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Mamow Ahyamowen
PARTNERSHIP

Mamow Ahyamowen Partnership

Planning Session Report

Proceedings from February 8th, 2021

Table of Contents

ᒪᒪᐦᐤ ᐊᔨᒋᐧᐃᐣ
Mamow Ahyamowen
PARTNERSHIP

Introduction

On February 8, 2021, the Steering Committee and key staff members of the Mamow Ahyamowen Partnership participated in a planning session intended to revisit their Strategic Plan of March 2020 and to discuss aspects of their newly developed partnership agreement. The objective of the session was to plan the future of the partnership in a new COVID-19 environment by:

1. Reviewing the Partnership's vision and reflecting on progress towards that vision
2. Discussing the strengths and accomplishments of the partnership and what each partner contributes to the partnership
3. Reviewing the proposed Partnership Agreement
4. Identifying the future role of the partnership and associated initiatives that build on the Partnership's strengths in a COVID environment

Participants invited to the planning session included Steering Committee members, Partnership Coordinator Christina Vlahopoulos, Knowledge Translation Specialist, Maureen Gustafson, as well as the facilitator, Mariette Sutherland and partnership agreement developer, David Morgan.

- **Fort Frances Tribal Area Health Services**: Kayla Caul-Chartier, Ashlee Grimard
- **Independent First Nations Alliance**: Lloyd Douglas, Connor Howie
- **Keewaytinook Okimakanak**: Maureen Potter, Penny Carpenter
- **Kenora Chiefs Advisory**: Jocelyne Goretzki, Lucille McKenzie
- **Maamwesying North Shore Community Health Services**: Carol Eshkakogan, Nicole Eshkakogan
- **Matawa First Nations Management**: Francine Pellerin, Paul Capon
- **Mushkegowuk Council**: TBD
- **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**: Loretta Loon, Robert Gagnon

Background

Mamow Ahyamowen (meaning ***everyone's voices***) is an epidemiology partnership of Northern Ontario First Nations governed health service organizations. The Partnership works with 78 participating communities to identify important health research questions, find and analyze data, and then collaboratively interpret the data in order to answer the research questions. The goal is to help achieve health equity on behalf of and in partnership with these communities.

Established in 2016, over the past 5 years the Mamow Ahyamowen Partnership has grown its membership, developed and strengthened relationships with data partners, undertaken a ground-breaking mortality analysis on behalf of 74 member First Nations and worked to build community capacity in data driven research and analysis. Having weathered the first year of a global pandemic, the Steering Committee has directed that a revised plan be mapped out to build on the strengths of the partnerships and the lessons emerging from operating within the COVID-19 environment.

Process & Participants

The agenda devised for the 4 hour session involved:

- An overview of the Partnership and its development since inception
- Remarks by former Maamwesying North Shore Community Health Services Executive Director, Gloria Daybutch who served as one of the partnership's founding committee members describing the opportunities emerging from the current COVID-19 situation
- A review and discussion of key factors identified in March 2020 which have been influencing the Partnership's trajectory
- Interactive breakout room discussions of the unique value added of the Partnership with key takeaways captured in a Jam Board
- An overview of the Partnership Agreement and areas for further contemplation
- Considerations by the Steering Committee as to what to focus on moving forward in the current COVID-19 era

The day rounded out with reflections on the planning session outcomes from March 2020 framed around the following key questions:

- What were we able to accomplish?
- What did we learn?
- What do we need to focus on going forward?

As mentioned, meeting participants included Steering Committee members and staff of the Partnership supported by privacy consultant David Morgan and meeting facilitator Mariette Sutherland. A full list of participants is included in Appendix B.

"Data drives solutions to put things into place"

The importance of data, especially now in a COVID environment was described by Gloria Daybutch, one of the founding architects of the Mamow Ahyamowen Partnership.

Gloria shared a simple catch phrase that encapsulates the idea of leveraging available data for community planning. She spoke about the notion that "data drives solutions to put things in place."

Acting on the information we already have

Organizations already routinely collect data for the purpose of reporting to funding bodies and many gather client health information using different manual and electronic tools. This represents a body of data that is already available to describe the health status of communities and health conditions of community members.

In addition, there are important sources of data amongst the ICES (formerly the Institute for Clinical Evaluative Sciences) holdings and administrative data sets including hospital data, federal and provincial data. For First Nations communities, Non-Insured Health Benefits data and the Indian Registry System are also key sources.

The key now is to gather, access and link this data to support the kind of analysis that communities need and then interpretate it to learn and uncover the story it tells about the health conditions of our communities.

"The key is to simply put things in place – how can we be more thoughtful with the action we take based on the information we have?"

Using data to create new partnerships and plan interventions

An example of this is in establishing new partnerships with public health units that use epidemiology evidence to plan public health interventions. In this COVID-19 era, the First Nation mortality analysis can be used to make the case for establishing an earlier threshold age range for Indigenous older adults to receive the vaccine. The mortality analysis showed that 61% of all deaths among band members in the participating First Nations occurred before retirement age (65 years) compared to 22% overall in the Ontario population. The report also showed that 3 of every 10 deaths could have been avoided with effective and timely health care or public health intervention.

This has implications for vaccine rollout. In mainstream populations the focus is on the elderly and those in long term care. Very few First Nations have long term care homes or populations. Similarly, rather than vaccinate those aged 60+, the mortality analysis shows that it would be important to vaccinate adults 55+ in First Nations, for example. Many community members experience multiple comorbidities such as chronic illnesses like cancer, diabetes, heart disease and mental health and addictions concerns. Such illnesses put First Nation adults at even greater risk for COVID-19 and add even more impetus to the need for vaccine rollout amongst this age group.

This is a clear example of how the data and analysis can be used to affect advocacy and planning of health and public health interventions in particular. In Gloria's words:

"Rather than wait for the Provincial taskforce to decide eligibility, leverage this analysis to advocate for First Nations adults age 55 and up to receive the vaccination. We have the data and evidence to say the roll out strategy should look different than the provincial rollout strategy and we should look at this kind evidence in forming new partnerships with public health. Post COVID-19 we must use this evidence and move it into action by putting things into place."

This type of data is particularly important during this COVID-19 era, as the virus can have disproportionate impacts on Indigenous communities owing to historic and Indigenous-specific determinants of health and systemic inequities. Data is needed not only to help better understand its spread and impact but to monitor progress in addressing health inequities.

Informing policy direction

As a further example, the upcoming analysis on injuries will also shed light on protecting children from injuries and accidents. This data can be used to develop community policies and public health approaches to prevent injury. Gloria spoke about how this emerging evidence can influence child welfare prevention policies and programs as it can illuminate how the incidence of childhood injury is a precipitating factor for increasing numbers of child apprehensions.

Using data to address health inequities and discrimination

Having data analysis reports like these can also be used to inform the development of upcoming distinctions-based health care legislation.

The Government of Canada is taking steps towards addressing health inequities and discrimination and racism towards First Nations and other Indigenous peoples in Canada's health care systems by co-developing distinctions-based health care legislation. Long standing health inequities, exacerbated by the COVID-19 pandemic continue to contribute in poor health outcomes for First Nations across Canada.

The development of distinctions-based health legislation for First Nations is intended to provide a basis for a health system that addresses systemic racism, recognizes the spirit and intent of the medicine chest clause and is seen as a foundational cornerstone to Canada's overall healthcare system.

Co-development means that the rights and title holders, i.e. First Nations leadership, are at the table to ensure that First Nations have control over the development and delivery of health services based on priorities identified by First Nations. Data is part of the necessary evidence to inform these priorities.

Data is just one part of the picture; community knowledge and context is also important

Indigenous health care and public health must also consider this evidence in reflecting more deeply on the linkage between historical trauma and how this has impacted First Nation community mental health and addictions as well as chronic illness. Strategies and community-based approaches for mental health and addiction must use the available evidence but also consider and examine "our ways of being." Evidence from data analysis reports is strengthened when interpreted and understood from a community lens and standpoint. It must reflect community context and history.

Leveraging data and analysis strengthens First Nations' ability to co-develop health care legislation, child protection laws and influence community and provincial policy direction.

"We have data collection and solutions. We just need to put it into action," she reiterated. To do this effectively however, true partnership is needed to support the costs involved in accessing the many sources of data, undertaking analyses and then interpreting and using the findings with a community lens.

Data interpreted by communities to reveal the story behind the data can be immensely powerful. Thoughtfulness in putting the evidence to work and transforming this knowledge into action will create new opportunities for partnership and will ultimately transform health care.

Gloria encouraged the Partnership to "be thoughtful in using our evidence our stories our interpretation."

Reflections from March 2020 Planning

As a starting point for this year's planning discussions, time was spent reacquainting the Steering Committee with the previous year's planning outcomes. Members were invited to review and reflect on two important graphics (see Appendix C) from the Mamow Ahyamowen Partnership's March 2020 Planning Report.

NB: it is important to remember that these planning discussions were held days before the global COVID-19 pandemic was declared.

Environmental scan

A "gallery walk" discussion touched on the following key elements from the environmental scan:

Community context and challenges

- Health service delivery challenges
- Poor internet connectivity in some areas
- A reluctance to transition from paper-based to fully electronic databases for fear of losing data
- Human resources, infrastructure and space limitations
- New program investment pressures
- Turnover in leadership and key roles
- Distrust concerning external holders of data

Despite these challenges, the Partnership's activities have supported capacity building in the communities and tangible benefits with data analysis and reports being used for Jordan's Principles applications for example.

Regional context

Important developments which were described as important to and impacting on the work of the Partnership include:

- Tribal councils taking on more service delivery roles
- The Partnership has leveraged the collective voice of many communities to access data which would otherwise not be available to each individually. Capacity is being built in the region to help communities utilize this knowledge in their planning.
- Some advocacy and ongoing support is needed to ensure that registry systems such as the Indian Registry System are robust (not all births are registered in a timely manner with ISC for example).
- Important regional information projects are underway such as cancer screening and a children's health report.
- Provincial territorial organizations, such as Nishnawbe Aski Nation and Grand Council Treaty 3, are moving towards health transformation. Data and information will be important pillars for this transformation.

Provincial developments

Three important developments were cited at the provincial level that impinge on the work of the Partnership.

At the provincial level Local Health Integration Networks are being dismantled. In their place, the province is moving towards Ontario Health Teams which will oversee the delivery of health services to a geographic region including health service organizations and health centres which serve First Nations.

Sol Mamawka was elected to the Ontario Legislative Assembly in 2018. He represents the riding of Keewaytinoong as a member of the New Democratic Party. Sol is from Kingfisher Lake and speaks Oji-Cree. Having a First Nations representative at the Ontario legislature is pivotal for strengthening the northern voice in provincial politics.

First Nations Digital Health Ontario (FNDHO), established by All Ontario Chiefs in Assembly, is a First Nations–led organization committed to addressing inequities in First Nations digital health. FNDHO describes its role as providing digital health capacity enhancement services to all First Nations Health Services in Ontario. FNDHO's goal is to support First Nations Health Services in:

- Analyzing and defining their health information management needs,
- Sharing learnings and teachings from other First Nations Health Services and
- Designing and implementing a health information management roadmap specific to the needs of each organization's clients, community and partners.

Their role seems very similar and complementary to that of the Partnership and should be explored further.

Vision 2020

In the March 2020 planning document, "Vision – What should we focus on moving forward" (Appendix C) spoke to key accomplishments and strengths of the partnership and then suggested key areas to focus on moving forward.

Key accomplishments of the Partnership

- Collective voice helped to leverage access to new sources of data e.g. ICES and IRS linkage
- Communities were able to inform their planning going forward with the mortality analysis
- Communities learned how to use the data for funding proposals and Jordan's Principle applications to put things in place to address community needs
- Communities were able to share experiences and build capacity through the Partnership
- The Partnership gained an incredible amount of learning through the process of conducting the mortality analysis starting with the research questions all the way through to knowledge mobilization

What the Partnership should focus on going forward

- Data standards, where possible, and a standardized approach to data analysis to ensure quality and effective/efficient access when working with ICES for example.
- Linking health data with social determinants of health data to ensure a more wholistic and contextualized analysis.
- A broader, more expansive view to conducting analyses that includes "Asset oriented" indicators that focus on culture, language and other community strengths.
- Consideration of the implications of Indigenous law in data governance and in supporting self-determined health transformation amongst First Nations.

These reflections were helpful as a springboard for the next planning activity. Small groups were organized in Zoom breakout rooms to discuss the value added of the Mamow Ahyamowen Partnership and "key takeaways" from their perspective.

Key Takeaways from the Partnership, 2021

Meeting participants shared that they saw the Partnership as instrumental in supporting or advancing:

Connection and sharing

- Connecting and learning how data improves community access to new services
- To hear about what other organizations are doing
- Sharing perspectives, differences and similarities, and the value of partnering

Leveraging analysis

- Analysis allows communities to take what is anecdotally known and provide the evidence to support this with tangible analytics – "to prove the point of what is known"
    - As an example, the mortality analysis has been leveraged to build rationale for COVID vaccines for elders who are under the age of 65

Building capacity

- The Partnership has helped to build capacity to understand data in order to better inform program planning.
- The networking and ability to share experiences and information has led to better health outcomes and greater community wellness.

Jam Board summary

These ideas were captured in a Jam Board discussion

- **There are strong connections** which have been built between partners and others who support this work.
- **The Partnership has enabled collective learning** – within and amongst each member sharing the ways they are similar but also acknowledging the differences between regions and partners.
- **Capacity building** has focussed on helping **communities** understand and apply data.
- **Knowledge mobilization and Knowledge Translation and Exchange(KTE)** has been supported to enable communities to apply data.
    - Data analysis has served to validate and build evidence to affirm what is known anecdotally.
    - Application of the mortality data analysis includes the example of COVID-19 vaccine rollout planning to reflect First Nations needs.
    - Data analysis has empowered communities to enhance existing programs and services.

What should be the partnership focus on going forward?

Steering Committee members next turned their attention to the future, beyond 2021 and what they felt the Mamow Ahyamowen Partnership should focus on:

Build upon momentum from 2020 planning

For many, the priorities and direction expressed in last year's planning were right on track. Though the Partnership's plan, like that of many other organizations, lost momentum due to the COVID-19 pandemic, there is still opportunity to regroup and take steps (with the necessary adjustments) to execute the strategy laid out last year.

They also noted that with the process now developed for a full-fledged analysis under their belt, they could build on this and turn their attention to new areas for analysis.

Empower community voice, autonomy and engagement

Steering committee members recognized that training and capacity building is needed for communities to enable them to use their voice in asserting the need for OCAP® principles in relation to their community's data.

Recognition of community autonomy is also critical as it is the communities who must be in the driver's seat, identifying health needs, research priorities and devising their path forward to community health and wellness.

Lastly, it is imperative to continually educate and communicate the value of health information and data analysis amongst leaders, community workers and community members. Understanding and balancing between the protection of personal health information and privacy concerns at the individual level versus using and leveraging community health information for community benefit is key.

Leverage the opportunity presented by COVID-19

The current pandemic has both exposed and magnified the vulnerabilities and health inequities which are endemic amongst First Nations communities. These long-standing inequities, underscored by the current pandemic result in poorer health outcomes. Though the pandemic has exploited this weakness, it has also shed light on and brought new attention to the needs of Indigenous communities and Indigenous determinants of health which must be addressed.

A key step in the path forward is the necessary distinctions-based data to support the true needs being expressed by communities. This is clearly in line with the Partnership's aims.

In addition to basic epidemiological data about COVID's impact in First Nations, information about public health interventions such as the effectiveness of vaccine rollout in First Nations is also needed.

Address the need for a virtual approach to capacity building

Because of the current pandemic, many organizations have had to pivot to virtual engagement and training and this is also true for the Partnership.

One means of offering virtual training, suggested by meeting participants, is to explore pre-recorded presentations, for example on how to use data analysis in proposal development, which can be made widely available for communities to learn from asynchronously.

Steering Committee members acknowledged that there is a need for strong IT infrastructure to allow for virtual capacity building and digital data platforms. This speaks to the Partnership's advocacy role to ensure the necessary investment for supportive infrastructure is made available to communities.

These suggestions were further captured in a Jam Board summary:

Jam Board summary

A highly interactive discussion via Jam Board produced the following concise summary:

- Capacity building
    - Research and understanding how Indigenous methodologies are applied in the work
    - Privacy and OCAP®
    - Not possible without enhancing IT infrastructure
- Supporting autonomy
    - Respecting differences and acknowledging similarities
    - Every community should be able to apply the data for their priorities that they have and be supported via capacity building
- COVID-19
    - Understanding COVID-19 impacts on communities, patterns of disease
    - Access data for vaccine rollout
    - Opportunity - brought awareness to issues and challenges in First Nations health
    - Regaining momentum from last year, wanting to get work done and moving forward

This summary provides an overview of the Steering Committee's further reflections on the Partnership's accomplishments and next steps in moving forward. In the next section, we turn our attention to strengthening the Partnership's governance.

Partnership Discussion

Since inception in 2016, the Mamow Ahyamowen Partnership has grown from the original 7 founding partners representing 68 communities to 11 First Nations governed health services organizations serving 78 communities in Northern Ontario.

Owing to the benefits and impact demonstrated over the past 5 years, the Mamow Ahyamowen Partnership continues to grow as additional First Nations health service organizations and communities express interest in joining.

As with any partnership, it is important that existing and prospective partners fully understand their relationship with one another, including the fundamental parameters and rules under which they participate – that is the purpose of our Partnership Agreement.

Most importantly, a Partnership Agreement captures those aspects of the Partnership that will not change over time (or, at least, are very unlikely to change over time). Though the Mamow Ahyamowen Partnership has an existing Terms of Reference, it was felt that a formalized Partnership Agreement would help to strengthen its governance.

A draft Partnership Agreement had been prepared and presented to the Mamow Ahyamowen Partnership Steering Committee in October 2020. Though the Steering Committee has had a preliminary review and discussion about the Agreement, there remain a number of areas in the draft Agreement which require further clarification and which would benefit from further in-depth discussion by the Steering Committee. These include:

1. Admitting/Removing new partners
2. Community participation if the partner does not participate
3. Non-partner Steering Committee participation
4. Approving funding applications

The following summarizes the clarification being sought with respect to each of these aspects.

1. Admitting/Removing New Partners

This is an area that needs to be addressed by the Agreement, as it is fundamental to the structure of the Partnership. The approach to adding and removing partners should not change over time and further there should be consensus on voting procedures.

Previously, the Terms of Reference stated that prospective Partners may ask to join the Partnership at any time and likewise, partners may choose to leave at any time by written notice to the Chair.

The Partnership Agreement aims to provide additional guidelines on:

- Partners wanting to join the Partnership
- Partners wanting to leave the Partnership
- Removing partners from the Partnership.

The key question before the Steering Committee is how this should be decided. Should a vote to admit/remove a new partner be:

- Unanimous (100%)?
- Majority (>50%)?
- 2/3 a majority?
- A very strong majority (75% or 90%)?

It should be noted that 100% or unanimity essentially gives each voter/partner a veto. This could be problematic. Alternatively, it might be a great way to demonstrate "partnership."

In the case of voting on removing a partner from the Partnership - the partner being considered for removal would not be permitted to vote.

Discussion:

It was noted that the formality of voting is different than the way in which the Partnership has always made key decisions. Previously, the group would strive for consensus around key decisions being taken by the Partnership.

As part of the afternoon's proceedings an interactive poll was used to gain an understanding of the group's inclinations in this regard. Eight people participated in a poll which outlined the four proposed voting options. Six of eight favored a very strong majority (3) or unanimity (3) to make such decisions. This is very much in line with the consensus decision making model used by the Partnership presently.

Voting represents a fundamental shift to the decision-making model outlined in the Terms of Reference. The Terms do allow for a vote (50% plus one) in instances when consensus cannot be reached. These instances are rare.

As noted earlier a strong majority or unanimity was favoured by poll respondents when deciding to admit or remove a Partner. Steering Committee members have suggested consideration of a further distinction, i.e. the removal of a partner may require a different voting result than the addition of a partner.

One challenge with respect to decision making by the Steering Committee is that meeting attendance by members has not always been consistent. In moving forward, to facilitate decision making by consensus, it may be helpful to set out a time frame in which members may respond, vote or voice objection after which a decision by the majority will stand.

2. **<u>Community Participation if Partner does not Participate</u>**

The current Steering Committee Terms of Reference establishes a principle that if a partner does not participate in an initiative, then the member communities cannot participate. In the interest of

encouraging participation, the draft Agreement proposes to flip this principle such that communities can participate in an initiative even if their respective partner(s) decide not to participate.

The question before the Steering Committee is whether they agree or disagree with the proposed change.

Discussion:

Again, the question was shared in an interactive poll. Nine out of nine respondents agreed that a community should be able to participate even if the partner is not. This is very much in line with the principle of respecting individual First Nation community autonomy.

There seems to be support for "tiers of involvement" or groups of communities who coalesce around topics of mutual interest, such as justice for example.

The Steering Committee may wish to explore this concept further.

3. Non-Partner Steering Committee Participation

Occasionally, the Mamow Ahyamowen Partnership has invited guests from non-partner organizations to attend Steering Committee conference calls or planning sessions. As an example, in September 2020, representatives of the Better Outcomes Registry & Network (BORN) attended the Steering Committee meeting to share an information presentation. In the future, there may be some benefit for strategic reasons to invite a non-partner organization to join the Partnership and become a member of the Steering Committee. For example, there might be a strategic reason to make a key researcher or a representative of non-partner organizations like the First Nations Digital Health Ontario (FNDHO) and the ICES a member.

The Terms of Reference outline who the membership of the Mamow Ahyamowen Partnership is and is the logical focal point for any additions or expansion of these options. What the Partnership Agreement should express is: a. are non-partner organizations permitted to become members, and; b. under what conditions should such partners may be invited, for example, if they will be afforded voting rights.

The question before the Steering Committee is two-fold:

a. Should the Agreement allow for people from non-partner organizations to be members?

b. If the Agreement allows for people from non-partner organizations to be SC members:
    i. Should the Agreement restrict them from having voting privileges?
    ii. Should the Agreement restrict them from having voting privileges on certain topics (e.g. membership)?

iii. Should the Agreement restrict the number of such non-Partner members (e.g. no more than 10% of membership)?

Discussion

Again, as a way of gauging the Steering Committee's leanings with respect to these questions, an interactive poll was implemented. Of the 8 who responded to the poll, half favored non-partners becoming members and half did not. More discussion would be needed with the Steering Committee on this matter.

On the subject of whether the Agreement should restrict non-partner members from having voting privileges, 6 of 8 respondents agreed that the Agreement should restrict them from having voting privileges. Similarly, 6 of 8 poll respondents felt that the non-partner members should be restricted from voting on certain topics.

As to whether the Agreement should restrict the number of non-partner members (for example to no more than 10% of membership) 3 respondents agreed, 1 disagreed and 4 were unsure. This is probably a reflection of the clear split between those who favour non-partners becoming members and those who do not. Clearly this will need further discussion and exploration of the relative advantages and disadvantages of admitting non-partners as members. Steering Committee members described two potential risks and benefits as follows:

- The Mamow Ahyamowen partnership was created to advance the collective voice of First Nations communities. Introducing others to the membership composition may carry risks over time, especially if they become voting members who can influence decision making and direction.
- A benefit of including non-partners as members is that this allows them to learn and understand the context within which communities operate as well as the challenges communities face when trying to access data. This can build bridges and collective solutions to further enable respectful implementation of OCAP® principles.

4. Approving Funding Applications

Funding applications are prepared on behalf of the Partnership and submitted by the Contribution Agreement holder usually. Ideally such funding applications would be developed in consultation with all partners and be approved by all for submission. By requiring approval, it would ensure and demonstrate support for a proposal (and ensure that a partner cannot submit a proposal if it does not have the support of the Partnership). However, satisfying a requirement for approval/consultation requires time and effort.

Two questions are important to consider in respect of this aspect within the Partnership Agreement.

a. Should the Agreement establish a requirement on this topic, or simply leave it up to the Steering Committee to establish policy?

b. If the Agreement should establish a requirement:
    i. Should the Agreement require that the Steering Committee approve Partnership-related funding applications before they are submitted?
    ii. Or, as an alternative, should the Agreement require that the Steering Committee be consulted on Partnership-related funding applications before they are submitted?
    iii. Something else?
c. If the Agreement should simply leave it for the Steering Committee to establish policy, should it require the Steering Committee to establish policy on this topic?

Discussion:

Seven respondents weighed in on this question. Four of the seven felt that this requirement should be spelled out in the Partnership Agreement, i.e. the Steering Committee must approve all funding applications before they are submitted.

If the requirement is not spelled out in the Partnership Agreement, at a minimum, six of the seven respondents felt the Agreement should require that the Steering Committee develop a policy on this matter. A policy could be that the partner cannot put forward an application without the rest of the partners' knowledge or consent. A policy can be changed from time to time whereas a requirement in the Partnership Agreement would not.

Summary of Partnership Agreement Discussions

In contemplating removing or admitting new partners, meeting participants favoured a strong majority or unanimity in these decisions. This is in keeping with the consensus decision making model they currently employ.

Meeting participants also agreed that a community should be able to participate even if the partner is not. This is very much in line with the principle of respecting individual First Nation community autonomy.

There is split between those who favour non-partners becoming members and those who do not. Clearly this will need further discussion and exploration of the relative advantages (bridge building and educating non-Indigenous partners) and disadvantages of admitting non-partners as members (weakening or diminishing Indigenous voices).

With respect to whether an application can be submitted with or without all partners' approval, meeting respondents wish to see an explicit reference to a policy reflecting this within the Partnership Agreement.

Appendix A: Agenda

Mamow Ahyamowen Planning Meeting

February 8, 2020

Zoom Virtual Call –12:30 pm to 4:00 pm EST (11:30 pm to 3:00 pm CDT)

Meeting Objective: To plan the future of the partnership in a new COVID-19 environment

We will achieve this objective by:

1. Review the partnership's vision and reflect on progress towards that vision
2. Discuss the strengths and accomplishments of the partnership and what each partner contributes to the partnership
3. Review the proposed Partnership Agreement
4. Identify the future role of the partnership and associated initiatives that build on the partnership's strengths in a COVID environment

Agenda

Time	Topic	Responsible
12:30	**Welcome**	Christina
12:40	**Introductory Round Table** Celebrating what we have in common	Mariette/ All
12:55	**Overview presentation** Timeline, Vision and Mission – Where we've been	Christina
1:00	***"Data drives solutions to put things into place"*** The importance of data, especially now in a COVID environment	Gloria Daybutch
1:15	**Gallery Walk – review** Community, regional, provincial impact & benefits described about the partnership in March, 2020 **Reflection & Dialogue** Value added takeaways from the partnership **(Break out groups)**	Mariette
1:50	**Break**	
2:00	**Jam Board Share**	Maureen
2:15	**Partnership Agreement** Overview of key elements and aspects needing discussion	Mariette/All
3:15	**Break**	
3:25	**Moving Forward in COVID Environment** Reflecting on the planning session outcomes from March • What were we able to accomplish? • What did we learn? • What do we need to focus on going forward?	All
3:45	**Next steps**	All
3:55	**Final Reflections**	Mariette

Appendix B: Meeting Participants

Name	**Organization**
Ashlee Grimard	Fort Frances Tribal Area Health Services
Kayla Caul-Chartier	Fort Frances Tribal Area Health Services
Lloyd Douglas	Independent First Nations Alliance
Maureen Potter	Keewaytinook Okimakanak
Lucille McKenzie	Kenora Chiefs Advisory
Nicole Eshkakogan	Maamwesying North Shore Community Health Services
Paul Capon	Matawa First Nations Management
Emily Paterson	Sioux Lookout First Nations Health Authority
Trisha Frempong	Sioux Lookout First Nations Health Authority
Julie McKay	Wabun Tribal Council
Loretta Loon	Weeneebayko Area Health Authority
Rob Gagnon	Weeneebayko Area Health Authority
Gloria Daybutch	Honorary Guest
Jennifer Walker	Institute for Clinical Evaluative Sciences / Laurentian University
Mariette Sutherland	Facilitator
Dave Morgan	Morgan Privacy Consulting
Melanie Lazarus	Laurentian University
Christine Luza	Mamow Ahyamowen
Maureen Gustafson	Mamow Ahyamowen
Christina Vlahopoulos	Mamow Ahyamowen

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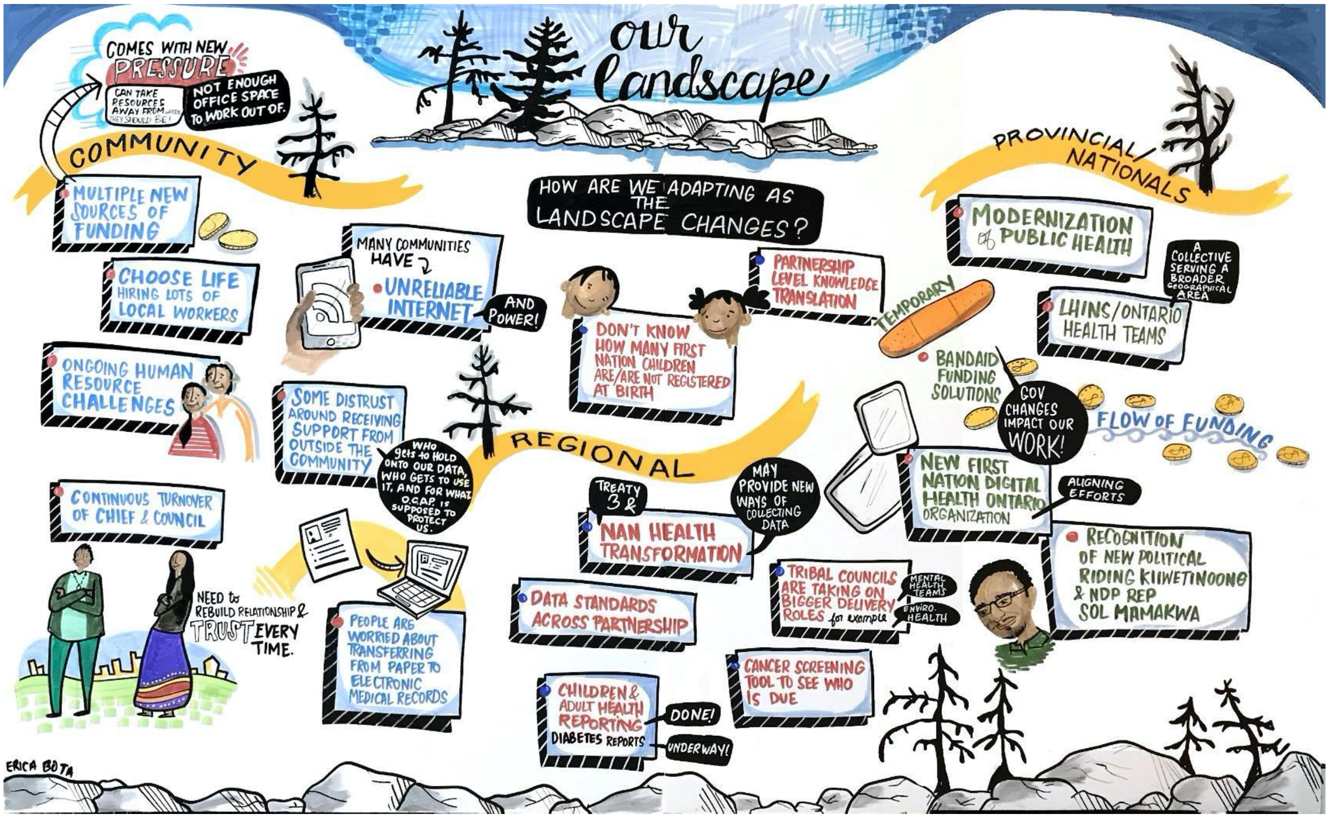
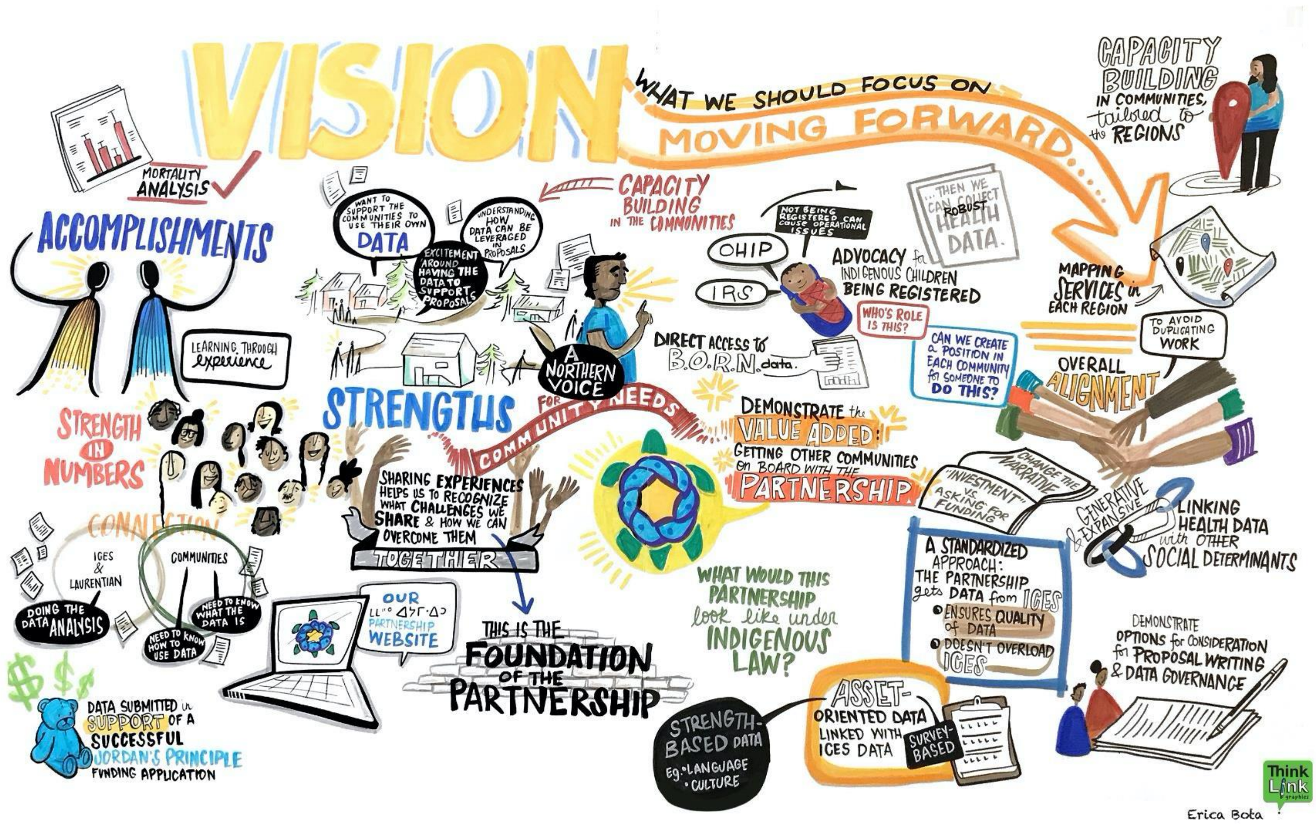
Appendix C: Gallery walk graphics


our landscape
COMES WITH NEW PRESSURE
CAN TAKE RESOURCES AWAY FROM WHERE THEY SHOULD BE!
NOT ENOUGH OFFICE SPACE TO WORK OUT OF.
COMMUNITY
MULTIPLE NEW SOURCES OF FUNDING
CHOOSE LIFE HIRING LOTS OF LOCAL WORKERS
ONGOING HUMAN RESOURCE CHALLENGES
CONTINUOUS TURNOVER OF CHIEF & COUNCIL
NEED to REBUILD RELATIONSHIP & TRUST EVERY TIME.
MANY COMMUNITIES HAVE UNRELIABLE INTERNET
AND POWER!
SOME DISTRUST AROUND RECEIVING SUPPORT FROM OUTSIDE THE COMMUNITY
WHO gets to HOLD ONTO OUR DATA, WHO GETS TO USE IT, AND FOR WHAT. O.C.A.P. IS SUPPOSED TO PROTECT US.
PEOPLE ARE WORRIED ABOUT TRANSFERRING FROM PAPER TO ELECTRONIC MEDICAL RECORDS
HOW ARE WE ADAPTING AS THE LANDSCAPE CHANGES?
PARTNERSHIP LEVEL KNOWLEDGE TRANSLATION
DON'T KNOW HOW MANY FIRST NATION CHILDREN ARE/ARE NOT REGISTERED AT BIRTH
REGIONAL
TREATY 3 &
NAN HEALTH TRANSFORMATION
MAY PROVIDE NEW WAYS OF COLLECTING DATA
DATA STANDARDS ACROSS PARTNERSHIP
TRIBAL COUNCILS ARE TAKING ON BIGGER DELIVERY ROLES for example
MENTAL HEALTH TEAMS
ENVIRO. HEALTH
CANCER SCREENING TOOL TO SEE WHO IS DUE
CHILDREN & ADULT HEALTH REPORTING
DONE!
DIABETES REPORTS
UNDERWAY!
PROVINCIAL/NATIONALS
MODERNIZATION of PUBLIC HEALTH
A COLLECTIVE SERVING A BROADER GEOGRAPHICAL AREA
LHINS/ONTARIO HEALTH TEAMS
TEMPORARY
BANDAID FUNDING SOLUTIONS
GOV CHANGES IMPACT OUR WORK!
FLOW OF FUNDING
NEW FIRST NATION DIGITAL HEALTH ONTARIO ORGANIZATION
ALIGNING EFFORTS
RECOGNITION OF NEW POLITICAL RIDING KIIWETINOONG & NDP REP SOL MAMAKWA
ERICA BOTA


VISION
WHAT WE SHOULD FOCUS ON MOVING FORWARD...
CAPACITY BUILDING IN COMMUNITIES, tailored to the REGIONS
MORTALITY ANALYSIS
ACCOMPLISHMENTS
LEARNING THROUGH experience
STRENGTH IN NUMBERS
CONNECTION
IGES & LAURENTIAN
COMMUNITIES
DOING THE DATA ANALYSIS
NEED TO KNOW WHAT THE DATA IS
NEED TO KNOW HOW TO USE DATA
DATA SUBMITTED in SUPPORT OF A SUCCESSFUL JORDAN'S PRINCIPLE FUNDING APPLICATION
WANT TO SUPPORT THE COMMUNITIES TO USE THEIR OWN DATA
UNDERSTANDING HOW DATA CAN BE LEVERAGED IN PROPOSALS
EXCITEMENT AROUND HAVING THE DATA TO SUPPORT PROPOSALS
CAPACITY BUILDING IN THE COMMUNITIES
A NORTHERN VOICE
STRENGTHS FOR COMMUNITY NEEDS
SHARING EXPERIENCES HELPS US TO RECOGNIZE WHAT CHALLENGES WE SHARE & HOW WE CAN OVERCOME THEM
TOGETHER
OUR PARTNERSHIP WEBSITE
THIS IS THE FOUNDATION OF THE PARTNERSHIP
NOT BEING REGISTERED CAN CAUSE OPERATIONAL ISSUES
OHIP
IRS
ADVOCACY for INDIGENOUS CHILDREN BEING REGISTERED
WHO'S ROLE IS THIS?
...THEN WE CAN COLLECT ROBUST HEALTH DATA.
DIRECT ACCESS TO B.O.R.N. data.
DEMONSTRATE the VALUE ADDED:
GETTING OTHER COMMUNITIES on BOARD WITH THE PARTNERSHIP
WHAT WOULD THIS PARTNERSHIP look like under INDIGENOUS LAW?
STRENGTH-BASED DATA Eg. LANGUAGE, CULTURE
ASSET-ORIENTED DATA LINKED WITH ICES DATA
SURVEY-BASED
MAPPING SERVICES in EACH REGION
CAN WE CREATE a POSITION IN EACH COMMUNITY for SOMEONE TO DO THIS?
TO AVOID DUPLICATING WORK
OVERALL ALIGNMENT
CHANGE THE NARRATIVE
"INVESTMENT" VS. ASKING FOR FUNDING
GENERATIVE & EXPANSIVE
LINKING HEALTH DATA with OTHER SOCIAL DETERMINANTS
A STANDARDIZED APPROACH: THE PARTNERSHIP gets DATA from ICES
ENSURES QUALITY of DATA
DOESN'T OVERLOAD ICES
DEMONSTRATE OPTIONS for CONSIDERATION for PROPOSAL WRITING & DATA GOVERNANCE
Think Link graphics
Erica Bota