Health Governance Models
e-Workbook

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Introduction

Health governance refers to the way people work together to manage and deliver community health programs and services. It includes boards of directors, committees of the board, staff and relationships with elected or political leadership. This workbook is intended for First Nations communities, on-reserve and off, and in rural and urban settings. The aim of this work book is to help guide you in learning more about health governance. It provides questions and workspace for you to reflect on the information and to relate it to your own governance structures.

"Governance structures and practices are inherent to a community or organization" (Mitchell & Bruhn, 2009, p. 3). This quote highlights that governance practices exist whether they are written or unwritten, stated or unstated. You may want to think about your existing governance agreements and practices and consider what is written and unwritten when answering these questions. You may want to work with others as a group, perhaps including board members, staff and community members.

What is Governance?

Governance is not the same as government. Government usually refers to formal political structures such as First Nation/band, district or tribal councils, or municipal, provincial or federal level structures. Governance refers to the way people work in organizations in many different contexts and settings including the delivery of health programs and services. According to the Institute on Governance:

> Governance is an ordering of human relationships toward the achievement of collective goals …[and it includes] the *processes, rules, institutions* and *traditions* that guide decision-making authority in a given space (Bruhn, 2009, p. 3).

Speaking on tribal governance, Thomas Tso, first Chief Justice of the Supreme court of the Navajo Nation acknowledges the long history of "some degree of formal organization and leadership" where rules or guidelines were developed so the community could work in "an orderly fashion" and maintain peace and harmony (as cited in Bruhn, 2009, p. 3). The National Centre for First Nations Governance states:

> Governance is the traditions (norms, values, culture, language) and institutions (formal structures, organization, practices) that a community uses to make decisions and accomplish its goals. At the heart of the concept of governance is the creation of effective, accountable and legitimate systems and processes where citizens

articulate their interests, exercise their rights & responsibilities and reconcile their differences (2009, p. vii).

These systems and processes involve agreements about how the work is done and how positive relationships and communication

- Mission, vision, values, principles
- Short and long term goals.
- Strategic plans.
- Roles and responsibilities
- Communications
- Relationships between employees and board or committee members.

can be fostered and maintained. Governance is expressed through agreements and practices (these are also called policies and procedures) that cover a broad range of topics, such as:

- Board/committee relationships with the political governing structures, partners and funders
- Codes of conduct.
- How people are hired, appointed and removed.
- Conflict of interest

Health Governance Models

There are many different ways to organize governance policies and practices and it is important that communities create what works for their particular culture, needs and priorities. There are also different styles of leadership, degrees of transparency in communications and types of decision making models (for example, consensus versus majority vote). Different forms of governance can function well but each community's approach depends on a number of factors including:

- Community values and culture.
- Geography (for example, distances to travel and the need for satellite health services).
- Economic circumstances (amount and types/sources of funding).
- Community size.
- Types and levels of technology.

- Types of health services for example, primary care, tertiary care, mental health, prevention or promotion.
- Specific health and wellness needs and priorities such as diabetes, FASD, early childhood or maternal health.
- Community priorities.

Each of these would impact the types and levels of integration and coordination of services, which in turn, impact governance models.

Health programs and services can be governed by:

- An individual community or First Nation/band through a health committee of band council or a board of directors (see Figure 1 below).
- Several communities and/or tribal councils governing together in collaboration.

- Tribal councils forming a FNs Health Authority.

For communities that have established a First Nation health organization, the Board of Directors of the corporation is the main governing body which oversees the delivery of the health programs. Alternately, health programs may be managed through a health committee of Band Council. Regardless of type, good governance involves having agreements (policies) in place that guide communications, relationships, transparency, conflict of interest, and roles and responsibilities in a way that maintains "a balance between accountability to the First Nation's government and the autonomy required to deliver health services" (Graham & Bruhn, 2009, p. 12).
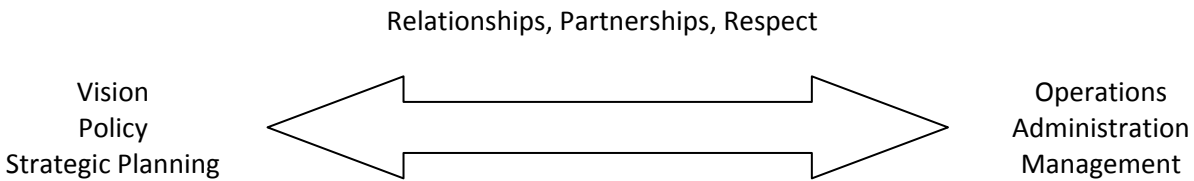
It is important to separate political needs from the management and delivery of health programs (Lemchuk-Favel & Jock, 2004a). While Band Council is involved in the overall direction of the health programs and services, its involvement in the day-to-day operations is not recommended – that role is better filled by the health program staff and leadership. The Board or Committee of Council is accountable to the Band Council and should have the authority to carry out its job. Managers also need sufficient leadership skills, delegated authority and knowledge of the organization's vision and goals in order to lead, guide and manage their staff.

Figure 1. Two examples of governance structures at a community level

Board of Directors Governance	Council Committee Governance
Chief /Band Council	Chief /Band Council
↕	↕
Chair/Board of Health Corporation	Director/Health Committee of Council
↕	↕
Executive Director	Band Manger, Director of Operations, CEO
↕	↕
Senior Staff, Management	Senior Staff, Management
↕	↕
Frontline staff delivering services and programs	Frontline staff delivering services and programs
↕	↕
Community served by health programs/services	Community served by health programs/services

Council, board and management can all be involved in policy as well as administration, but council and board members are usually more involved in policy (for example, overall mission and strategic planning) while a manager or executive director and senior staff are usually more involved in the day-to-day operations, program administration and internal management of paid staff. People at all levels need to make decisions related to their respective roles but the decisions of a Committee of Council or Board of Directors are more strategic and visionary than the decisions of an Executive Director or Band Manager who is responsible for the program(s). Even with policies and procedures in place, Boards and Directors need to make administrative decisions. The values and principles of their health organization can guide make these decisions. Finally, staff may provide input to management decisions but their actual decision-making authority relates directly to their job in the delivery of health programs and services (Graham, 2006).

Relationships, Partnerships, Respect

| Vision
Policy
Strategic Planning | ⟷ | Operations
Administration
Management |

The above diagram shows a continuum where the actual amount and type of involvement in governance and administration can vary between organizations but requires positive relationships, a partnership approach and respect.

A Band Council may decide to create a health advisory committee to increase community participation, expertise and local representation in the governance of health programs. Similar to a board, this committee should also have a transparent process for advertising vacancies on the committee. It is recommended that Council choose the membership of the committee based on agreed upon and relevant qualifications which are made available to all members of the community. For the governance of multiple communities or tribal councils, a board model is more common and then committees of the board may be created to address specific program areas of need. These committees report to the Board of Directors. The size and number of committees depends on workload, types of programs and personal preferences, to name a few.

Who <u>leads</u> and who <u>contributes</u> to the governance of your health programs or services?

HEALTH PROGRAM:	Band/Tribal Council(s)	Board of Directors	Management	Committees	Community Members	Frontline Staff
1.						
2.						
3.						
4.						
5.						

Who participates in decisions?

_____
_____
_____

How are decisions made, for example, vote, majority, consensus?

_____
_____
_____

Ideally, the lead in governance is taken by a board or health committee of council that is at arms length from politically elected groups. Management staff play a significant role in governance and they are also responsible for ensuring staff orientation to the vision, mission and overall goals of the health organization, governance policies and practices. Ideally, community members provide ongoing input through committees or as needed via community meetings and staff contribute either directly or through management planning meetings or staff meetings.

The Native Nation's Institute (NNI) states that "**effective governance** is not simply a matter of establishing good government practices. It is a matter also of enlisting citizens as willing and active participants in the effort to build societies that work, empowering them to build those societies in their own ways, and making them feel that the future, to a significant degree, is in their hands" (Cornell, Jorgensen & Kalt, 2002, p. Executive Summary-3). This can be implemented by including community members on the board and by having consultations and community meetings.

Is the Community Involved?

Does the community have meaningful and ongoing opportunities to provide input and feedback on health services and programs and governance? How?

_____
_____
_____

Is leadership responsive to community input? How?

_____
_____
_____

Does the governance structure and process work in a way that maintains harmonious relationships with the community and decision makers? What helps? What hinders?

_____
_____
_____

Are all members of the community equally respected and included, regardless of position, ability, sex, age and sexual orientation? How do you facilitate this?

_____
_____
_____

How do you respond to community concerns?

_____
_____
_____

How is information disseminated so those concerned can understand and give feedback?

_____
_____
_____

How would you describe relations between your community's health organizations and the community? Why?

_____
_____
_____

Values and principles affect the type of governance policies and practices that are created. A ***principle*** can be viewed as "a strategy which when implemented will bring the values to life, fulfill the mission and … move the organization closer to the vision" (National Centre for First Nations Governance [NCFNG], 2008, p. 8). A ***mission statement*** describes the objective or core purpose of an organization. The ***vision*** is the projected ideal that is being sought or worked towards. ***Values*** reflect the way the work of an organization is carried out. Many First Nations governance models are based on a blend of Western and traditional principles, with areas of overlap as well as difference. A number of governance organizations have identified principles or characteristics that support good governance.

The National Centre for First Nations Governance (NCFNG) did a comprehensive review of documents developed by the United Nations, the Native Nations Institute, the Harvard Project and the Institute on Governance, noting similarities, difference and gaps. Based on this review and with input from a range of groups and individuals, the NCFNG identified 17 principles to support effective governance that are related to five components – the People, the Land, Laws and Jurisdictions, Institutions and Resources that are required (NCFNG, 2008). The People and our relationship to the Land are particularly important and all the other components and principles flow from these. Your community may choose to enact all or some of these principles in a way that reflects your specific context. Examples of ways that communities enacted these principles are included in the NCFNG *Governance Best Practices Report* (2009).

National Centre for First Nations Governance –Principles to Support Effective Governance:

Governance Component	Governance Principles	
People	Strategic vision	• The shared long term dream of the People. • A perspective for collective action based on where the community has been, where it is now and where it wants to go, including perspectives on good governance.
	Meaningful information sharing	• Critical for the People to realize their vision. • Requires sharing information frequently, openly and in all directions – sharing information is sharing power.
	Participation in decision making	• The process needs to be open, inclusive, appropriate for the community, and understood and endorsed by all members.
The Land	Territorial integrity	• Affirms historic and present day connections to the Land. • Involves stewardship planning and reclaiming responsibility for decision making (to support self-government).
	Economic realization	• Effective governments possess the right and the tools to develop their Land into sustainable economies.
	Respect for the Spirit of the land	• Assert our inherent rights to protect and preserve the Land through our ancestral role as stewards. • Connecting with and honouring the spirit of the Land (water and animals).
Laws & Jurisdiction	Expansion of jurisdiction	• Exercise authority beyond the Indian Act so it is consistent with achieving the People's vision.
	Rule of law	• Validate the legitimacy of the governing authority and acceptable behavior that benefits the community.
Institutions	Transparency and fairness	• Processes and procedures are openly shared with the People they are designed to serve. • Set criteria are consistently applied in making all decisions.
	Results based organizations	• Measure the effectiveness of governance to see how it has moved the People toward their strategic vision.
	Cultural alignment of institutions	• Organizations are infused with practices and beliefs consistent with the values of the People being represented.
	Effective inter-governmental relations	• Collaborative advancement of the interests of all governments whenever possible. • Mutual recognition of the legitimacy of each other's governments.
Resources	Human resource capacity	• Expand human resource capacity to ensure our Nations possess the knowledge, skill and abilities to govern effectively.
	Financial management capacity	• Permits long-term, multi-year planning and proactive decision making; to plan for generations.
	Performance evaluation	• Recognize achievements, make adjustments and report results back to the community.
	Accountability and reporting	• Provide citizens and partners with the information they need to invest, collaborate and share in informed decision-making.
	Diversity of revenue sources	• Reduce dependency on any one funding source, and work toward generating your own revenues.

In addition to the above 17 principles, the following are also recommended:

Governance Principles:	
Equity	All men and women have opportunities to improve or maintain their well-being. All men and women have a voice in decision-making with equal opportunity to participate. Men and women are equally represented in the governance structures.
Harmony	Maintain balanced relations within and among kinship groups, within and between the governance board or committees, staff, FN/band government, stakeholders and all members of the community.
Respect	Treat others, including natural object and animals, with care, respect and attention. Respect women, youth, elders, people with disabilities, two-spirited people, etc. Sanctions follow for those who fail to respect the people, the land and its resources.
Responsiveness	Institutions and processes serve all stakeholders. People involved in health governance respond to their issues or concerns. Leadership acts on the needs of the community.

* Adapted from: Bruhn, 2009; Sayers & MacDonald, 2001; UNDP, 1997.

The following resources have additional information on good governance:

- A Strong and Meaningful Role for First Nations Women in Governance [hyperlink name to http://dsp-psd.pwgsc.gc.ca/Collection/SW21-85-2001E.pdf] (Sayers & MacDonald, 2001).
- The Harvard Project on American Indian Economic Development [hyperlink name to http://www.hks.harvard.edu/hpaied/overview.htm]
- The United Nations Development Program (UNDP) policy, *Governance and Sustainable Human Development*.[hyperlink to http://mirror.undp.org/magnet/policy/]
- The Institute On governance (IOG) *In Search of Common Ground: Reconciling Western-based Governance Principles and First Nations Traditions* (Bruhn, 2009).

The Sliammon First Nation identified the following principles that they believe attributed to their success in inter-governmental relations:
- Start by building a relationship of mutual trust and respect
- Establish and maintain regular communication
- Involve and inform others
- Establish protocols, agreements or guiding principles
- Establish and participate in joint committees
- Share and celebrate successes
- Be creative in seeking innovative solutions
- Negotiate fair service agreements
- Recognize jurisdictional limits
- Write reciprocal letters of support
- Agree to disagree   (NCFNG, 2009)

Any of the above principles can be adapted or adopted in part or in whole to suit your particular community. Other principles or values may also be identified, for example, from a community's own creation stories, traditions, history, ways of life or current attitudes.

Assessing Your Community Principles

What are your community's core principles or values?

_____
_____
_____
_____

Which of these principles/values contribute to the health and wellbeing of your community?

_____
_____

Which principles/values need to change in order to promote better health and wellbeing in your community?

_____
_____

Which new principles/values would help promote health and wellbeing?

_____
_____

Reciprocal Accountability

The Tripartite Governance Committee in British Columbia describes "reciprocal accountability" in their governance framework. Reciprocal accountability contains the following dimensions of shared accountability:

- Accountability that is collective amongst the partners when they act in common.
- Accountability to each other to carry out each partner's respective commitments and obligations.
- Accountability of each partner to their own governing body.
- Collective and individual accountability for respecting the principles of the Tripartite Health Plan.

Implementing the Vision: Governance of First Nations Health Services in British Columbia. [hyperlink to: http://www.fnhc.ca/pdf/implementingthevision.pdf]

The Institute on Governance (Mitchell and Bruhn, 2009) has identified five governance pillars for Aboriginal service delivery organizations and ways to achieve them.

1. **Incorporation of Aboriginal values and culture**. Identify, agree upon and define the values and culture that you wish to reflect and incorporate them into the policies and practices of the health organization in a way that remains true to their meaning. Here are some ways to foster the incorporation of First Nations values particularly when working with non-Aboriginal partners:

   a. Designate a minimum number of First Nations representatives to sit on the board to ensure community values are maintained. This can be a majority of all members of the board or committee.
   b. Designate that the Chair must always be First Nations.
   c. Set criteria for non-FNs board members.
   d. Engage the community in decision making and solicit feedback on the services.
   e. Include elders on the board. They can be advisory, voting or nonvoting members.

Incorporating Aboriginal values and culture

Does your governance approach fit with your community's culture and values? In what ways does it fit or not fit?

_____
_____
_____

How does your board or committee incorporate Aboriginal values and culture?

_____
_____

What are these values?

_____
_____

Are there other values you could use to help?

_____
_____

> *The Aboriginal Healing Foundation*
>
> The Board of Directors of the Aboriginal Healing Foundation includes Elders who open and close the meetings with a prayer and have an advisory role. Meetings begin with a sharing circle which contributes to Board cohesion and harmony. The 17 Board members are selected in a way that ensures strong First Nations, Métis and Inuit representation with preference given to Aboriginal candidates. (Graham & Mitchell, 2009)

2. **Strong executive and board**. The board has a key role in all five of the pillars mentioned in this section. The number one challenge for this pillar is getting the right people and qualified people (based on culture, values and skills) on the board. This also increases the opportunities for selecting a strong chairperson for the board, who leads, organizes and oversees board activities.

How Strong is Your Board?

A strong board can:	Have This	Could Be Better	Need This
a. Ensure the organization's financial health	☐	☐	☐
b. Ensure sound relationships with stakeholders	☐	☐	☐
c. Ensure high performance; achieve goals	☐	☐	☐
d. Communicate or advocate effectively with the community	☐	☐	☐
e. Develop and update a longer-term plan	☐	☐	☐
f. Ensure the existence of a sound governance framework (bylaws, policies, practices)	☐	☐	☐

How strong is your board based on these objectives?

_____

_____

Are there ways to make your board stronger?

_____

_____

The board also has a role in selecting and hiring the executive director for a health organization, who is another key person in the success of the governance of the program. This person needs to be an effective leader.

Assessing Your Leadership

A successful leader/executive director:	Have This	Could Be Better	Need This
a. Has a vision for the organization	☐	☐	☐
b. Engages in the community	☐	☐	☐
c. Demonstrates strong organizational and management skills	☐	☐	☐
d. Possesses personal attributes like self awareness, comfort with change and ambiguity, inquisitiveness and creativity	☐	☐	☐
e. Adopts a collective leadership approach where staff are inspired to work together as a team.	☐	☐	☐

Does your executive director/leader meet the above criteria?

_____

_____

Are there other criteria your executive director meets that are important to you/your community?

_____

_____

If your executive director does not meet the criteria, how can you help set performance measures which would assist him/her in meeting some of the criteria?

_____

_____

Performance Measures are descriptions of behavior, skills or knowledge that are observable or measurable in that you can tell when it is achieved.

3. **Formal processes and structure with flexible application**. This refers to the capacity of an organization to adapt to change and apply clear processes in a flexible way. Formal processes and structures include:

a. Organizational structure (lines of accountability and reporting)
b. Roles and responsibilities
c. Policies and procedures

*Does your organization have these three **formal processes and structures**?*

Governance Codes and Policies:	Have it	Create it	Revise it
Developing, Approving & Communicating Organization Policies	☐	☐	☐
Relationship of Council to the Health Corporation or Organization	☐	☐	☐
Relationship of Council to its Health Advisory Committee	☐	☐	☐
Roles and Responsibilities – Board & Staff	☐	☐	☐
Code of Conduct	☐	☐	☐
Management of Board Meetings	☐	☐	☐
Conflict of Interest Guidelines	☐	☐	☐
Grievance and Appeal Processes	☐	☐	☐
Meeting Evaluation Form – Board and Committees	☐	☐	☐
Rating Your Board	☐	☐	☐
Criteria for Identifying High Quality Board Members	☐	☐	☐

See Improving Health Governance in First Nations Communities: Model Governance Policies and Tools [link to http://www.iog.ca/publications/2009healthgov_modelpolicies.pdf] (Graham & Bruhn, 2009) for sample policy templates that can serve as a guide.

Mnaamodzawin Health Services Code of Ethics

The Board of the Mnaamodzawin Health Services has incorporated the Seven Grandfather Teachings into their Code of Ethics.

WISDOM – To cherish knowledge is to know wisdom
LOVE – To know love is to know peace
HONESTY – Honesty in facing a situation is to be brave
RESPECT – To honour all of creation is to have respect
HUMILITY – To know yourself as a sacred part of creation
BRAVERY – To face the foe with integrity
TRUTH – Is to know all of these things.

http://www.mnaamodzawin.com/SitePages/Code%20Of%20Ethics.aspx

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4. **Continual effective planning and evaluation.** A strategic plan outlines where you are, where you want to be and how you plan to get there. The plan can include 5, 10 or 20 years into the future, depending on the preferences of the community. The strategic planning process can be done at set intervals or it can be ongoing where it is integrated into the day-to-day tasks of the organization. When it is done at set intervals, in-depth planning or formal reviews of a plan may occur every three to five years while some work planning and performance review occur yearly. Evaluation is part of strategic planning. It involves collecting and/or reviewing information on outcomes and processes to determine how well the goals and objectives are being met. It can include performance evaluations from staff and board members as well as external stakeholders, partners and community members.

Strategic planning should:	Have This	Could Be Better	Need This
a. Identify and respond to the most fundamental issues facing your organization.	☐	☐	☐
b. Re-examine the mission and values including competing values.	☐	☐	☐
c. Examine the concerns of internal and external stakeholders to ensure that decisions and strategies	☐	☐	☐

	have broad support.			
d.	Involve staff from all levels, relying most heavily on senior staff and management.	☐	☐	☐
e.	Include candid evaluation of critical issues.	☐	☐	☐
f.	Ensure the plan is action-oriented; develop plans for implementing strategies.	☐	☐	☐
g.	Focus on what can be done now to help positively shape the future.	☐	☐	☐

* Adapted from: Graham & Kinmond, 2008; Mitchell & Bruhn, 2009.

Do you have a vision of where you want to go, how you will get there and how long you think it will take?

_____
_____
_____

Do your goals and activities fit with your vision or mission?

_____
_____
_____

How often does your organization have strategic planning?

_____
_____

Who is involved in your strategic planning?

_____
_____

What are your priorities for change?

_____
_____

> *Ontario Federation of Indian Friendship Centres (OFIFC)*
>
> The OFIFC linked their planning process to their culture and values by creating a 20 year plan (as opposed to the common 3 year plan) in consideration of the needs of the next seven generations. They included offerings of tobacco and held a community feast and ceremony to honor their values. (Graham & Kinmond, 2008)

5. **Strategic sustainability**. This pillar refers to balancing sufficient funding sources for sustainability of the organization with the potential loss of the freedom to respond to the needs of stakeholders when funders require accountability to their agenda. Sustainability also includes human resources practices, relationships with political bodies and relationships with other stakeholders. In many First Nations communities the health organizations have close ties with political governing bodies and in these situations it is important that the day-to-day operation of health services and programs are free of political influence. Relationships with other stakeholders can provide networks and support by joining together on common goals.

Sustainability practices and processes

How does your organization remain sustainable in these areas?
Financially:_____
_____
Human resources:_____
_____
Relationships with political bodies and stakeholders:_____
_____
_____

What could be improved?
_____
_____

Collaboration and Partnership

Governance models can be creatively applied to a range of situations from a single community to many communities and levels of governance. Here are some examples of federal and provincial collaborations with First Nations in British Columbia and Ontario, and community partnerships on Manitoulin Island.

Creating a British Columbia First Nations Health Authority

In June 2007 the 10 year Tripartite First Nations Health Plan was signed by the BC First Nations Leadership Council (FNLC) (representing the First Nations Summit, the Union of BC Indian Chiefs, and the BC Assembly of First Nations), the Government of Canada and the Government of British Columbia. A goal of this Tripartite Partnership is the development of a

new BC First Nations Health Authority that will deliver and fund programs to meet the health needs of BC First Nations. Health Canada would then shift from a designer and deliverer of health services to a funder and governance partner. The Tripartite Health Plan includes four areas of governance: (1) a new First Nations health governing body, (2) First Nations Health Council (FNHC), (3) Provincial Advisory Committee on First Nations Health, and (4) a First Nations Health Directors Association. From 2010 to 2012 a regionally representative interim First Nations Health Council will work with BC First Nations to continue the implementation of the Tripartite First Nations Health Plan. The Basis for a Framework Agreement was signed in July 2010 and work continues to determine a process to reach a Legal Basis Agreement that will realize a new administrative arrangement with Health Canada as well as to determine a formal process of engagement with the Government of British Columbia and each of the Health Authorities. Governance of health services in BC First Nations are being determined through community driven and nation based processes that the First Nations Health Council have established by means of regional health governance caucuses and community hubs (Personal Communication, First Nations Health Council; www.fnhc.ca).

Aboriginal Healing and Wellness Strategy

The Aboriginal Healing and Wellness Strategy (AHWS) is a governance and service delivery model that aims to improve Aboriginal health and support family healing (Aboriginal Healing and Wellness Strategy, 2009). The strategy funds 18 different types of programs in over 150 communities in Ontario. It is a unique partnership between Aboriginal people and the Government of Ontario, launched in 1994 following a comprehensive consultation with over 7,000 Aboriginal people. All programs are Aboriginal designed, delivered and managed. The strategy integrates Elders and traditional and contemporary approaches to health and wellness. The Health Policy includes an Aboriginal framework for holistic health and well-being, and three strategic directions (health status, access to services, and planning and representation). Some of the key principles include co-operation, co-ordination, equity, empowerment, self-determination, respect, responsibility, autonomy, local control, accountability, culturally appropriate and community based. The AHWS is managed by a Joint Management Committee which includes two co-Chairs, Aboriginal provincial/territorial representatives, Government of Ontario representatives and an Elder (www.ahwsontario.ca).

Organizations represented on the Joint Management Committee include:

Aboriginal Member Organizations	Government of Ontario Member Organizations
Association of Iroquois and Allied Indians (AIAI) Grand Council Treaty #3 (GCT#3) Independent First Nations (IFN) Métis Nation of Ontario (MNO) Nishnawbe-Aski Nation (NAN) Ontario Federation of Indian Friendship Centres (OFIFC) Ontario Native Women's Association Union of Ontario Indians (UOI)	Ministry of Community and Social Services (Government Lead/Administrative Host) Ministry of Health and Long-Term Care Ontario Secretariat for Aboriginal Affairs Ontario Women's Directorate (Ministry of Citizenship and Immigration) Ministry of Children and Youth Services

Integrated Health Services on Manitoulin Island

The First Nations of Manitoulin Island built a relationship with Health Canada and a bridge of accountability by establishing a Health Transfer Initiative to help build a healthy holistic community.   A total of three health transfer agreements were established: Wikwemikong Unceded Indian Reserve; M'Chigeeng First Nation and; Mnaamodzawin Health Services Inc. which is made of five First Nations (Aundeck Omni Kaning, Sheguiandah, Sheshegwaning, Whitefish River and Zhiibaahaasing). Noojmowin Teg Health Centre was established by the three health authorities to fill gaps within the whole health wellness model.   The partnership with the health authorities and Noojmowin Teg has been positive. Several proposals and a broad range of programs and services have been provided over the many years. (Personal Communication, Mnaamodzawin Health Services)

Noojmowin Teg Health Centre, one of ten Aboriginal Health Access Centres across Ontario, was created in 1997 to provide community based primary health care services to all seven First Nations and off-reserve Aboriginal populations within the Manitoulin Island District. The Centre works in collaboration and in an integrated approach with Wikwemikong and M'Chigeeng Health Centres, and Mnaamodzawin Health Services (on behalf of five smaller First Nations). Noojmowin Teg and Mnaamodzawin Health Services currently share one facility at Aundeck Omni Kaning First Nation. All communities and organization's worked together developing joint proposals, and delivering or hosting shared programs. As an example, the health organizations are currently working together toward an integrated First Nations based e-health medical records Centre of Excellence in conjunction with the North Shore First Nations' health centres. The broad range of programs are funded with a mix of federal and provincial dollars, and through this integrated model they work in partnership. The table below provides some details on aspects of governance at Noojmowin Teg as an example. (Personal Communication, Noojmowin Teg Health Centre; www.noojmowin-teg.ca)

	Noojmowin Teg Health Centre
Board Members	Wikwemikong Unceded Nation, M'Chigeeng, Mnaamodzawin Health Services Inc., United Chiefs and Councils of Manitoulin, and off-reserve communities
Funding Sources	Ontario Aboriginal Healing and Wellness Strategy, the Ministry of Children and Youth Services and the North East Local Health Integration Network
Communities Served	All seven (Wikwemikong, M'Chigeeng, Aundeck Omni-Kaning, Sheguiandah, Whitefish River, Zhiibaahaasing and Sheshegwaning) First Nations and off-reserve Aboriginal populations in the Manitoulin Island Area (approximately 7000-8000)
Services and Programs	Focus of programming is on health education, health promotion and disease prevention. All services strive to blend traditional health and wellness and contemporary primary care services; shared mental health services with Mnaamodzawin, Wikwemikong and M'Chigeeng
Committees	Program advisory committees, Manitoulin Anishinabek Research and adhoc committees (ie. research) as required.

Your partnerships

What strategic partnerships does your organization have?
_____
_____

Are there partnerships your organization should pursue? With whom?
_____
_____

Characteristics of High-Performing Boards

These characteristics of high performing Boards can also be applied to Committees. (Graham & Bruhn, 2009, Appendix A pg. 37)

- Have a long term vision.
- Honour their FNs values and worldviews, for example, by including Elders, youth on the board. Examples of incorporating traditional approaches include having designated elder and/or youth positions on the board or beginning each board/committee meeting with a sharing circle.
- Meet ethical standards and legal obligations, for example, encourage transparency and openness.
- Are effective, meet their information needs.

- Ensure financial and organizational health, for example, address concerns with management and staff morale.
- Ensure sound relationships with external partners and relations.
- Ensure sound relationships with their members and clients.
- Manage risk effectively.
- Are accountable through publicly available information, audits, evaluations, outreach activities, public engagement practices, redress mechanisms etc.
- Ensure sound governance by:
  o Evaluating the Executive Director.
  o Having an effective relationship with staff.
  o Evaluating individual members and collective board performance.
    o Having and respecting a comprehensive set of agreements (policies and/or bylaws).
    o Instituting sound board member recruitment and training practices.
- Have effective chairs (of the board and its committees) who:
  o Have a good relationship with their executive directors and senior staff.
  o Manage meetings effectively.
  o Encourage a positive board culture where members listen to and respect each other.
  o Foster creative resolution of conflict.
  o Ensure board members are valued and participate to the best of their abilities.

Relationships and Lateral Violence

What is lateral violence? Lateral violence is a form of mental assault or mental violence (Robertson, 2002) that occurs between people who have been oppressed (Griffin, 2004). According to Sayers and MacDonald "lateral violence can be described as people, who have been colonized, continuing to colonize themselves using methods that do not promote progress, but rather bring others down" (2001, p. 23). This form of violence can include: intimidation, anger, control, put downs, threats, name-calling, family feuds, shaming, silencing, sabotage, backstabbing and manipulation. Griffin (2004) describes some of the more subtle ways that lateral violence (also known as horizontal violence or bullying) can manifest: withholding important information, failure to respect confidences and privacy, attributing all

that goes wrong to one individual, complaining to others about an individual without speaking directly to that individual, eyebrow raising and turning away or not responding. Sayers and MacDonald note, "lateral violence exists within today's governing structures [and] it needs to be eliminated in order to have healthy functioning governments" (2001, p. 23).

What you can do to address lateral violence in your community:
- Decide not to participate in lateral violence.
- Before you say anything, consider whether you know for sure that it is true.
- Consider whether it is useful and how it will help the community.

- Consider if it is something you would be prepared to say if the person you are talking about was there beside you.
- Challenge those who participate in lateral violence to prove that what they say is true and that saying it will lead to a better community.

(Robertson, 2002)

What does it have to do with governance? Governance structures and practices can be consciously established to prevent or address incidents of lateral violence.

Ways that governance can address lateral violence:
- Inclusive decision making processes ensure that everyone involved in governance has an equal opportunity to contribute to directions taken by the organization. Ideas, suggestions and concerns should be freely expressed without fear of reprisal, pressure to conform to someone else's ideas or any of the nonverbal behaviours listed above, such as ignoring or rolling eyes.
- Transparency and equity of communications and information sharing. For example, distributing the Agenda to everyone well in advance of a board, committee or community meeting.
- Codes of conduct or agreements which apply to all members of the health organization including staff and board members. This includes ethical standards, for example, honesty, integrity, fairness and respect. The Institute On Governance recommends mailing a copy of the Code Of Conduct to every Nation household and posting a copy in all administrative offices.

- Management of board meetings, for example, take turns reciting parts of the vision, code of ethics or roles and responsibilities to reinforce the importance of showing respect for fellow members of the board and striving to deal with disagreements in a creative and respectful manner.
- The Chair takes responsibility for ensuring harmonious relationships between Board members and staff, for example, by enforcing policies that encourage respectful communications and restrict board members from making unilateral decisions that affect staff.
- Management is supported to be a strong effective and fair leader of the frontline staff and the organization in general, both internally and with external partners and stakeholders.
- Meeting evaluations focus on evaluating the:
  - Atmosphere, for example, how positive and respectful it is.
  - Contribution of other members, for example, how equal it is.
  - Quality of staff-board relations.
  - Ability to participate effectively.
  - Feelings of safety and comfort.
- Development and promotion of a culture where maintaining harmony is the responsibility of all board and community members.
- Effective fair management of conflict which involves facing it in a balanced neutral way and providing comfortable, confidential and respectful processes.

Addressing lateral violence through governance

How is your organization doing?	Working Well	Strengthen	Explore This
Inclusive decision making: everyone has an equal opportunity to contribute in the group/board/committee.	☐	☐	☐
Ideas, suggestions and concerns are freely expressed and differences are respected.	☐	☐	☐
Everyone receives the meeting agenda well in advance of the meeting.	☐	☐	☐
Codes of conduct apply to all members including staff, board and community members.	☐	☐	☐
Vision and code of ethics are read or referred to regularly to reinforce respect for each other.	☐	☐	☐
The Chair takes responsibility for ensuring harmonious relationships.	☐	☐	☐
Policies regarding respectful communications are enforced.	☐	☐	☐
Meeting evaluations are conducted regularly to ensure people feel safe and comfortable.	☐	☐	☐
All board and community members are responsible for maintaining harmony.	☐	☐	☐
Conflict and disagreements are addressed in a balanced neutral way.	☐	☐	☐
Conflicts and disagreements are addressed in a confidential and respectful process.	☐	☐	☐

Is lateral violence an issue in the community? If yes, how?

_____

_____

_____

Is lateral violence an issue on the board? If yes, how?

_____

_____

_____

John Kinyon, a trainer with the Center for Nonviolent Communication, [hyperlink name: http://www.cnvc.org/] spoke about nonviolent communication at the Conscious Relationship Summit conference stating that it is important to "separate the needs of the individual from the strategy to fix the problem" because there is more common ground if you focus on needs, for example, the need for respect, to be heard, to be considerate of others, to respect tradition and to be caring. John's keynote address can be heard at http://www.cnvc.org/en/training/training-team/hear-john-kinyon%E2%80%99s-keynote-conscious-relationship-summit/hear-john-kinyon%E2%80%99s-keynote-conscious-relationshi.

At the Center for Partnership Studies [hyperlink name: http://www.partnershipway.org/] Riane Eisler, founder, focuses on partnership structures versus domination structures, resilient communities, caring economics, stepping out of domination paradigms related to men and women, race, adults and children, and adults and nature. She distinguishes between "hierarchies of actualization versus hierarchies of domination" (from audio presentation of Riane Eisler at the Australia 21 Resiliency Conference in February 2010 on website).

Next Steps

If you have gone through this workbook you may have answered many questions and hopefully discovered some strengths and areas where improvements could be made. The following table includes each of the workbook exercise topics for your review and ranking in order of priority.

Area of governance:	Low Priority	Medium Priority	High priority
Who leads and who contributes?	☐	☐	☐
Is your community involved?	☐	☐	☐
Assessing your community principles	☐	☐	☐
Incorporating Aboriginal values and culture	☐	☐	☐
How strong is your board?	☐	☐	☐
Assessing your leadership	☐	☐	☐
Formal processes and structure	☐	☐	☐
Strategic planning	☐	☐	☐
Sustainable practices and processes	☐	☐	☐
Addressing lateral violence through governance	☐	☐	☐
Next steps	☐	☐	☐
Other_____	☐	☐	☐

If you have identified values, policies or practices that need to be changed, what processes do you have in place to address these changes?

_____
_____

If you have identified the need for new values, policies or practices, what processes do you have in place to address these changes?

_____
_____

Who do you need to meet with to discuss these changes?

_____
_____

What governance structures, policies or procedures or are impacted by these changes?

_____
_____

What are your priorities?

_____
_____

Action:
- Make a plan on how you will address these changes including how and when you would like them to be completed.
- Practice on-going assessment.

For additional work book activities see The Harvard Project on American Indian Economic Development's Strategic Analysis: A Practical Tool for Building Indian Nations [link title to: http://www.hks.harvard.edu/hpaied/docs/PRS98-10.pdf], Section IV Internal Environment,

Governing Institutions (stability, separation of politics from business operations and fair adjudication of disputes).

The Institute On Governance has a quick 15 question on-line (or hard copy) self-assessment tool that all board members could do. It is based on research of factors related to successful boards. http://www.iog.ca/boardgovernance/html/ass.html

Internet Resources

National Centre for First Nations Governance: http://fngovernance.org

Institute On Governance: http://www.iog.ca

The Harvard Project on American Indian Economic Development: http://www.hks.harvard.edu/hpaied/

Native Nations Institute: http://nni.arizona.edu/

Health Governance and Infrastructure support from Health Canada, First Nations and Inuit Health Branch. http://www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/prog/index-eng.php#gov_infa

Aboriginal Governance Program, Undergraduate Degree or Diploma, University of Winnipeg and Red River College http://www.uwinnipeg.ca/index/cms-filesystem-action?file=pdfs/factsheets/factsheet-aboriginal-gov.pdf

Indigenous Governance Graduate Program, University of Victoria, BC: http://web.uvic.ca/igov/

The Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine: http://www.cacsh.org/ the Center focuses on how issues and problems are understood and solved.

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