

## *Manitoba First Nations Diabetes Leadership Council*

### *Terms of Reference*

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#### **Mission:**

Through a holistic approach, Manitoba First Nations Diabetes Leadership Council (MFNDLC) will provide a collective voice to decrease the impact of diabetes in Manitoba First Nation communities based on the “Call to Action” strategy. (See appendix 1)

#### **Vision:**

To support First Nations people through their journey in healing from the impacts of diabetes through mind, body and spirit.

#### **Goals:**

MFNLC will:

- 1) Facilitate linkages, communication and information sharing between First Nations and First Nation’s organizations and relevant groups regarding diabetes in Manitoba First Nations;
- 2) Implement and ensure sustainability of the Manitoba First Nations Diabetes Strategy, ‘A Call to Action’ including care, support, prevention, education and research;
- 3) Participate as requested in research issues relating to diabetes in Manitoba First Nation people and to advocate that OCAP principals are implemented;
- 4) Provide guidance and direction to First Nations & Inuit Health Branch regarding First Nations Diabetes issues.

#### **Strategies:**

- 1) To ensure and advise ongoing training for First Nations Diabetes workers/health workers.
- 2) To assist and support First Nations with community based diabetes initiatives.
- 3) To ensure that the committee members communicate recommendations and issues from their respective community membership and communicate back to their respective communities.
- 4) To ensure access and availability of culturally relevant diabetes resources for each First Nations community.
- 5) To provide relevant diabetes expertise and recommendations to First Nations leadership.
- 6) To advocate, review and share research regarding diabetes.

- 7) To provide information to communities on diabetes initiatives as provided to the MFNLC.
- 8) To review and update the council's terms of reference annually.
- 9) To review and evaluate the progress of the Manitoba First Nations Diabetes Strategy on an annual basis.

**Committee Values:**

Respect; Honesty; Open-minded Communication; Team Work; Punctual & Present; Prepared; Keeping focused on tasks.

**Members**

- Voting Membership from Tribal Councils include one delegate (or Proxy) as chosen by the following TC Health Advisor/Director:
  - Keewatin Tribal Council
  - Dakota Ojibway Tribal Council
  - Swampy Cree Tribal Council (Cree Nation Tribal Health Centre)
  - Southeast Resource Development Council
  - Island Lake Tribal Council (Four Arrows Regional Health Authority)
  - Interlake Reserves Tribal Council
  - West Region Treaty 2 & 4 Health Services
- Voting members from Independent Communities:
  - Cross Lake Band of Indian
  - Dakota Tipi First Nation
  - Fisher River Cree Nation
  - Fort Alexander Indian Band (Sagkeeng First Nation)
  - Nisichawayasihk Cree Nation (Nelson House)
  - Norway House Cree Nation
  - O-Pipon-Na-Piwin Cree Nation (South Indian Lake)
  - Tootinaowaziibeeng Treaty Reserve

**Non-Voting Membership**

- Elder & Youth
- First Nations and Inuit Health Branch
- FNHSSM, MKO, SCO

**Membership notification**

It is up to the community/tribal council to identify the member/proxy with a letter to be submitted to co-chairs based on a two year term.

## **Decision Making**

Decisions will be made based on the greater good decision making process. All members will have an equal opportunity to speak twice to the issue being voted on. After each member has the second opportunity to speak, the issue to be decided on will be brought forth in a motion. The committee member bringing forth the motion will be responsible for writing the motion. Motions will be passed with 50% plus one (of voting members) and will be recorded in the minutes.

## **Quorum**

- Quorum shall consist of 50% plus 1 of voting members in attendance.

## **Selection of chair and co-chair**

- Chair and co-chair will be selected through nomination process and voted on by voting members.
- The committee will elect 2 co-chairs, one from the north, one from the south. These positions will be elected on an alternating basis and may include the preceding chairperson(s) as candidates for re-election. Southern co-chair will be elected on odd numbered years and Northern co-chair will be elected on even numbered years, at the end of each fiscal year.
- Chair and co-chair to serve a 2 year term
- If a co-chair resigns, or is asked to resign, a by-election will be held for the remainder of that co-chair's term.

## **Role and Responsibilities of chair and co-chair (See appendix 2)**

- ensure location, date and time of next meeting is scheduled at the end of each meeting
- ensure a draft agenda is set and distributed for input prior to each meeting
- ensure draft minutes are completed within a two-week period following the meeting and distributed to members for feedback and corrections if required
- approved minutes to be signed by the chair and distributed to committee members
- conduct the meeting using Procedural Rules to ensure the adopted agenda is followed
- make any critical decisions on behalf of the committee as needed and report to the committee at the next scheduled meeting

## **Roles and Responsibilities of the members**

- Comply with the Terms of Reference
- Act honestly and in good faith with a view to the best interests of communities
- Follow through on accepted tasks and/or explain behaviour (i.e. be accountable)
- Read the pre-meeting package
- Call someone for clarification if needed. I.e. committee member calls chair person or alternate member to call committee member.
- Bring pre-meeting package to the meeting.
- Be prepared to ask questions and take part in dialogue and discussions.

- Arrive on time for the meeting.
- Volunteer input and/or take on tasks.
- Declare a conflict of interest as soon as you perceive it.
- Make comments that are non-judgemental.
- Do not interrupt when someone is talking.
- Attend to timelines.
- Maintain confidentiality.
- Advocate for issues that you support that address the needs of the communities.
- Inquire when you need more information.
- Contribute to all decision making.
- Conduct committee business in a professional and courteous manner. Follow the protocol for sharing information
- Be positive ☺

#### **Roles of the Elder**

- See appendix 3
- Call out letter

#### **Roles of the Youth Representative**

- See appendix 4
- Call out letter

#### **Governance/Structure**

##### Order of Business

- Call to order.
- Roll call of members present.
- Reading of minutes of last meeting.
- FNIHB reports.
- Sub-Committee reports.
- Special orders - Important business previously designated for consideration at this meeting.
- Unfinished business.
- New business.
- Announcements.
- Adjournment.

## APENDIX 1

### History/Background

A Call to Action was developed by representatives from First Nation communities and Tribal Councils at the request of the Assembly of Manitoba Chiefs. The document was created to assist First Nation communities in developing community-based diabetes implementation plans and initiatives. It is the aim of the strategy to identify needs and use the existing strengths to deal with diabetes. The strategy identifies priority areas and actions needed at the community, tribal council and regional levels to address this public health epidemic.

The strategy has five main components:

1. **Prevention & Education** – this section deals with primary prevention of diabetes within First Nation communities. It also includes human resource training needs required for community based workers.
2. **Care & Support** – This section addresses the care and support of those First Nation community members and their families affected by diabetes. This section also addresses secondary and tertiary prevention.
3. **Gestational Diabetes** – Though many of the methods required to help address gestational diabetes are discussed throughout the diabetes strategy, this form of diabetes that affects both mother and child requires its own category. Issues surrounding this prevalent and serious condition are discussed in this section.
4. **Surveillance, Research & Evaluation** – Surveillance monitors the proportion of diabetes in the population, and helps identify those at risk. Research is the information gathered regarding the many issues surrounding diabetes and its complications. Finally evaluation concentrates on measuring the effectiveness of planning and actions.
5. **Policy & Infrastructure** – This section talks about the organizational infrastructure necessary to deal with diabetes at the community, tribal council and regional levels.

The “Call to Action” continues to serve as the foundation for MFNDLC in responding to the impact of diabetes.

## APENDIX 2

### Governance/Structure

#### Set Agenda

- Co-chairs will solicit input from membership on topics to be included for agenda
- Each member will solicit their respective network for agenda items
- Standing agenda items will allow for reports/discussion on:
  - Prevention & Promotion activities
  - Research & surveillance activities
  - Care & Treatment activities
  - Youth
  - Elder
  - FNIHB
  - Other

#### Minute Taking and Distribution

- Co-chairs will designate member to take minutes at the start of each meeting
- Draft minutes will be distributed to all members for review
- Each member distributes the approved minutes to membership's respective community or tribal council member communities
- Record all action items and motions to be reviewed at the next meeting.

#### Code of Conduct and Confidentiality

- Members shall not disclose confidential information discussed at the meetings.
- Respectful treatment of others.
- All members act in a manner that promotes the best interest of those they represent.
- Ensure all members have an equal voice and opportunity to be heard.
- \*Based on the seven sacred teachings\*

#### Conflict of Interest

- All members must disclose any perceived conflict of interest to the rest of the membership.
- Members will not use confidential information for their own direct benefit or perceive benefit.
- Members will remove themselves from decision making processes on any item perceived to be a conflict

#### Reporting on Work Plan

- One annual report to committee on the status of the work plan and external stakeholders.
- Completed items
- In-progress updates

- Each member will then share this reporting to their respective community/organization

**Communication Strategy:**

- Letter to every member identified in the membership.
- Membership will attend and participate.
- Approved minutes to be distributed to membership's respective community or tribal council communication processes.
- Each sub-committee is responsible for reporting back to the entire group at quarterly meetings.
- Reciprocal communication between FNIHB and MFNDLC (co-chairs) on an on-going basis.
- The MFNDLC will ensure to report developments and plans arising from all meetings by providing meeting minutes to the PTO (FNISSM, SCO, MKO).

**Strategic Planning:**

- It's the role of the MFNDLC to create/review every two (2) years.
- Evaluation of committee through reviewing goals and strategies identified in the Terms of Reference.
- Review "A Call to Action" document and update based on the recommendations.

**Resources/Budget**

- The members will set all meeting dates for the year at the first duly called meeting as a whole.
- Thereafter, the members will have quarterly meeting as agreed upon.
- Travel and administrative costs will be covered for the membership (or Proxy) including the elder and youth representative for two(2) in-person meetings, with the exception of ex-officio(s) and secretariat of the committee.

## **APENDIX 3**

### **Role of an Elder**

#### **What are Elders?**

- The elders have always played an important role in spiritual and governing matters.
- The elders had many roles; they were leaders in ceremonies, teachers, caregivers, and advisors.
- Elders are gifted with the richness of living life; therefore they are important members in the community

#### **Objective:**

- To provide spiritual leadership and guidance

#### **Activities:**

- Leads the group in prayer (opening and closing prayer)
- Defuse negativity
- Intervene when appropriate
- Visit members of the gathering
- Share stories and teachings
- Conduct ceremonies

#### **Characteristics**

- Peace-making (not argumentative)
- Gentleness - Strength under control
- Not overbearing - Does not "bully" others with beliefs and opinions
- Maintains self-control in volatile situations
- Respected member of a community



## **APENDIX 4**

### **Role of a Youth Representatives**

- The youth representative on the committee is between the ages of 18-30 years of age.
- Lives within a First Nation community

#### **Objective:**

The overall role of the Youth representative will be to provide insight and advice into the thoughts, visions of the future, and observations of the Youth on diabetes in our First Nation communities.

#### **Activities:**

- Facilitate linkages
- Share information
- Provide input on diabetes related programming from a youth's perspective
- Share stories

#### **Characteristics**

- Gentleness
- Willingness to share or provide input
- Positive role model
- Respected member of a community