

EXPRESSION OF INTEREST FOR AFFILIATE MEMBERSHIP IN THE MISSISSAUGA OHT

BACKGROUND

In 2019, during the application phase of the Mississauga Ontario Health Team (OHT), two categories of future partnership within the OHT were described — members and affiliates. At that time, any organization that felt it might fit the definitions shared for these categories was invited to endorse the OHT work by signing onto our application. A wide range of organizations decided to show their support.

In October 2020, during the development of our Collaborative Decision-Making Agreement (CDMA), the OHT engaged with the groups that had initially signed on and shared these definitions once again. We indicated at that time that more details would be shared about our approach to membership in the future.

The Mississauga OHT is now embarking on a new phase of its work. Over the coming months, we will be holding more in-depth engagement and co-design sessions on key OHT activities — from targeted planning to address specific clinical populations to broader strategic visioning and future-oriented prioritization activities. During this time, we will also be working to build out clarity on how different sectors can expect to be engaged and represented in the OHT, including at a governance level. As we continue this work in partnership with organizations across our community, it will be important for our partners to have clarity on where and how they can expect to be involved.

The Mississauga OHT will continue to hold partnerships with a range of organizations and groups to address specific clinical population needs. However, at this time, we are moving to one category of membership for organizations in the OHT and providing more detail on what this means to ensure members know what they should be able to expect from the OHT and what may be expected of them.

This new category will be called Affiliate Membership. While relationships across OHT partners will continue to evolve as we progress towards maturity as a team, those that become Affiliate Members should expect:

- To be invited join in engagement sessions and participate in deeper co-design activities for the OHT and its work streams, including having opportunities to be selected to sit on specific working groups;
- As sector relationships are further established and our longer-term vision of governance built out, to have opportunities to participate in sector groups and influence governance or identify representatives to sit at these tables.

EXPRESSION OF INTEREST PROCESS

The Mississauga OHT is asking organizations that are interested in becoming Affiliate Members going forward to express their interest using the form below.

This will not be the only opportunity to express interest in membership. If your organization is not currently seeking Affiliate Membership but would like to continue to remain informed and connected to the OHT work, please let us know. We will continue to provide avenues for organizations to join as Affiliate Members going forward and will ensure all partners continue to receive updates through our stakeholder distribution list.

The creation of this category will eliminate the original categories of Member and Affiliate. There will now be only one category of membership within the OHT.

Eligibility to become an Affiliate Member of the OHT is open to:

1. Organizations or groups that:
 - a. deliver health or social services to individuals in the OHT attributed population, or;
 - b. represent key sectors we know influence the social determinants of health;
2. **AND** that are willing to contribute to the success of the partnership by committing time or resources (e.g. expertise, funds, people, space) to achieve the vision and goals of the Mississauga OHT.

If interested, please complete the form on the following page and submit it to info@moht.ca by November 1, 2021. Forms will be reviewed by the team over the following month and organizations should expect to receive a response by November 30, 2021.

This process is also open to organizations that are led by physicians and specialists; however, it is not meant to include individual physicians (e.g. primary care providers, specialists). The OHT's approach to engagement and membership of physicians will be addressed through separate processes in collaboration with the Mississauga Halton Primary Care Network and through consultation with providers in this region.

EXPRESSION OF INTEREST FORM

My organization, _____, would like to express interest in
(please select one):

- Becoming an Affiliate Member of the Mississauga OHT based on the definition shared above;
- Remaining a partner of the Mississauga OHT and continuing to receive regular updates and participate in broader public consultation. (Selecting this option will not preclude your organization from expressing interest in membership in future.)

From the list below, please indicate the sector that best describes your organization:

If other, please specify:

For Affiliate Membership

- I attest** that I have the authority to commit to Affiliate Membership on behalf of my organization.
- I commit** my organization to the shared vision and mandate of the Mississauga OHT.
- I attest** that by becoming an Affiliate Member of the Mississauga OHT, neither my organization nor I stand to profit from participation in the OHT.
- I understand** that by asking to be considered for Affiliate Membership my organization may need to take steps internally to ensure that any conflicts of interest are declared and addressed as they arise.

Commitment of Resources

In order to ensure that Affiliate Membership is open to all organizations regardless of their budget, the Mississauga OHT is not currently contemplating membership dues. The different types of resources that organizations may consider contributing in future has been kept intentionally broad to ensure accessibility.

Please indicate which of the following resources your organization may be willing to commit to the shared mandate of the OHT (select all that apply):

- Expertise/thought leadership (e.g. working groups, engagement sessions)
- Funds
- Human resources
- Space
- Other, please specify:

Signature:

Name

Date

Role, Organization