

# Manitoba First Nations Diabetes Committee

## Terms of Reference

Revised June 2013

### **1.0 Mission/Purpose:**

- 1.1 MFNDC will address the pandemic rate of diabetes in Manitoba First Nations as a public health issue based on the Manitoba First Nations Diabetes Strategy, 'A Call to Action'.
- 1.2 MFNDC will facilitate linkages, communication and information sharing between First Nation organizations and relevant groups regarding diabetes in Manitoba First Nations.

### **2.0 Terms of Reference/Goals:**

- 2.1 Continue to apply the Manitoba First Nations Diabetes Strategy, 'A Call to Action' by:
  - Addressing issues in diabetes such as care, support, prevention, education and research on an ongoing basis as an AMC mandated committee.
  - Addressing issues surrounding training and capacity building of First Nations regarding diabetes prevention, education, care, treatment and support.
  - Implementing screening, care and management of diabetes in First Nations communities
  - Promoting and supporting the treatment and prevention of diabetes.
  - Sharing information and resources.
  - Addressing research issues relating to diabetes in Manitoba First Nations people and ensuring Ownership Control Access and Possession (OCAP) principles are followed
  - Providing guidance and direction to funding bodies regarding First Nations diabetes issues.
  - Networking with other organizations and ensuring that First Nations interests are addressed and actioned.

### **3.0 Objectives:**

- 3.1 To implement and ensure sustainability of the Manitoba First Nations Diabetes Strategy, "A Call to Action".
- 3.2 To advocate for ongoing adequate sustainable ADI funding for all First Nations communities.
- 3.3 To ensure and advise ongoing training for First Nations Diabetes workers/health workers.
- 3.4 To assist and support First Nations with community based diabetes initiatives.

- 3.5 To ensure that the committee members communicate recommendations and issues from their respective community membership and communicate back to their respective communities.
- 3.6 To ensure access and availability of culturally relevant diabetes resources for each First Nations community.
- 3.7 To provide relevant diabetes expertise and recommendations to First Nations leadership.
- 3.8 To advocate, review and share research regarding diabetes.
- 3.9 To provide information to communities on diabetes initiatives as provided to the MFNDC.
- 3.10 To review and update the MFNDC terms of reference annually.
- 3.11 To review and evaluate the progress of the Manitoba First Nations Diabetes Strategy on an annual basis.

#### **4.0 Committee Structure:**

- 4.1 Committee members from Tribal Councils include one delegate (or Proxy) as chosen by the following TC Health Advisor/Director:
  - Keewatin Tribal Council
  - Swampy Cree Tribal Council (Cree Nation Tribal Health Centre)
  - Dakota Ojibway Tribal Council
  - Southeast Resource Development Council
  - Island Lake Tribal Council (Four Arrows Regional Health Authority)
  - Interlake Reserves Tribal Council
  - West Region Tribal Council
- 4.2 Committee members from Non-Affiliated First Nations include one delegate (or Proxy) as chosen by the Non-Affiliated Bands' Health Advisor/Director:
  - Dakota Tipi First Nation
  - Fisher River First Nation
  - Sagkeeng First Nation
  - Tootinaowaziibeeng First Nation Treaty Reserve
  - Pimicikimak Cree Nation
  - Nisichawayasihk Cree Nation
  - Norway House Cree Nation
  - South Indian Lake
- 4.3 Ex-officio(s):
  - AMC
  - MKIO
  - SCO
  - FNIHB (Regional secretariat)

- 4.4 The role(s) of the ex-officio(s) will be that of an advisory capacity, liaison between the MFNDC and their respective Province/Territorial Organization (PTOs), and/or political support as required. They will be responsible to share the meeting minutes and meeting outcomes with their respective organizations.
- 4.5 Ex-officios may only have 1 voice at the table and discussion points need to be made through their representative, unless requested by the MFNDC.
- 4.6 Quorum will be reached with 50% plus one (1) in attendance. All members (or Proxy), excluding the ex-officio members and secretariat, will have voting privileges.
- 4.7 Each MFNDC member is to sit on a minimum of one of the three sub-committees: Prevention & Promotion; Surveillance, Research & Evaluation; and Care & Treatment.
- 4.8 A signed letter from Chief and Council or Health Director stating who the representative is, including the Proxy, is to be sent to the Regional Diabetes Coordinator at the start of each fiscal year.
- 4.9 All membership of the MFNDC must recognize and respect the professionalism of each person and advocate for respectful treatment of all persons.
- 4.10 All MFNDC members will comply with Health Canada's Policy Guide for the Management of Advisory Committees in Health Canada.

## **5.0 Co-chairs:**

- 5.1 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. Each term consists of two years. 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.
- 5.2 If a co-chair resigns without justifiable reason, or is asked to resign, a by-election will be held for the remainder of that co-chair's term.
- 5.3 The MFNDC co-chairs will send written notice within two weeks to appropriate Tribal Council and/or non-affiliated community when a MFNDC committee member and/or alternate does not attend two consecutive meetings, without justifiable reason.
- 5.4 Co-chair must resign as co-chair should he/she be absent at two consecutive quarterly meetings, without justifiable reason, at which time there will be a by-election held to complete that term.
- 5.5 Co-chairs primary purpose will be to create and maintain a spirit of unity among the committee members and to ensure that the committee works collaboratively with the ex-officio members, Provincial/Territorial Organizations (PTOs) and other organizations.

- 5.6 It is the co-chairs' task to lead the committee on an alternating basis, and to ensure all committee members have an equal voice in matters being discussed at meetings.
- 5.7 In the absence of both co-chairs, committee members will select an alternate chair until a co-chair arrives.
- 5.8 Co-chairs must report back to the MFNDC members on outside meeting attendance, as it relates to the MFNDC business.
- 5.9 Should both co-chairs not be available to attend an outside meeting, it is the responsibility of the co-chairs to appoint a MFNDC member as their Proxy.
- 5.10 Co-chairs must attempt to gain feedback and direction from the MFNDC members to ensure appropriate representation at all levels.
- 5.11 Co-chairs ensure the respect, integrity and professionalism of the MFNDC's process and represent the committee as needed to outside parties and stakeholders.

## **6.0 Reporting Mechanisms:**

- 6.1 Each committee member is responsible to update their Tribal Council and First Nations communities of developments and plans arising from all MFNDC committee meetings.
- 6.2 The MFNDC will be responsible to report developments and plans arising from all MFNDC meetings by providing meeting minutes to the AMC Chiefs Task Force on Health. The MFNDC will also be responsible to share this information with all other organizations in need of MFNDC updates, as deemed necessary by the MFNDC.
- 6.3 Each sub-committee is responsible for reporting back to the MFNDC at quarterly meetings.

## **7.0 Organization of Meetings:**

- 7.1 Meetings are to be held quarterly, or as required, and may be face-to-face, or via teleconference or video conference.
- 7.2 The MFNDC sub-committee meetings are to be held at least once a year. Ad-hoc meetings can be called by the MFNDC co-chairs and/or Regional Diabetes Coordinator or as needed.
- 7.3 Travel and administrative costs will be covered for all the membership (or Proxy) with the exception of ex-officio(s) and secretariat of the committee.
- 7.4 The MFNDC co-chairs and the Regional Diabetes Coordinator will develop a draft agenda based on items that were tabled at the previous meeting and requests for new items. The Regional Diabetes Coordinator will send out a draft agenda to all members in advance of all MFNDC meetings. The agenda will be reviewed and formally adopted at the beginning of each meeting.

- 7.5 A representative from FNIHB will record and type all meeting minutes ensuring all action items are clearly identified. The meeting minutes will be forwarded by the Regional Diabetes Coordinator to the MFNDC members in a timely manner. Minutes are to be reviewed and adopted at the next meeting by all committee members.
- 7.6 The Regional Diabetes Coordinator must ensure all MFNDC meeting minutes are kept on file with Information Management. The MFNDC representatives can request copies of previous meeting minutes from the Regional Diabetes Coordinator at any time.
- 7.7 The Regional Diabetes Coordinator will be the lead voice on behalf of the Regional ADI team during MFNDC meetings.

## **8.0 External MFNDC Involvement**

- 8.1 Requests received for the MFNDC representation by an external organization and/or agency shall be referred to the next MFNDC meeting for consultation and appointment.
- 8.2 Should a member of the MFNDC resign from external representation on a committee, the MFNDC will then appoint a replacement at the next MFNDC meeting.