



**Identifying collaborative projects addressing
type 2 diabetes, ILD or COPD within
Indigenous communities.**

A Guidebook for Interested Applicants

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Introduction

This guidebook is designed to support people interested in applying for the 2022 PATHWAYS Pilot Projects, in partnership with Boehringer Ingelheim Canada Ltd. (BICL). This guidebook is divided into 4 Sections:

1. What's the opportunity?
 - a) Who is this opportunity for, and by whom?
 - b) What is a P3 collaboration?
 - c) Why is this project happening?
 - d) What are the core principles?
2. How do we apply?
 - a) How to fill out the application – what's the process?
 - b) Application Table
 - c) How to build a P3 collaborative – what's in scope and out of scope?
3. How will the application be evaluated?
 - a) Who is making the decision/ recommendations?
 - b) How will the application be scored?
 - c) When will a decision be made?
4. How to prepare an Expression of Interest (EOI) submission.
 - a) EOI template



Section 1

What's the opportunity?

Through this application, participants will express interest in piloting a public-private partnership (P3) with Boehringer Ingelheim Canada Ltd (BICL). Through this 'P3 collaboration', BICL will provide a minimum of \$30,000 and up to a maximum of \$50,000 to support innovative projects that 'go beyond the pill' in addressing type 2 diabetes (T2D), interstitial lung disease (ILD) or chronic obstructive pulmonary disease (COPD). The purpose of this process is to advance collaborations that can build a continuum of hope within Indigenous communities seeking to address the burden of chronic disease by applying innovative strategies in testing, evaluating and influencing the growth, quality and sustainability of these projects. This 'P3 Collaboration' is an innovative way to seed new ideas, or build on existing innovations through partnerships with BICL, a family-led pharmaceutical company and world leader in supporting communities-experiencing inequity, to achieve health and wellness "beyond the pill".

WHAT is a P3 Collaboration?

Partnering with Boehringer Ingelheim Canada Ltd (BICL) is an important test of change in Canada's health landscape. This partnership has been carefully cultivated through the oversight of an Indigenous Advisory Circle and in conjunction with Indigenous health policy experts and leaders located across Canada, resulting in the development of an Indigenous Health Policy Framework (IHPF).

WHY?

Addressing Indigenous healthcare inequity is a critical issue impacting every aspect of quality of life and potential underscoring Indigenous society and wellbeing in Canada. Indigenous communities cannot rely upon federal/provincial funding alone to address the current gaps in health care prevention and promotion. Partnerships must be established with companies and corporations who have a mission and a mandate to support Indigenous health by dedicating their own funds and expertise. Improving chronic diseases like type 2 diabetes (T2D), interstitial lung disease (ILD) and chronic obstructive pulmonary disease (COPD), Indigenous health and policy leaders seek alternative innovations to support communities as they transition through these changes.



WHY NOW?

Communities have been invited to shape and direct this emergent model of working together through public-private (P3) collaborations. At this moment in our history, a global pandemic has created a shift in how public health is being delivered and supported across Canada and the world. In this time of crisis, and disruption, communities are at heightened risk, especially those who are experiencing chronic disease such as T2D, ILD or COPD. While there are increased risks, there are also new opportunities that can be innovated and tested that may support communities to lead the way in progressive discussion, action, testing and evaluation of technology platforms to support the delivery of community-based chronic disease interventions. The urgency to act now, and the responsibility towards reconciliation and upholding the obligation to make a difference in redressing health inequities, have reinforced the pressing need to try new things and create new partnerships. It is now that communities can work with new partners to surface strategies that can mitigate the impact of chronic disease during COVID-19, and amplify opportunities to engage individuals and families in health and wellness.

What is an Indigenous Health Policy Framework (IHPF)?

An Indigenous Health Policy Framework (IHPF) through partnerships will end the dependency on an often insufficient and inconsistent public policy and funding programming. This work includes the establishment of key principles and how to apply and operationalize, with an emphasis on sustainability, as well as mechanisms in place to honour and support Indigenous-led efforts and design of wellness processes, ensuring 'Indigenous health system efficacy.' Without these innovations, we believe that improvements in systems and outcomes will not be possible.

The Indigenous Health Policy Framework (IHPF) is reconciliation. The IHPF is a guide to 'right relationships' between public, private and Indigenous partnerships (P3) that will build success and achievement through the activation of innovative technology solutions leading to enhanced community wellness. The purpose of the framework is P3 relational accountability throughout the movement, from identification of innovation, to action - full-spectrum, wherein the goal is to enable Indigenous communities to empower themselves to nurture community-wellness and influence policy and funding for all levels of growth and a sustainability mindset.



This Indigenous Health Policy Framework (IHPF) is a guideline document that reflects the values of Boehringer Ingelheim Canada Ltd (BICL) and Indigenous peoples, and details strategic objectives and principles to support ongoing investment in Indigenous health in Canada. The purpose of the IHPF is to enhance relationships between Indigenous communities and the private sector and interested agencies and groups involved in projects with equal participation from the inception of project ideas through all steps through to implementation, evaluation and dissemination. The ultimate outcome is for Indigenous people to empower themselves.

Who is this opportunity for?

Who is eligible?

To be eligible, applicants must demonstrate their relationship to and within a defined, geographical Community of First Nation, Inuit or Métis peoples within the boundaries of Canada, and with priority given to places wherein opportunities to engage in innovative chronic disease programs are limited, yet necessary. To be eligible, the applicant must be willing to engage in a Public- private partnership (P3) with Boehringer Ingelheim Canada Ltd (BICL) as supported through Bimaadzwin and the PATHWAYS Advisory Circle. Proposed projects must meet the three principles listed below, and within the IHPF to be considered.

To be eligible, applicants must demonstrate support, capacity to collaborate throughout the duration of the pilot project, co-developing a plan to evaluate / assess the initiative you are proposing, and be willing to share the results of your evaluation and baseline with BICL, and through agreed upon forms of dissemination; and finally, all projects must develop a plan to expand beyond the pilot period and seek to sustain any new services that are put in place using the time-limited funding from the original P3 collaboration funding contribution.

What is defined as ‘community’?

We define (Indigenous) community as a recognized group of Indigenous people as a First Nations reserve, Inuit municipality or Métis settlement; or a recognized local, regional or tribal health board or association; or association or alliance of Indigenous communities.



What is the focus?

The project focuses on at least one of the target chronic diseases identified in the Indigenous Health policy framework: Type 2 Diabetes (T2D), interstitial lung disease (ILD) or Chronic Obstructive Pulmonary Disease (COPD).

What is BI's role in this project?

What are the core principles for projects?

Innovation requires transformation, and structural change is required to address improvements in the conditions which continue to maintain current health gaps and disparities. The emerging processes must be consistent with the goals, values and self-determination of Indigenous health within the communities and relationships. It is this ongoing relational process of accountability that embodies reconciliation, while ensuring there is on-going dialogue with invested partners to address issues raised through the change process.

Principles that underlie the approaches to collaboratives must go beyond the words and begin to define how these principles will be operationalized. Through ongoing mechanisms of consultation and validation, it has been possible to ensure that this information is valid and has been substantiated by communities beyond the Advisory Circle. The following principles are drawn from the IHPF:

1) **Upholding the Human Right to Health:** With the goal of achieving Indigenous cultural safety, we will respect the unique interests of Indigenous people by caring for patients with respect and dignity and seeking to improve access to health services for future generations. This principle will rely on the following:

(a) offering culturally safe healthcare options, including advocating for culturally appropriate, trauma-informed spaces to be inclusive of diverse Indigenous people and realities.

(b) recognizing Indigenous health has declined through impacts related to colonization and environmental dispossession; poor health has been magnified through ongoing harmful exposures; and rendered invisible through lack of quality data; therefore, we will include a robust data collection, monitoring, reporting and evaluation practice framework, seeking to render Indigenous patients visible through these tests of change. This data will adhere to the principles of [OCAP®](#).



2) **Equity:** Recognize that inequity arises through the imposition of standardized processes, wherein there are often unintended negative impacts on Indigenous populations. This needs to be identified and mitigated. This means not just addressing the burden of impacts and harms created through policy, but also a deliberate focus on goals and actions that will enable Indigenous community benefits through tailored strategies. This principle will rely on the following:

(a) This could involve elements in design that involve reconfiguring spaces to be more accessible/ safe; increasing access to Indigenous knowledge and engagement in social relationships to enhance inclusion, participation and equity in community wellness and spaces. This also includes reducing the burden of negative impacts on people who are

(b) most vulnerable and including this element of mitigation in planning.

3) **Nation building and reconciliation:** Designing and enacting an Indigenous Health Policy Framework (IHPF), with oversight through the Indigenous Advisory Circle and in alignment with Indigenous project partners, BICL has embarked on an ethical process of re-creating and Indigenous approaches to innovation and collaboration to enhance initiatives to address the health gap and enhance reconciliation efforts.

(a) This will be achieved through the development, piloting and evaluation of projects through the application of the Indigenous health policy framework (IHPF);

(b) This will mean all projects support community-based chronic disease initiatives that go 'beyond the pill', and work within local conditions and partnerships to produce innovative options.

(c) The application of the IHPF means that projects must identify ongoing engagement opportunities with the P3 Collaborative, through a 'co-creation cycle' that may co- identify issues; co-create solutions; co-implement; co- determine sustainability; The lessons learned through this co-creation cycle will be documented and used to support transformation in future Indigenous projects, and this may include documenting ways of working outside of the constraints and barriers identified through the literature and consultation process, and key insights and benefits gleaned through these innovations.



Section 2

What's the application process?

Projects will be reviewed and assessed by the Advisory Circle members and principal investor and collaborators, Boehringer Ingelheim Canada Ltd (BICL) and Bimaadzwin. If the eligibility areas above are met, your proposal would be scored based on the criteria and weights listed in the chart below. Efforts will be made to select projects from a across a broad range of regions and indigenous communities in Canada to represent diverse geography and demographics; including but not limited to inclusion of populations in urban, rural/remote and northern locations.

UPHOLDING THE HUMAN RIGHT TO HEALTH:

1. Please describe how this project will address Indigenous cultural safety through design and project guidelines.
2. How will this project address the chronic disease identified? What is the anticipated benefit to the person with T2D/ILD/COPD? What are the anticipated benefits beyond the individual?

EQUITY:

3. Please describe who this project will benefit – demographic profile.
4. Who will this project not benefit, and why? (e.g. are the people who may not be able to participate for reasons such as mobility, age, gender, etc.)
5. List any potential short-term/ long-term risks, foreseeable harms, contextual sensitivities, discomforts and inconveniences for project participants.
6. What can be done to mitigate, minimize or eliminate these risks?

Nation Building and reconciliation:

7. Please describe who will be involved from the community side in the collaborative?
8. How does this project define the 'community' of interest?
9. How will this project remain accountable to the people in the community of interest?



10. How will project information be collected and stored?

11. How will decisions regarding the project be made?

12. Who will lead the project and how will they work with BICL / P3 Collaborative?
How will information be shared?

13. How will the project be sustained/ grown beyond 6-month pilot period?



Section 3

How will this application be evaluated?

Application assessment criteria

PLEASE LIMIT YOUR RESPONSE TO 750 WORDS

Review and scoring considerations

Weights

1. Project description

- Is the T2D /ILD / COPD related issue the program or service is addressing identified?
- Are the key project components included?
- Is the client group(s) the project would support (e.g. children and youth, women, persons with disabilities) identified?

15%

2. Project benefits

- Is there a description of how the community or client group will benefit from the project?
- Is there a mitigation strategy to reduce potential risks/harms/ discomforts?

15%

3. Taking a look at how the program is doing

- Is the intended question for the evaluation outlined?
- Are the necessary steps to be taken to evaluate or assess the project's impact identified (such as evaluation activities or an evaluation framework)?
- Are desired outcomes and/or targets for the evaluation clearly outlined?
- Is the evaluator who will lead the evaluation of the program, or a plan to find one, identified?

20%



4. Who you would partner with

Weights

- Are partners listed, including their roles and responsibilities and their impact on client outcomes?
- Is it made clear if there are a limited amount of organizations to work with?
- Approval of and support for the project by the Tribal Council and/ or Leadership as per a Resolution

25%

5. Planning your project

- Are there clear steps and timelines to implement the project (including evaluation/assessment activities)?
- Is there a plan to sustain client services once the time-limited Funding grant ends?
- Are risks and mitigation strategies for implementing the project clearly outlined?
- Align with BICL's internal compliance process.

25%

You are also free to include attachments as required (including but not limited to: budget, evaluation logic model, charts, etc.)



Section 4

Expression of Interest (EOI)

Applicants are required to complete an Expression of Interest (EOI) and full project proposal and submit by email to:

Allison Deer, Bimaadzwin Senior Project Advisor

adeer@bimaadzwin.ca

All inquiries should be directed to Allison Deer by email or by phone at 514-701-3531

Please see Appendix A for EOI template.



Appendix A: Expression of Interest (EOI)

Expression of Interest: PATHWAYS P3 Collaborative Pilot Project application

What is the EOI for?

Open to multiple collaborators (Human / Financial / Public / Private)

To build and advance a Continuum of Hope through a Public-Private Partnership (P3) approach. This is more than an initiative with financial, human or technical support

Who can apply?

Seeking: Interested Indigenous partners bringing forward innovations that address type 2 diabetes (T2D), interstitial lung disease (ILD) or chronic obstructive pulmonary disease (COPD) through a Community based approach, with the uptake of shared values and principles as detailed within the Indigenous Health Policy Framework (IHPF).

Application highlights in piloting a P3 collaboration with Boehringer Ingelheim Canada Ltd (BICL), Bimaadzwin, and community partners

Budget allocation: a minimum of \$30,000 CAD investment per project; (up to 4 pilots – up to 50,000 per project)

Duration: From 3 to 6 months (until the end of 2022) (with the possibility of carry-overs to 2023; if required)

To be Eligible– the participants must be:

- First Nations, Métis, Inuit
- Willing to engage in P3 collaborations
- Identify project risk mitigation plan
- Co-develop an evaluation plan
- Identify key indicators and measurements for improved Health outcomes
- Willing to share results
- And, identify measures to sustain the project beyond the pilot



Indigenous Health Policy Framework within a Continuum of Hope: A Community Centred Approach

The IHPF is an approach designed to create systems change and provides guidelines to co-create non-drug related sustainable solutions to gaps in the current health care systems in the areas of diabetes, interstitial lung disease and COPD.

The IHPF adheres to the following guiding principles:

Upholding The human right to health; Equity and Opportunity; Nation building and reconciliation; Jurisdiction

UPHOLDING THE HUMAN RIGHT TO HEALTH:

1. Please describe how this project will address Indigenous cultural safety through design and project guidelines.
2. How will this project address the chronic disease identified? What is the anticipated benefit to the person with T2D/ILD/COPD? What are the anticipated benefits beyond the individual?

EQUITY:

3. Please describe who this project will benefit – demographic profile:
4. Who will this project not benefit, and why? (e.g. people who may not be able to participate for reasons such as mobility, age, gender, etc.)
5. List any potential short-term/ long-term risks, foreseeable harms, contextual sensitivities, discomforts and inconveniences for project participants:
6. What can be done to mitigate, minimize or eliminate these risks?



NATION BUILDING AND RECONCILIATION:

7. Please describe who will be involved from the community side in the collaborative?
8. How does this project define the 'community' of interest?
9. How will this project remain accountable to the people in the community of interest?
10. How will project information be collected and stored?
11. How will decisions regarding the project be made?
12. Who will lead the project and how will they work with BICL
13. P3 Collaborative? How will information be shared?
14. How will the project be sustained/ grown beyond 6-month pilot period?

Application Assessment Criteria

Review and scoring

• Project description	15%
• Project Benefits	15%
• Taking a look at how the program is doing	20%
• Who you would partner with	25%
• Planning your project	25%

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Note: all projects will be reviewed by the Advisory Circle.

