership, enabled further refinements and deepened understanding of the aims of Mamow Ahyamowen.

Reflections on the current environment (pre-Covid) as well as the strengths and accomplishments of the partnership engendered a new appreciation for what the partnership could represent for each of the contributing partners and member communities.

Finally, a prioritization activity enabled the Steering Committee to identify key areas and future role of the partnership moving forward. Some specifics about potential initiatives that build on the partnership's strengths within the context of an increased level of funding were also identified.

Appendix A: Meeting Agenda

Mamow Ahyamowen Planning Meeting

March 10-11, 2020

Victoria Inn, Thunder Bay, Ontario

Meeting Objective: To plan the role of the partnership in the years ahead

We will achieve this objective by:

Review the partnership's vision and reflect on progress towards that vision

Discuss the strengths and accomplishments of the partnership and what each partner contributes to the partnership

Identify the future role of the partnership and associated initiatives that build on the partnership's strengths within the context of an increased level of funding

Day 1 Agenda: March 10, 2020

Time	Topic	Responsible
08:00	Breakfast and Registration	
09:00	Opening Prayer	Elder
09:10	Welcome and introductions	Steve
09:20	Steering Committee Cohesion Activity Celebrating what we have in common	Mariette
10:30	Coffee break	
10:45	Review vision and progress towards vision Small groups will discuss the accomplishments and strengths of the partnership and how they align with the original vision	All
12:00	Lunch	
1:00	Energizer Activity	
1:10	What is new or different in our landscape? Small group discussions reflecting on how the environment we work in has changed and what that means for our partnership	All
14:30	Coffee break	

14:45	Energizer Activity	All
15:00	Implications for our partnership going forward What data initiatives or activities should we emphasize given today's environment and what needs to happen? • At the level of the partnership • Regionally specific • Community based	All
16:15	Reflections on the day and Closing Remarks	Mariette

Day 2 Agenda: March 11

Time	Topic	Responsible
08:00	Breakfast	
09:00	Opening Activity: Morning Reflection	All
09:20	Recap of Day 1	Mariette
09:40	Interactive Discussion Mapping our path forward. What do we need to focus on?	Mariette
10:30	Coffee break	
10:45	Close the loop Building consensus around some key priorities	All
12:30	Lunch	

Appendix B: Meeting Participants

Anjali Mago, Privacy Officer and cEMR. Been with partnership since 2018

Julie McKay, Wabun Tribal Council, Assistant Health Director

Vontane Keno, Health Director for Keewaytinook Okimakinak

Barb Duffin, Director for Information Services with Mushkegowuk Council.

Rob Tenneriello, Public Health Manager, WAHA

Sandra Kioke, Director of Community and Clinical Services, WAHA

Ashlee Grimard, Director of Clinical Services, GCT3 (Serves 10 communities in Treaty 3 territory)

Elder Hammond Lac Seul, Elder for Tikanagan and Approaches to Community Wellbeing.

Janet Gordon, SLFNHA Chief Operating Officer

Emily Patterson, SLFNHA, Director, Approaches to Community Wellbeing

Lucille McKenzie, Kenora Chiefs Advisory

Lloyd Douglas, Independent First Nations Alliance

Howard Meshake, Shibogama Tribal Council

Jonathan Lawrence, Partnerships Coordinator, Health Transformation, Nishnawbe Aski Nation

Steve Moore, Project Coordinator (outgoing)

Christina Vlahopoulos, Knowledge Translation Specialist for the Mamow Ahyamowen Partnership, Incoming Project Coordinator

Mariette Sutherland, Facilitator

Erica Bota, Graphic Recorder