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Indigenous-Municipal Intergovernmental Agreements: A Case Study Examining Substantive Collaboration

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MPA Research Report

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Abstract

Indigenous-municipal intergovernmental collaboration has been increasing across Canada. Some suggest it can act as either a tool to create empowering policy or as an instrument of authoritative control. This paper examines the case study of the Upper Ottawa Valley Medical Recruitment Committee and classifies its intergovernmental agreement as either symbolic or substantive. It does so by analyzing the frequency of communication, the decision-making processes used, the implementation of the agreement, and its outcomes. The findings suggest that the Committee achieved substantive results on all measures, but not without facing significant logistical and social barriers. Intergovernmental collaboration was ultimately beneficial in terms of facilitating shared service delivery, but significant challenges to rural service delivery and substantive Indigenous-municipal relationships still exist.

Introduction

Throughout the last few decades, Canada has been entering a new era of intergovernmental collaboration at the local level. In many instances, this collaboration has taken on the characteristic of multilevel governance, a form of government decision-making involving multiple actors from government and non-governmental organizations located at different "political scales" and making collaborative decisions through deliberation and negotiation (Alcantara and Spicer, 2016). There has been a long history of government inaction when it comes to the empowerment of Indigenous groups in Canada, but in the wake of increased government support and increased mobility of Indigenous populations, the need for intergovernmental coordination is growing (Papillon and Juneau, 2016). Alcantara and Spicer argue that using a decision-making process that applies the principles of multilevel governance may help governments communicate effectively and benefit Indigenous communities by providing a platform for legitimate collaboration, without altering existing institutional structures in Canada (2016).

This type of collaboration may also be logistically necessary as municipalities expand alongside Indigenous communities, which in turn can trigger more frequent interactions between

communities and increase the need for intergovernmental coordination; while successful coordination can lead to shared economic benefits, a lack of communication can result in increased tensions and missed opportunities for mutually beneficial partnerships (Nelles and Alcantara, 2014). Local governments in general are engaging in increased intergovernmental collaboration to improve service delivery to their residents (Kernaghan, 2009). This extends to Indigenous-municipal governmental agreements dealing with essential services such as training, education and healthcare (Papillon and Juneau, 2016). Not only is the need for local intergovernmental agreements growing as communities are faced with increased expectations and fewer resources, but decision-making through multilevel governance may offer opportunities to genuinely collaborate with Indigenous communities in the creation of policies and initiatives, although this will require substantial political agency (Alcantara and Spicer, 2016). Papillon and Juneau conceptualize this trend as the transformative power of Indigenous multi-level governance: coordination can either empower Indigenous communities or create further barriers (2016).

This paper focuses on the many intergovernmental agreements that are being signed by local and Indigenous governments in Canada, and analyzes the outcomes of one Indigenous-municipal joint-management agreement in Ontario by asking: What makes an intergovernmental agreement between municipalities and Indigenous groups symbolic or substantive? These concepts of substantive and symbolic are useful for classifying partnerships as being driven either by genuine collaboration and inclusiveness among the actors versus one in which cooperation is shallow or self-serving. More specifically, symbolic multi-level governance in this context would be embodied by a type of governance marked by limited power sharing and assigning functions to varying government actors, while substantive multi-level governance is more associated with

collective decision-making and to achieve shared goals (Hooghe and Marks, 2003). Agreements will be assessed and placed into one of these two categories by analyzing the frequency of communication between the signatories, the decision-making and implementation processes used, as well as any administrative and policy outputs produced.

The research question and topic are important given the growing amount of formal and informal coordination occurring between Indigenous governments and municipalities in the form of intergovernmental agreements (Alcantara and Nelles, 2016). These partnerships represent an opportunity to foster genuine collaboration and achieve shared logistical and cultural benefits. The findings of this research should help academics and policymakers better assess factors that produce mutually beneficial forms of cooperation between Indigenous and municipal communities.

To answer the research question, this paper focuses on the case study of the Upper Ottawa Valley Medical Recruitment Committee, its governing agreement, and the eight participating actors: The Pembroke Regional Hospital, The City of Pembroke, The Township of Laurentian Valley, Algonquin's of Pikwakanagan First Nations, The Town of Petawawa, The Township of Whitewater Region, The Township of Bonnechere Valley, and North Algona Wilberforce Township[1]. Interview data were obtained through fieldwork and over the phone, and travel expenses were funded by Dr. Christopher Alcantara's Early Researcher Award. Prior to conducting the research, ethics approval was received from The University of Western Ontario's Non-Medical Research Ethics Board. A representative from each party to the agreement was contacted, with four (50%) agreeing to be interviewed as well as an additional participant who

[1] Initial research plans involved doing a second case study with the City of Kingston, but data was not obtained due to lack of responsiveness from City and Indigenous officials.

was a member of the Recruitment Advisory Committee; all interviewees signed a Letter of Information and Consent explaining the nature of the research. Participants were then asked a series of questions related to the practices of the Medical Recruitment Committee in a semi-structured interview format (see Appendix A).

The organization of this paper is as follows. First, it begins with a review of the literature to illustrate the context of Indigenous-municipal agreements in Canada, types of intergovernmental agreements, as well as the challenges and benefits that increased governmental collaboration can bring. Second, it presents the case study of the Upper Ottawa Valley Medical Recruitment Committee joint management agreement. Third, it analyzes the case study. Finally, the paper concludes with some reflections as to whether the Committee's agreement was substantive or symbolic based on the measures of communication, decision-making, implementation, and outcomes.

Literature Review

Indigenous-Municipal Relations

This research seeks to further understand the nature of collaboration that is occurring between Indigenous and municipal governments in Canada. To address what makes an intergovernmental agreement symbolic or substantive, this section begins by discussing what Indigenous governments and communities are and how they differ and are similar to municipal governments. Literature regarding recent trends in Indigenous-local intergovernmental agreements will then be examined, in addition to the forms these agreements have taken across Canada. Multi-level governance will then be discussed as a process to potentially generate

meaningful policy moving forward in comparison to other forms of intergovernmental cooperation. The final sections of the literature review will consider the benefits and challenges associated with coordination between local governments, and argue that there is a growing need for meaningful Indigenous-municipal intergovernmental collaboration in the interest of creating efficient economic solutions and reducing social and cultural tensions between communities.

There is a long-standing history of tension between the Ontario government and Indigenous governments in the province. Abele and her colleagues attribute this tension to contradictions in the Canadian Constitution, which simultaneously specifies that the *federal* government has jurisdiction over "Indians" while the *province* controls all land within its borders; these stipulations have long been used by both levels of government to evade accountability and deny Indigenous claims to land (Abele et al. 2011). It falls into the federal government's jurisdiction to provide or fund services in Indigenous communities (Abele et al., 2011), as well as to uphold treaties which stipulate that Indigenous governments are equal and independent partners in policy development (Alcantara and Spicer, 2016).

In contrast, municipal governments were created as authorities to carry out local services as stipulated by the provincial and federal governments (Plunkett, 2006). These local governments are run by administrative staff but advised by elected councils, similarly to Indigenous communities who answer to councils of their peers. While municipalities are not constitutionally recognized, they are allotted broad authority by the province through the Ontario Municipal Act, but their relationship to the province is one marked by authority and control. This relationship is different from the one between Indigenous communities and the Crown, which tends to operate under a system of self-government and a nation to nation relationship (Henderson, 2006).

Throughout history Indigenous communities in Canada have been formally viewed as more of a hindrance to procedure than as an objective for policy reform (Abele et al., 2011). It was not until after World War II that the provincial government started to support service delivery to Indigenous communities due to the increased political visibility of Indigenous groups through committed activism (Abele et al., 2011). Alcantara and Spicer (2016) argue that government responsibilities to Indigenous groups require intergovernmental coordination, as treaty federalism is not being properly implemented, and intergovernmental relations traditionally positioned Indigenous communities as unequal partners by failing to adequately share authority, which has not been rectified through intergovernmental relationships to date. Papillon and Juneau agree that intergovernmental coordination may be a solution because there is a divide between federal and provincial service responsibilities to Indigenous communities, and this inconsistency requires intergovernmental coordination to generate realistic results (2016). Although, growing Indigenous-municipal agreements and coordination is not always positive. Papillon and Juneau discuss the dilemma of cooperation, as multi-level government relations can be marked by substantive decision-making, processes can also be used as an "iron cage" to control less powerful groups with rules imposed upon them (2016). Through this understanding the benefits of Indigenous-municipal intergovernmental cooperation are contextual, either strengthening or deteriorating relationships.

Nelles and Alcantara unpack the question of why Indigenous-local intergovernmental agreements have been growing in visibility (2014). They note that formal intergovernmental interactions have largely been triggered through urban expansion coupled with the expansion of Indigenous land through land claims and purchases, which have resulted in a need for collaboration to share services and resources. After surveying Indigenous-local

intergovernmental agreements throughout Canada, Nelles and Alcantara identified approximately 93 agreements in British Columbia, 12 in Nova Scotia, 97 in Ontario, 52 in Saskatchewan, and 6 in Yukon Territory (603).

Nelles and Alcantara have identified four types of intergovernmental partnerships between Indigenous communities and local governments through their previous research: relationship-building, decolonization, capacity-building and jurisdictional negotiation. These categories are based on the content and goals of the agreements; relationship-building agreements are focused on strengthening ties between governments and communities; decolonization agreements seek to build strong relationships through recognizing history; capacity building agreements help Indigenous communities further develop their government structures and resources; and jurisdictional negotiation involves the transfer of services from one jurisdiction to another (2011; 2016). The most common agreements are those focused on jurisdictional negotiation, followed by relationship-building agreements. This ordering of agreements may demonstrate the growing need for cooperation as service needs and boundaries move closer together; relationship-building agreements are very general, and often indicate an intention to build concrete relationships in the future (Nelles and Alcantara, 2011). Decolonization agreements were categorized based on whether or not the text of the intergovernmental agreement explicitly recognized that the municipal land was historically owned by Indigenous peoples (Nelles and Alcantara, 2011.

Alcantara and Nelles argue that seven factors contribute to the formation of intergovernmental agreements between local governments and Indigenous groups: institutions, resources, external interventions, history and polarizing events, imperative and community capital (2014; 2016). Institutions refers to the rules that guide decision-making, such as the autonomy allotted to a group; resources refer to what a group is able to contribute towards

collaboration; external interventions refer to influence by other government actors directly or indirectly; history and polarizing events refer to the history present in an intergovernmental relationship, or sudden events that alter the relationships; imperative refers to a goal or problem shared by the group, and the varying motivations and benefits surrounding them; lastly, community capital refers to shared notions of understanding and integration between the groups (2016). Out of these factors, community capital was theorized to be the most influential (Nelles and Alcantara, 2014). The language of community "capital" is based on the notion that abstract social ties arise naturally and contribute to the character and type of formal political relationships; this concept is closely tied to the concepts of civic and social capital (2014). In short, community capital refers to common attributes that contribute to a shared sense of civic identity (2014).

While they list seven possible factors, they find that only a few are truly predictive of the an agreement or partnership emerging. Nelles and Alcantara divide the variables into two categories: those related to 'capacity' and those related to 'willingness' (2014). Each of the seven factors, called the "elements of cooperation", have a unique effect on the capacity-willingness spectrum. While this is a spectrum, willingness was identified to be a better predictor of cooperation.

How do these factors generate cooperation? Institutions affect the ability of the actors to enter into agreements while resources can determine the scope of cooperation possible, depending on the amount and nature of financial and human resources available to both parties (Nelles and Alcantara, 2014). External intervention, polarizing events and historical factors can seriously affect the parties' willingness to cooperate by predisposing or encouraging the actors to behave in certain ways, depending on whether the external events or history were positive or

negative in terms of binding the parties together. Nonetheless, previous relationships between government structures and indigenous peoples need to be addressed before moving forward. Indigenous-municipal intergovernmental agreements are not only up against challenges of coordination, but exist within an institutional context that further complicates relationships. This is expressed through Alcantara and Nelles's concepts of imperative and community capital, acting as a reminder that community context influences intergovernmental cooperation (2016)..

Other literature suggests that Indigenous – municipal partnerships are a growing and important trend in Canada and that policymakers should pay attention to them. Canada's Public Policy Forum stresses the importance of building authentic partnerships between local government and Indigenous stakeholders as a means of providing essential services. Accomplishing this goal requires meaningful engagement, although fostering cooperation is not without its own challenges. The Public Policy Forum outlines the predominant challenges as follows: building authentic partnerships, developing human capital, enhancing community control over decision-making, promoting entrepreneurship and business development and increasing financial participation (Building Authentic Partnerships, 2012). While some of these goals focus on the financial sustainability aspect, a repeated theme in the search for better Indigenous-local government relations is community control over resources.

Overall, the literature has identified important factors and context to guide the interpretation of intergovernmental agreements between Indigenous and local governments. Intergovernmental agreements can take many forms, are growing in number, and have multiple ways of being interpreted. As these agreements are still becoming normalized within some parts of Canada, there is still a lot to learn in terms of fostering genuine cooperation to move towards

recognition and decolonization. In the next section, I look at what this more genuine cooperation might look like by drawing on the multilevel governance literature.

Intergovernmental Cooperation, Collaboration and Accountability

Alcantara, Broschek and Nelles differentiate between various forms of intergovernmental cooperation by comparing multilevel governance and intergovernmental relations, two types of government decision-making (2015). Multilevel governance is associated with a more inclusive, open and collaborative process while intergovernmental relations is generally more exclusive to government actors and involves the dispersion of authority through hierarchal structures (Alcantara et al., 2015). Alcantara et al. have reimagined the term 'multi-level governance' from its initial and general use throughout the 1980s to describe the shift from hierarchy to ongoing governmental negotiation processes. For them, the term denotes a series of inclusive policy-making 'instances' between government bodies and non-government organizations (2015). By comparing it to the more hierarchical and authority-focused nature of intergovernmental relations, it becomes clearer how multi-level governance represents a more horizontal and cooperative form of decision making.

Hooghe and Marks (2003) further denote the concept of multi-level governance by specifying between two types. While multi-level governance generally indicates dispersed authority, Type I is more tied to the power-sharing dynamic of federalism, and coordinates multiple jurisdictions into limited tiers of governmental decision-making (Hooghe and Marks, 2003). This is contrasted with Type II multi-level governance which is marked by multiple jurisdictions oriented towards a specific task, with shared authority (Hooghe and Marks, 2003).

Beyond the logistical differences between government structures, these varying types of multi-level governance epitomize what Hooghe and Marks call “contrasting conceptions of community”; Type II intergovernmental arrangements entail collective decision-making towards shared goals, while Type I arrangements embody a particular community identity, and are less concerned with flexibility (2003). These variations of intergovernmental collaboration relate directly to the symbolic and substantive measures of this study. In the context of the case study, which involves the attempt at equal decision-making and implementation of a shared initiative between multiple jurisdictions in the Ottawa Valley, substantive collaboration should take the form of Type II multi-level governance interaction, focused on combining multiple voices to achieve outcomes. Symbolic collaboration would be marked by unbalance authority and unequal process. While hierarchy may be beneficial or important in some intergovernmental relationships, the goals of this agreement suggest that equal process would represent substantive results in this case.

Alcantara and Spicer investigate multilevel governance in the context of Indigenous policy-making in Canada and find that high levels of intergovernmental collaboration can produce more equal partnerships and outcomes for Indigenous communities. Multi-level governance in the context of Indigenous-municipal relations means instances of decision-making and negotiation that promote intergovernmental partnerships which cut through political influences. Multilevel governance provides an exciting opportunity to foster partnerships which produce shared outcomes for effective local services, and combine efforts to provide services, although it may be challenging to find the leadership and agency required to further non-enforced intergovernmental initiatives (Alcantara and Spicer, 2016).

Canadian municipalities have taken on growing responsibility as they try to deliver effective services to rural communities. Literature indicates that local governments are collaborating more in an effort to provide residents with accessible and affordable essential services (Spicer, 2017; Pappillon and Juneau, 2016; Kernaghan, 2009). This collaboration can come in many forms, and while many local governments are choosing to enter into legal agreements, many communications remain informal. Kernaghan describes the increased value of community-based collaboration as "a new period in the evolution of public administration and management", called Integrated Public Governance; this era is characterised by broad powers and political actors, as well as the integration of programs and policies across boundaries (2009, p. 241-242). Generally, the move towards Integrated Public Governance has strengthened municipal goals of collaboration, coordination and cooperation despite the many social, political and administrative challenges associated with integrated governance (Kernaghan, 2009). The shared accountability of intergovernmental initiatives often leads to ambiguity throughout the collaborative process. Spicer refers to this phenomenon as the 'multiple accountabilities problem' (2017), which states that as multiple actors enter into intergovernmental agreements, decision-making processes become blurred, therefore lowering financial and service accountability (Spicer, 2017).

Cooperation between local governments holds many attractive benefits; Spicer notes that intergovernmental agreements can lead to lowered service costs, as well as help to strategically overcome regional challenges complicated by differing municipal initiatives (2017). Additionally, agreements between local governments open a range of options for collaboration and service reform without formally restructuring or involving other tiers of government (Spicer, 2017). While formally documented intergovernmental agreements are growing in Canada, informal arrangements constitute a smaller portion of service sharing agreements and can

potentially arise in rural organizations with a strong degree of trust, communication, cooperative history; these types of agreements can provide similar benefits to formal agreements with increased flexibility (Spicer, 2016). Although this alternative may lighten the administrative burden of formal collaboration, fewer regulations may further spur issues of democracy, decision-making and authority, and may deepen the already existing ambiguity in intergovernmental relationships.

Within the theorized uncertainty of intergovernmental relationships, a focus on democracy often gives way to a focus on integration efforts (Spicer, 2017). Local government initiatives are highly connected to the immediate community; as collaborative intergovernmental bodies have shared goals, they also have a responsibility to residents. The idea that elected officials have conflicting interests to represent in joint initiatives can further complicate democracy within intergovernmental relations. Spicer highlights how this phenomenon complicates traditional channels of accountability in decision-making (2017). Government initiatives demanding cooperation undoubtedly benefit from accountability to local residents, but this structure relies on residents to hold elected officials accountable through sanctions, and when this accountability mechanism becomes convoluted through intergovernmental collaboration, decision-making can be convoluted as well (Spicer, 2017).

While it is largely agreed that local intergovernmental cooperation may sacrifice accountability and clarity, it is argued that this may have do to with the impractical nature of pursuing inter-municipal agreements in addition to a pre-existing municipal workload (Spicer, 2017). From this perspective, municipal cooperation accompanied by effective accountability structures can be seen as a privilege facilitated by organizational time and resources. Collaboration can be a potential avenue to save efforts and resources, but only when a municipal

context allows for these expenditures. When evaluating inter-municipal agreements in Canada, Spicer found that the majority of agreements involved the delivery of emergency services, echoing previous literature on the topic (2017). Intergovernmental collaboration is not without its challenges, but commonly arises out of a shared community need for essential services. In his analysis of intergovernmental agreements in the Greater Toronto Area, Spicer found that the largest problem was with transparency and information sharing, as many agreements were not publicly obtainable (2017). As Spicer points out, this is of concern when most agreements involve essential emergency services, and sharing of process information is the only way for communities to assess the services they are receiving (2017). While this demonstrates the integral role intergovernmental cooperation has played in benefiting community services, it occurs within a problematic and under-resourced environment.

The challenge of coordinating multiple voices in the decision-making process, along with the strain collaborative initiatives put on municipal employees and elected officials, hinder local government's ability to share information with the public on often vital municipal service agreements (Spicer, 2017). Considering the ambiguity and strain of collaboration, public engagement is a useful tool for combatting the democratic erosion caused by the blurring of organizational roles and boundaries (Kernaghan, 2009). In Kernaghan's discussion of Integrated Service Delivery initiatives and the importance of community engagement, he recognizes that community engagement takes on many forms, and intergovernmental initiatives are rarely able to engage the public through all avenues (2009). Kernaghan defines Integrated Service Delivery initiatives as partnerships involving the exchange of finances, information and labour in the pursuit of shard goals through shared decision-making (2009). These specific intergovernmental partnerships, which characterize many existing agreements in Canada, can present benefits to

community engagement such as building relationships with the business sector and non-profits, as well as shaping new partnerships and collaboration to develop creative solutions; in addition to partnerships, consultation and feedback are equally important forms of community engagement, but ones less often achieved by government Integrated Service Delivery initiatives (Kernaghan, 2009).

In theory, intergovernmental collaboration presents itself as the solution to strains on service costs and availability, but the reality is that local governments are struggling to keep up with demands, and are in the beginning stages of effective collaboration (Kernaghan, 2009). Kernaghan categorized the struggles related to intergovernmental collaboration into political challenges such as policy changes or discrepancy with other tiers of government, structural challenges such as space and resource limitations, operational challenges that limit implementation, and managerial challenges such as issues with process and documents (2009). Underlying these challenges are engrained social concerns and finite financial barriers. Kernaghan recognizes these underlying issues, specifically noting that structural and administrative concerns cannot be properly restructured until cultural and skill-level barriers are addressed; services may be structured on a federal or provincial level, but municipalities are the organizations implementing initiatives locally (2009).

This divide between service delivery jurisdiction is also evident and problematic in Indigenous communities. Papillon and Juneau note that while some provinces rely on federal support for Indigenous services, others engage with local communities to produce effective solutions, resulting in growing intergovernmental collaboration (2016). Papillon and Juneau serve as a reminder that this collaboration is not always beneficial to all communities, stating that multi-level governance arrangements can either lead to substantive decision-making or an “iron

cage" of process for Indigenous governments (2016). Collaboration can either mean that perspective sharing and transformation is occurring between government actors, or that Indigenous governments are being controlled by rules they did not create (Papillon and Juneau, 2016). This underpins the heart of the question as to what makes an agreement symbolic or substantive, with authoritative, hierarchical processes of intergovernmental relations echoing back to federalism signifying a symbolic agreement, and inclusion, collaboration and shared authority marking substantive intergovernmental cooperation. In the context of the Upper Ottawa Valley Medical Recruitment Committee, were participants demonstrating collaboration resulting in transformation, or control?

Evidently multi-level governance presents a challenge and a risk, but the potential benefits may be high, and can be exemplified in Doberstein's 2016 work on 'collaborative advantage'. There is a general assumption that governments collaborate to resolve issues and better processes, but it was found that benefits move beyond concrete measures. When analyzing intergovernmental collaboration in a Vancouver case study, it was found that civil representatives and bureaucrats inform one another's perspectives to create transformative results and more diverse policy outcomes (Doberstein, 2016). This "collaborative advantage" is fostered by an institution's time, task and target, and additionally encouraged through process that facilitates equal and effective deliberations (Doberstein, 2016). Changing views to produce better policy can be seen as the ultimate beneficial outcome of multi-level governance and strong collaboration, although it is not always achieved.

Overall, the elements of Indigenous-municipal intergovernmental agreements discussed in relation to benefits and challenges in intergovernmental collaboration point to a need to further deconstruct how to limit barriers to spur Indigenous involvement for equal policy outcomes.

While Alcantara and Spicer describe the challenging policy climate for Indigenous governments in terms of a lack of treaty federalism and service coordination, Nelles and Alcantara go on to discuss the ways in with cooperation is being fostered and to develop a theoretical framework for measuring Indigenous-municipal intergovernmental cooperation. The forms and benefits of multi-level governance were then discussed to outline existing intergovernmental cooperation. Spicer's case study brought light to some of the emerging conflicts in Canadian municipal service delivery through intergovernmental agreements, but ultimately highlights the continuing need for improved collaboration and transparency. Similarly, Kernaghan promotes intergovernmental collaboration while recognizing the limitations of social engagement within the current municipal context while Doberstein exemplifies some of the more intrinsic benefits of intergovernmental collaboration exhibited through perspective sharing. As demonstrated, there are many structural barriers to Indigenous-municipal intergovernmental coordination, although meaningful collaboration between local governments has the potential to provide benefits and flexibility moving forward.

To further understand what factors contribute to the success of Indigenous-municipal intergovernmental agreements, a local case study of the Upper Ottawa Valley Medical Recruitment Committee will be analyzed to ascertain if its process and agreement are symbolic or substantive in nature. This will be measured by examining the frequency of communication, decision-making, implementation, and administrative outputs of the Committee.

Methodology

Data was gathered for this analysis through three in-person semi-structured interviews and two telephone interviews with former members of the Upper Ottawa Valley Medical Recruitment Committee. Interviewees were selected based on public records of Committee members, and a representative from each party to the agreement was contacted through email and phone for a potential interview in July 2017, approximately a year and a half after the dissolution of the Committee. There are eight parties to the intergovernmental agreement: The Pembroke Regional Hospital, The City of Pembroke, The Township of Laurentian Valley, Algonquin's of Pikwakanagan First Nations, The Town of Petawawa, The Township of Whitewater Region, The Township of Bonnechere Valley, and North Algona Wilberforce Township. Of the five Committee representatives who participated in an interview: two were municipal representatives, one was a representative from the regional hospital, one was a representative from a local non-governmental organization, and the last was a representative from an Indigenous community; officials from four municipalities were unavailable for comment. Field research was conducted, resulting in three in-person interviews, with two participants being interviewed over the phone; from the Committee members interviewed, three were part of the Executive Committee while one was part of the Recruitment Advisory Committee. Interviews were 30 to 60 minutes in length, and consisted of questions (see Appendix A) designed to measure the symbolic versus substantive nature of collaboration based on the framework presented below. All participants were provided with a Letter of Information and Consent, which notified them of the intent of the research as well as requested consent for non-identifiable quotes to be used in this study. Once consent was obtained and interviews were conducted, interviews were transcribed and feedback was coded in relation to frequency of communication, decision-making, implementation, and outputs to ultimately classify the

agreement as symbolic or substantive, with all identifiable information redacted and stored separately.

Case study: A Brief Overview

The case study selected for this project is the Upper Ottawa Valley Medical Recruitment Committee and the Indigenous-municipal intergovernmental joint management agreement used as the guideline to recruit medical professionals to the underserviced region. The seven communities involved with the agreement as well as the regional hospital experienced significant strain of their medical services leading up to the Committee, as the number of family physicians in the area was low and so many residents were going to the hospital emergency room for care. The initial steps towards grassroots regional recruitment began in 2007 and spurred a jointly funded initiative with the following financial stakeholders: The Pembroke Regional Hospital, The City of Pembroke, The Township of Laurentian Valley, Algonquin's of Pikwakanagan First Nations, The Town of Petawawa, The Township of Whitewater Region, The Township of Bonnechere Valley, and North Algona Wilberforce Township. The agreement including all eight stakeholders and was executed in December 2011 through by-laws passed by each independent government "to formally establish the 'Upper Ottawa Valley Medical Recruitment Committee'".

The Committee was initially organized by the Regional Hospital Board of Directors, who reached out to community stakeholders with an apparent need for medical recruitment, to jointly fund the initiative. This initial body was referred to as the Steering Committee, and eventually went on to form the entirety of the Committee, which consisted of an Executive Committee made up of all the financial stakeholders and parties to the agreement, as well as an Advisory

Committee consisting of local not-for-profit organizations and community volunteers. The Executive Committee held voting privileges as per the agreement while the Advisory Committee assisted with recruitment and decision-making. The entirety of the Committee was dissolved at the end of 2015 after successfully clearing the physician wait-list (Chase, 2015); this waitlist was created through voluntary forms collected from residents throughout the region and was established and monitored by the Committee.

The Committee was struck within a serious context of medical need, with as many as 10,000 patients self-declared on the regional waitlist as requiring a physician (Interviewee 1). The Regional Hospital and neighbouring communities within its service area began to grow concerned regarding the lack of family physicians in the area, as the community found themselves without medical support, and often flooding the local hospital emergency room. A former representative of the regional hospital recalled: “We had a lot of people who were resident in our service area who could not find a family doctor, and as a result it was causing them some challenges in access and often would cause health conditions to the point where people looked to the hospital for care” (Interviewee 3). It was partially the negative community impact of these conditions that lead to the eventual spearheading of the Medical Recruitment Committee. This was done through the Pembroke Regional Hospital offering to match community stakeholder contributions, seeing the initiative as an opportunity to benefit their entire service region and uniting local governments. The agreement itself specified that the regional hospital would match funding dollar-for-dollar, while parties to the agreement would contribute on a one dollar per-capita basis and had the option to opt-out of their recruitment contributions on an ongoing basis (“Upper Ottawa Valley Medical Recruitment Committee”, 2011).

The Executive Committee and the Recruitment Advisory Committee both played a role in implementation; the Executive Committee made decisions and financial contributions, while the Advisory Committee played a collaborative but supportive role, making presentations and engaging in decision-making while ultimately requiring the approval of the Executive. This paper's analysis will focus on the members of the Executive Committee, who also represent the eight parties to the agreement consisting of six municipalities, the Regional hospital and a First Nations government. In total, these communities are home to at least 55,000 residents in the Upper Ottawa Valley, and populations amongst communities vary from 16,000 to 430, with the Indigenous community being the smallest. The most populated municipality in the region is located 150 kilometres' northwest of Ottawa, with no other party to the agreement located more than 45 minutes away by car.

Over an active period of just under a decade, the Committee managed to clear the voluntary regional physician waitlist it had created, with recruited physicians servicing residents in all municipalities. While members from the smallest communities still have to travel some distance for a physician, the healthcare in the region is much more stable after the work of the Committee was completed. While the agreement does stipulate a mandatory committee structure requiring a Chair, Vice-Chair, Secretary and Treasurer, as well as mandating one vote per financially contributing government representative and requiring notice before leaving the Committee, the agreement emphasizes a shared collective by stating "the Committee wishes to work together for the enhancement of medical services and recruitment of physicians in and for the geographic parameters", solidifying the importance of cooperation and shared goals within the tone of the agreement ("The Upper Ottawa Valley Medical Recruitment Committee", 2011). The agreement also provides a tone of independence through its limited rules and regulations,

beyond specifying the funding and voting structure, the agreement notes that arbitration will be used to settle Committee disputes, with either one of three arbitrators being agreed upon by the Committee ("The Upper Ottawa Valley Medical Recruitment Committee", 2011). While this provides some accountability to the agreement stakeholders, the stipulations are general and encourage basic discussion and conflict resolution.

To assess the symbolic versus substantive nature of this case study, the analysis will discuss the frequency and type of communication amongst the Committee, the decision-making process, implementation practices, as well as policy and administrative outputs. Frequency of communication refers to how often members of the Committee communicated for the purpose of the medical recruitment initiative. This is largely encapsulated by the number of meetings had by the Committee in addition to the reported level of engagement of Committee members in meetings. The form communication takes will also be considered through discussing the amount of informal communication, and the Committee's experiences with community outreach. Political agency and strong intergovernmental communication help contribute to beneficial policy outcomes (Alcantara and Spicer, 2016), and measuring the amount and forms of communication amongst the group is one way that intergovernmental collaboration can be measured. While the act of holding meetings alone does not equate to robust cooperation, noting the amount and consistency of communication in and outside of meetings as well as the form this took is important to understanding the level of engagement amongst the Committee. High levels of communication do not indicate inclusion, but the amount of information-sharing and discussion that occurs within a Committee may influence the strength of stakeholders' voices.

A second measure used to distinguish the symbolic versus substantive nature of the agreement is the decision-making process exercised on the Committee. This entails analyzing the

structure of Committee collaboration, whether all members are adequately considered in deliberations, and in what way authority is exercised. In Hooghes and Marks's (2003) work on types of multi-level governance, they differentiate between two forms of intergovernmental collaboration: Type II focuses on structured relationships between governments within different territories or tiers, while Type II unites organizations within multiple jurisdictions to address particular shared concerns or goals. This case study exemplifies Type II multi-level governance, as it consists of multiple actors from similar governmental levels in differing jurisdictions cooperating to achieve a specific initiative, medical recruitment. This type of governance is characterised by "many centres of decision-making that are formally independent of each other" (Hooghe and Marks, 2003, p. 238); decision-making should be marked by robust collaboration and shared authority to be categorized as substantive.

A third measure is how the agreement is implemented. Specifically, the focus is on how resources are being allocated, and who is driving and overseeing the process. Inclusion of all group members throughout the implementation process is a good indicator of the levels of equality and cooperation of intergovernmental process, as all voices at the table need to be adequately represented for robust collaboration to occur. In a setting with multiple government bodies equally tied to an agreement, equal collaboration, inclusion and resource sharing would more adequately underpin substantive outcomes. While all parties to the agreement in this case were thought to be equal stakeholders, equal inputs and outputs may not be exhibited in the implementation of shared initiatives; if some communities are playing a more dominant role in implementation, it may result in unequal collaboration and outcomes for the group. Alcantara, Broschek and Nelles situate instances of equal collaboration as multi-level governance, as opposed to traditional hierarchal intergovernmental relations (2015). Instances of multi-level

governance embodying equal collaboration represent a substantive implementation of the agreement, whereas narratives of control and authority represent a more symbolic implementation of the intergovernmental agreement. Committee members will be asked about their contributions to and role in the agreement to analyze the symbolic versus substantive nature of implementation initiatives.

Lastly, policy and administrative outputs will be analyzed to see if they reflect participant expectations and affected a lasting positive impact for all communities involved in the agreement. In the context of an Indigenous-municipal intergovernmental agreement, administrative outputs can serve as an indicator of whether Indigenous needs are being met. Multi-level intergovernmental cooperation was identified by the literature as a potentially effective Indigenous empowerment tool (Alcantara, Broschek and Nelles, 2015; Papillon and Juneau, 2016), and comparing expectations with outcomes amongst parties to the agreement will help explain if the intergovernmental agreement is reflecting the change it set out to impose. Measurable outputs from the case study initiative will ultimately help determine if results were equally beneficial to members of the agreement. If some Committee members experience substantial benefits from the agreements within their community while others experience very few, this may point to a symbolic process, as it resulted in unequal outcomes as a product of the agreement and Committee efforts. For example, while both the Town of Petawawa and Algonquin's of Pikwakanagan First Nation's entered the agreement with physician waitlists and health centres lacking a full-time physician, Petawawa has recruited two physicians to their facility while Pikwakanagan is still in need of a physician in their community; analyzing the way outcomes are achieved may help clarify the external and internal factors that perpetuate these intergovernmental disparities.

Using these measures, the analysis will classify the Upper Ottawa Valley Medical Recruitment Committee and agreement as either symbolic or substantive.

Substantive or Symbolic?

Frequency of Communication

Communication between parties to an intergovernmental agreement can take many forms, and the frequency and form of these interactions can provide a picture of the nature of member interaction. In this case, the evidence suggests that the majority of communication occurred within consistent formal meetings, and while more informal communication between members varied, it was found that the Committee structure gave all members equal access to participate and communicate.

A former member of the Medical Recruitment Committee recalled that in the early years of the agreement the Committee met about six times annually, but later met once per month. The Executive Committee and Recruitment Advisory Committee met separately before coming together to discuss initiatives; a part-time recruiter was also funded by the Executive Committee and attended meetings. Overall, they met for approximately a decade and had 50 to 70 meetings before the Committee disbanded in December 2015 (Chase, 2015). A member of the Advisory Committee stated that in the early days, the Committee was very casual and not very organized.

When the need for medical recruitment was initially being addressed around 2006, the regional hospital hosted collaborative meetings with local governments in the service region and interested community representatives to brainstorm solutions to the issue of physician recruitment. This initial body was called the Steering Committee, and was in place before the

Executive and Advisory Recruitment Committee's were established; all members who composed the Executive Committee were also present on the Steering Committee. These meetings were described as the "initial state of all the groups getting together and deciding what we were going to be doing…we all had a voice and came to an agreement on what we wanted it to look like".

Once financial stakeholders were established and an agreement was created, a Committee was struck. A founding Committee member noted that communication between members largely remained in formal meetings at first, but collaboration and engagement increased as momentum picked up. The Committee Chair was reported to keep communication consistent through group emails and conference calls, while the community was additionally kept updated through newsletters. As the Committee structure solidified, this clarified the dominant voices in the process, as well as facilitated structured dialogue. A representative from the Indigenous government was present on the Executive Committee, giving the Indigenous community a consistent voice throughout the process.

Before the structure of the Committee took shape, informal community collaboration played a role in establishing it, with organizations that were able to obtain funding taking the lead, and community representatives and not-for-profits being heard through an advisory role. Not all members collaborated outside of meetings with the same frequency, but a majority were active; it was noted that this engagement was mainly exhibited by municipal representatives if recruitment opportunities were perceived to be more likely in their communities over others (Interviewee 3). While it is understandable that results motivated engagement, this points to a deficiency in benefits for some parties, which suggests that perhaps more could have been done within the agreement or Committee recruitment process to achieve substantively equal results. With this being said, the Indigenous community representative highlighted that "it was an

individual's responsibility to stay informed and attend the Committee meetings", and that the Committee offered a fair structure for collaboration, but it was up to Committee representatives to seek agency on behalf of their communities. This points to a meeting and communication structure that was accessible for equal collaboration, even if it was utilized more so by some community members over others throughout the initiative.

Overall, the generally consistent engagement of the Committee and the equal opportunity provided to members to collaborate points to substantive communication practices. Additionally, communication was reported to increase over time as the initiative grew, indicating substantive engagement as opposed to symbolic, passive attendance.

Decision-making Process

In this case, the evidence suggests that while decision-making power was tied to resource allocation, all parties to the agreement possessed shared legal and social authority when decisions were being made. The decision-making process reached by the Upper Ottawa Valley Medical Recruitment Committee was both structured and fluid, as the agreement stipulated a formal voting and funding process, but the Committee itself relied on often-utilized group dialogue to navigate decisions. Once the structure of the Committee membership and meetings were established, a municipal representative explained:

> "The Recruitment Advisory Committee would meet once a month with a recruiter, the Executive would meet once a month and talk about the financial situation, any ideas on political things that were happening at the time, and then the Committee as a whole would come together and the Executive would present what they had done and the Advisory Committee would present" (Interviewee 1).

This process would be followed by discussions on the proposed decisions and ideas. One Committee member recalled, "we sat and we talked about it", while another noting that "at the table, we all had equal voice, motivations were probably different though, depending on the

individual or organization" (Interviewee 2). This process seemed to embody a "collaborative advantage" as discussed by Doberstein (2016). In theory, collaborative government is formed to create solutions that were previously out of reach, and this fact was reaffirmed through Doberstein's analysis of Canadian collaborative governance where he found that social and bureaucratic actors informed one another, while process played a large role in facilitating deliberation (2016). This was exhibited in the Committee as open deliberation was encouraged, yet structured meetings helped facilitate collaboration through allotted speaking times and a voting process. The Executive Committee possessed a certain amount of authority over the Advisory Committee as a funding partner, but relations within the Executive Committee itself exhibit high levels of cooperation and inclusion between all parties. While the Advisory Committee's role is one defined by consultation, the shared authority of the Executive implies a relationship of co-production (Alcantara et al., 2015). This sentiment was expressed by the Indigenous government representative, who noted that "it was a fair Committee, you never had one representative try to put their needs first, or their community interests first".

While dissent was sometimes inevitable, the voting power of the Executive Committee was well respected, and members within the Executive were largely driven by a shared need for family physician recruitment in the region. A vote was always taken on a decision, and the majority outcome was accepted even if it was not in a community's interest at that time. One member noted that they "tried to achieve a common understanding and dialogue, but at the end of the day…the agreement specified that majority ruled" (Interviewee 3). Dialogue and community engagement remained important pieces throughout the process although voting power was ultimately dictated by status as a funding partner, with voting power only being awarded to the financial stakeholders of the Executive Committee. This reality limited the true

decision-making dialogue to the Executive Committee, although members reportedly made great strides to come to a consensus where possible. This was exemplified in the Committee's final meeting minutes, when the decision was made to disband the group: a Councillor demonstrated concern for the motion to disband, which gave way to discussion regarding the relative demand for the recruitment initiative, with the group ultimately agreeing that it was best to discontinue the Committee with intentions to reinstate the initiative if the need arose in the future (Committee minutes, Nov 19, 2015). This demonstrated that dissent was respected, and discussion was encouraged before a vote was taken.

Select community members also sat on the Committee at varying times, but voting rights were limited to the official parties to the agreement who composed the Executive Committee. The nature of the actors involved in the agreement indicates that institutional privilege played a role in decision-making, as the Executive Committee is composed only of organizations with access to substantial funding. As Alcantara and Nelles argue, the autonomy allotted to executives acting on behalf of organizations can greatly affect cooperation; the more empowered Committee members are to make decisions on behalf of their municipality, the more responsive and effective negotiations can be (2016). In this case study, while members felt empowered to act on behalf of their community, they also had a mandatory accountability to residents that went beyond their personal decisions, and had to fall within the allowance of Council. While professional and community empowerment was an asset to the collaborative efforts of the Executive Committee, organizational limitation presented barriers such as delays in decision-making and funding.

Due to the democratic accountability many Committee members felt towards their communities, members were often working as a part of the Committee, but also held vested

interest for their home community which can complicate motivations and interactions in decision-making. A former member discussed the challenge "to have individuals look beyond their own vested interest as a municipality" noting that "really they are elected council members, so they are also responsible to their constituency, but sometimes it was interesting the perspective that would be articulated" (Interviewee 2). Differing perspectives and motivations present challenges to the goal of substantive decision-making, but can also create growth. This fact was highlighted by Doberstein as he concluded that decision-making was expanded through the differing perspectives of diverse intergovernmental actors in homelessness initiatives in Vancouver (2016). The same effect is arguably taking place here, as the challenges of cooperation are giving way to markers of substantive decision-making such as robust collaboration and shared authority.

Another factor to decision-making was the context in which it occurred, a former member highlighted:

> "It was the best we could do, because we knew how hard it was for everybody. We could have looked out on the landscape and said 'why aren't we recruiting more than other communities', but we never did that, no one did. We went to recruitment fairs, and there could be 150-200 communities represented with 50 family physician residents walking through."

This atmosphere of underserviced communities allowed for decisions to be made through the lens of the shared goal of regional physician recruitment, which greatly aided in reaching agreement in difficult decisions. An interviewee went so far as to state that "there was never once an argument about where a physician should go (1)" during a Committee meeting. Another municipal representative noted that "the culture of the group was not to set a target of five physicians and hold people's feat to the fire…we did the best we could and made decisions within the context of the resources available" (Interviewee 3). The Committee embraced a more

casual structure in terms of pre-established goals, and instead focused efforts on recruiting family physicians to the area through incentives in whatever way possible; these physicians could potentially work to serve the whole region, and would also aid the workload at the hospital. The reality of the limitations and benefits to the agreement were commonly understood amongst former Committee members who were interviewed, and the sentiment that group discussion and common objectives of acquiring better healthcare in general united the group. While some groups, such as the smaller Indigenous community, experienced unequal strains to participate due to sparse administrative resources and the low likelihood of recruitment in their area, the shared goal of family physician recruitment for the region underpinned the initiative.

In this case study, the shared imperatives of the region were a driving force towards healthy collaboration in decisions; in addition to motivating the original creation of the Committee through invitation of the regional hospital, the dire medical situation experienced throughout the region motivated individual actors on the Committee to dedicate time to the cause. A former member shared that they "felt very involved in the community health and…wanted to be on the Committee". Sitting on the Committee, despite the additional time commitment, was considered a way to sway an important community issue, and one that members felt personally invested in. Shared goals worked to unite the group in the face of divided interests, as one representative recounted, "there's an expectation, an accountability, to not only my Council but to the resident" (Interviewee 1). While this presents a challenge to intergovernmental cooperation, the importance of outcomes drove decisions. Alcanatara and Nelles state that partners in intergovernmental agreements may be more willing to overlook tension or conflict in the face of agreements with high stakes and the community pressure associated with that (2016). The medical need in the area helped switch the concern from

individual benefit or competition to outcomes that could be achieved as a team. As the former representative of the regional hospital states, "when it's more of a critical issue, it's easy to get your enthusiasm level up, but when you've been doing it for a while, your enthusiasm starts to lag" (Interviewee 3). When questioned about the group dynamics during difficult discussions, a participant stated:

> "We sat down and said, this is not going to be 'I get a doctor in my community, you get a doctor in your community', it was just, 'we bring doctors to this area'. If doctors choose to locate their practise, we all benefit, and that was really important…That was the bottom line, and people felt that it was hopeless, but we did a lot of publicity about what we were doing" (Interviewee 1).

Evidently the shared concern of recruitment outweighed other concerns regarding the nature of where doctors would be placed, and which communities would benefit the most from a particular decision. This crucial need was also used to garner the support of the larger community through publicizing the Committee's recruitment progress. Ultimately, it was recognized that shared outcomes would be most beneficial. This thought was expressed by all participants interviewed, reiterating that "we all had the same common goal, and that's why it worked."

Overall, these data demonstrate that despite setbacks, all stakeholders felt engaged and included in the decision-making process. This was ultimately allowed for through a structure allotted equal participation and input, along with a critical regional need that united the group. Additionally, the culture of the Committee was important in maintaining shared authority. Due to the shared goals and intentions of inclusion, the Committee could share authority through the voting process while respecting group outcomes. This inclusive atmosphere demonstrates aspects of substantive collaboration, as opposed to symbolic decision-making in which some parties do not feel considered.

Implementation Process

Resources were ultimately a hindrance for the Committee, as recruiting medical professionals is an expensive process. Despite this, the establishment of voting privileges through local governments that were able to financially contribute gave the initiative direction and aided in cooperation overall. A former Committee member explained that:

> "One of the issues for me was that people were not going to embrace the recruitment process if they didn't have a vested interest in seeing the recruitment committee succeed.…So one of the major decisions was that we would go back to all of our municipalities and ask for funding. What we asked for was a dollar per capita. The hospital said that they would match us dollar for dollar…That was a big stretch for municipalities because the opinion is that healthcare is a provincial responsibility, not a municipal responsibility. For me the issue was the province is not going to find the funding – we had been identified a number of years before then as an underserviced area, and they knew that, and there were incentives attached for physicians to come, but there weren't any physicians coming" (Interviewee 1).

In this commentary, the choice to fund an intergovernmental relationship can be seen as a political one. Not only is finding the money and time to coordinate intergovernmental initiatives difficult, but taking on the burden of healthcare coordination is beyond the scope of municipal responsibility. This local burden of implementing regionally designed services is disussed in Kernighan's analysis of Integrated Service Delivery initiatives; he notes that although essential services are regulated by the federal or provincial government, local implementation often falls to under resourced local governments (2009).

This financial investment from already constrained municipal budgets presented a substantial risk to parties to the agreement, and with financial investment being imminent, it was also an organizational privilege. For communities in limited financial situations, the risk to residents would be increased. A Committee member commented: "Often times you'd bring a physician and their family…and it's a lot of work and effort to put in, and money, and sometimes it was totally unsuccessful. (Interviewee 2)" Another participant from a smaller community additionally explained: "We're a small family health team, our budget it quite tight and it was a

strain for us, I'd have to be creative and find funds within other programs that would help support it", noting that, "the funding contribution was based on population, and as long as you made your contribution you were still an equal partner at the table with equal access to any recruitment efforts" (Interviewee 5).

While these setbacks can be frustrating, they can be an additional challenge to intergovernmental cooperation when resources are being allocated. The Medical Recruitment Committee in this study helped mitigate recruitment tensions through the use of agreed-upon funding structures as to not let resource disparities affect the equality of implementation. Although the Committee could not control to where a physician could be recruited, municipalities were only required to pay the portion of the recruitment fee representative of the number of residents that the physician was accepting as patients. This structure helped alleviate the tensions of resource allocation in the face of uncertain outcomes. Evidently the culture of implementation also worked to alleviate these tensions as participants expressed that access to resources or dialogue was not hindered by the limited per-capita contributions of a smaller community.

In his discussion of resources and their affect on local government cooperation, Alcantara and Nelles (2016) note that time and expertise also play an integral role. While finding financial resources was identified as a challenge for municipalities in the region, the Recruitment Committee was composed of representatives with other municipal responsibilities, greatly segmenting their time. Kernighan claims that this strain on resources negatively affects cooperation, engagement and accountability, as initiatives are simply too under-resourced to implement the most effective process. In this case study, while the outcomes of the recruitment committee were successful and the community was engaged, this success heavily relied on

excess after-hours work of Committee members in addition to strong leadership. For some organizations, contributing the skill, time and resources was more of a barrier, depending on the size of the institution, which can ultimately influence control in decisions regarding the agreement. When asked about this phenomenon, a former member stated: “I never think about it as leverage, it’s just allocating funding, but when you think about it it’s an excellent lever – it holds people accountable for their decisions” (Interviewee 3). Access to resources can act as both a mechanism of accountability to community taxpayers and residents, but it also bends the power dynamics.

Beyond funding and staffing, the implementation of the recruitment initiative was fraught with challenges, and largely spearheaded by key members of the Committee. There were not officially stated implementation processes and goals, but instead the Chair of the Committee demonstrated a large amount of initiative. In light of loosely stipulated implementation processes, the Committee relied on communication regarding recruitment fairs, online updates, and medical school visits. Additionally, participants noted that some recruitment occurred through mutual connections in the medical community once professionals were recruited to the area. Goals were largely based around the regional physician waitlist that was established by the Committee. This gave the group a concrete measure of progression throughout the initiative as well as created a regional sense of need.

Inclusion was ultimately achieved through open discussion and a funding model structured towards equal outcomes, although the part-time recruiter provided some expertise to aid in the goal of recruiting. First, the more formal structure of implementation involved pre-determined incentive offer amounts that were contributed to by various members of the agreement. The amount a community was willing to contribute to a physician incentive was then

made equal to the percentage of their residents that would be taken on as patients by that physician. For example, if a physician was being recruited to a more urban municipality but the Indigenous government still wanted to contribute to the recruitment of the physician, the percentage of the recruitment funds they contributed would entitle them to that percentage of patients on the physician's roster; if a $5,000 contribution was made towards a physician that was paid $50,000 and took 3,000 patients, that community would then receive 300 patient slots, but these members would be forced to travel out of their home community for care. This arrangement would still disadvantage communities who were located further from the physician's office. Nonetheless, the structure should help disperse the service accessibility. A participant from the regional hospital, who spearheaded the initiative, summed-up this dilemma with the comment:

> "There was competition amongst different municipalities to get the product of this effort…whenever a physician was recruited in our service area it was a huge benefit. It was more difficult for the municipal partners and Pikwakanagan to fund efforts that ultimately went to land a physician in another municipality. We were always trying to balance people's interests and make sure there was an attempt at fairness…you couldn't legislate or regulate that, you just had to use best efforts to make sure that everybody was feeling included" (Interviewee 3).

This comment additionally recognizes the cooperative efforts required to manage concerns on a case-by-case basis. Not everyone entering the intergovernmental agreement will benefit completely equally in the context of physician recruitment, so dialogue was a required tool throughout implementation. The representative from Pikwakanagan noted, "it's always been a struggle for us to keep a physician here, just because we're so small". The consensus of the interviewees was that not much could be done about disparities in recruitment, and offering different funding for disadvantaged communities was never discussed. Despite this fact, the

Indigenous government felt included in the process, and benefited from increased healthcare in the region.

Another implementation tool gave parties the option to opt-out of a physician incentive and still remain on the Committee and involved in the process. This arrangement allowed for physician recruitment to occur without the requirement of a financial contribution from all communities, which helped to diminish the tension that may have been felt from communities who financially contributed but did not often receive a physician in their area. A former representative asserted that “flexibility was very important” and “people did not have to lose their voice just because they signed off [on the agreement]” (Interviewee 1). This demonstrates a structure which supports substantive outcomes by considering the limitations and preferences of stakeholders and making efforts to cater to them; demonstrating theses efforts may be beneficial for the health of group collaboration overall. Although, administrative flexibility can sometimes come at the cost of time resources, a municipal representative formerly on the Committee noted that implementation “was time consuming” and that “the Chair spent hours and hours, and some people took the brunt of the workload” (Interviewee 4). This commentary recognized the political agency required to manage effective multilevel governance, as discovered by Alcantara and Spicer (2016); the success of an agreement can often rely on the initiative of key actors, as institutional structures do not work to promote intergovernmental cooperation.

These kinds of structured solutions and attentiveness were found to inspire security and a sense of equality in the participants consulted for this study, which in turn allowed for a better collaborative environment. Despite this fact, one participant noted: “the agreement kind of spoke to the authority of the Committee, in order to set an authorized decision we had to make sure the executive body endorsed it” (Interviewee 3). This level of authority can be seen as a limiting

factor to consulting members of the public or other organizations, but it also brings clarity to the decision-making and implementation process while maintaining limited hierarchy. Many members of the Executive Committee had administrative concerns associated with consulting their councils, and were constrained by authority themselves. The Indigenous government representative highlighted that:

> "Because I'm governed by chief and council, I had to provide briefings to management level and to chief and council to get approval to be part of the municipal agreement…because of the governance structure that I'm under I always have to keep my management and Chief and Council informed of what's happening on a monthly basis, so there was constant sharing of information."

These processes provided an extra strain during the implementation of the initiative, but are generally a trademark of the administrative burden associated with intergovernmental collaboration in which authority is shared, and can present a particular challenge if they burden some groups over others.

Beyond administrative barriers, engagement proved to be a barrier to substantive implementation. A long-time Committee member commented: "if a municipality was feeling underserviced at a particular time, they may have been less engaged, so that was a challenge" (Interviewee 3). The Indigenous government representative added to this narrative by stating, "If I don't feel comfortable enough at the table, I'll tend to avoid it. Anybody from a First Nations community sitting on a Committee, there has to be that level of respect and understanding amongst all parties." While the culture of the Medical Recruitment Committee was recognized as inclusive by all research participants, and was indicated to not limit engagement, cultural misunderstandings were not welcome obstacles in an equal collaborative process. The First Nations representative went on to explain:

> "Cultural sensitivity and awareness is important if different governmental levels want to partner up with Aboriginal communities. It makes it a little safe…so the person at the table doesn't feel like they're this different person at the table."

The need to integrate cultural knowledge into processes of local government collaboration represents a more socially engrained barrier to substantive implementation. While structure and process facilitated inclusion, navigating differences in social and cultural attitudes were identified as a barrier to ideal collaboration between communities. While all communities remained engaged in the region to achieve shared benefits, the need for increased cultural awareness is a reminder of preliminary work that should be done in Indigenous-municipal relationships to better foster meaningful interactions throughout the implementation of initiatives.

The Committee made attempts to achieve service accessibility and maintain momentum: "often creative arrangements would be made, so a physician in an urban area would be tasked with outreach to other areas" (Interviewee 3). An interviewee noted while reflecting on process challenges that, "there were instances where process did not unfold the way we anticipated…there was at least one instance where the Committee had to convince a doctor to live up to their commitment in terms of volume, but it never caused turmoil" (Interviewee 2). Another Committee member also recounted that "at one point I had to go speak to a doctor about providing a service they had signed onto and at no point during that entire process, but I never felt once that I was not going to be backed by my entire Committee" (Interviewee 1). These comments at once express some challenges experienced during the initiative, as well as the group's resilience in dealing with the setbacks in a collaborative environment. A participant summed up the sentiment with their statement:

> "It was definitely true community collaboration, there were certainly philosophical differences even from people participating on the Committee…when you consider the

> divergent philosophies that were sometimes there, those people were still sitting on the Committee" (Interviewee 2).

This sentiment was echoed by the Indigenous community representative who noted that the Committee provided a space for cultural collaboration and awareness through hosting community recruitment events, despite any setbacks.

Overall, it was clear that members of the Committee embraced the potentially multi-faceted nature of intergovernmental collaboration through a preference for inclusive discussion. Implementation practices were argued to be as fair as possible, but the group was met with unforeseen challenges once collaboration and implantation became a reality. Despite this fact, resources were allocated using a funding structure that took into account the size of communities, and ultimately the implementation process was driven in an administratively inclusive manner, pointing to a substantive process challenges by external social factors.

Administrative Outputs and Policy Implications

Once the Medical Recruitment Committee had run its course, eleven physicians had been recruited in total over a period of ten years, with all but one retained. A majority (64%) of these physicians chose to work in the most urban community of Pembroke, with two choosing the second most populous community, one choosing the First Nation's community, and one final physician residing in a smaller municipality; while multiple communities received no physicians in their jurisdiction, recruited physicians treated patients from all municipalities. The physician that was recruited to the only Indigenous community participating in the agreement was not retained due conflicting career locations for family members, which has left Algonquin's of Pikwakanagan with limited healthcare access in their home community. A former representative noted that the Committee "all worked together, and the Committee was aware. I always reported

what numbers from each municipality were picked up by a doctor because that was huge for people. Pikwakanagan recognized that we could only offer, but we couldn't force" (Interviewee 1), while another member commented: "There was a huge impact, we now have 9,000 patients being serviced after previously having no physician" (Interviewee 4). Evidently, outcomes varied depending on the community in question, but ultimately the region was able to clear its patient waiting-list before the Committee was dissolved, and residents from communities without a physician were still able to travel for care. Despite the unequal dispersion of physicians throughout the region, the sharing of patients from all municipalities amongst physicians allowed for all parties to the agreement to benefit. The Indigenous government official recounted utilizing the patient access allotted in neighbouring municipalities in several instances when physician waitlist rates were high. Overall, the Indigenous community felt its expectations were met during the recruitment Committee process, and would participate in future recruitment initiatives.

From a policy perspective, although intergovernmental agreements between local actors are increasing, access to healthcare is not something usually addressed by local governments. Local initiative was highlighted by many participants, but a former member of the Advisory Committee described the dynamic well through commenting on the partially provincial funding that was put into action locally: "The people that made it happen were the funders, and the hospital agreed to match us dollar-for-dollar, so in that way it was a product of the province, but really it was a grassroots initiative, with grassroots membership and funding from the taxpayers" (Interviewee 2). While outcomes were a dire necessity of the initiative, predetermined outcomes rarely drove decisions and implementation processes in this case, and instead collaboration was driven by a shared service need and the availability of resources.

The need to succeed was high for the Medical Recruitment Committee, which acted as a driving force for collaboration, but external community pressures and lingering concerns also acted as background barriers to the goals of the agreement. The initial concerns of the Committee were born out of community issues with the existing hospital, which caused social tensions with the project from the beginning:

> "Quite honestly, the greater community had not embraced what was happening through the Regional Hospital. There's a lot of history, we used to have two hospitals but we ended up having to shut one down. There were years of people being upset because the hospital that was closed down was the publicly funded hospital."

Although the most obvious external barriers to the Committee tended to be of a limited social nature, larger more subtle issues may be connected to differences in values and culture. When asked about Indigenous-municipal intergovernmental relations on the Committee, and the challenges this may bring to recruitment, a non-Indigenous former member noted:

> "There is a different mindset and a different comfort level for people, particularly the members of the First Nations who are still on reserve, once you are off reserve, people seem to be more open to travelling for a family physician…For many people on the reserve, and I'm just speaking from my perspective, it was more of a comfort level to stay in their own community, and they need physicians."

Although the Committee recruited a physician to the Indigenous community who contributed to the agreement, this recruitment was not retained, and while the entirety of the Committee benefited from physicians being recruited to the region, some communities did not benefit from physicians maintaining a practice within their community. The Indigenous community involved in the recruitment initiative is currently served by a single nurse practitioner. This outcome implies that there is still work to be done in terms of medical recruitment, and raises concerns about the equality of outcomes if the expectations and values of some groups are not being met. These challenges can be categorized as political and structural as discussed by Kernaghan, as both institutional and spatial barriers are inhibiting outcomes.

Divides in social and political values can affect agreement outcomes in multiple ways, and it may additionally be hard to retain physicians from diverse cultures within a rural setting. A participant noted that: “often times [medical graduate recruits] are people from a different country, and so you know, you come to our area, dominantly Caucasian, so it’s difficult to entice people to stay when their social circle was very limited, their experience, their norms and their background, they couldn’t share that.” This quote points to a larger disconnect between rural values, and many young graduating physicians.

Evidently there are converging factors that can act as barriers to retaining a physician in a community, and many are largely external to the direct influence of the Committee. The Indigenous community reiterated some of these barriers, and the Committee’s ability to address them:

> “When you’re an Aboriginal community you have a lot of barriers to overcome in recruitment efforts. One, physicians just don’t want to work on a First Nation’s community…they have always tried to address issues with the funding model especially with Aboriginal communities because the needs are quite higher, complex care, and some physicians can find it isolating…being an Algonquin community, there are barriers.”

The representative from Algonquin’s of Pikwakanagan felt that the Committee did make efforts to acknowledge the barriers they experience to recruitment as a First Nation’s community. Many community events were hosted to engage potential recruits with their culture, and they were ultimately satisfied with a funding structure that accounted for population size. Despite Committee efforts, many challenges experienced by the First Nation’s community were external barriers, and could not be adequately resolved through the initiative. Committee efforts that did combat barriers involved sharing leads on potential recruits and referring orphaned health clients to physician’s in neighbouring communities. The Indigenous representative additionally recognized benefits accrued through the sharing of information between Committee members, in

this case resulting in heightened awareness of First Nation's healthcare concerns amongst communities. While the barriers experienced by the Algonquin's of Pikwakanagan are disheartening, this example demonstrates that fair process and dialogue sharing can have larger benefits in the context of intergovernmental collaboration; as argued by Doberstein (2016), the Upper Ottawa Valley Medial Recruitment Committee has managed to achieve a "collaborative advantage" in the face of barriers.

In sum, while frequency of communication, decision-making, implementation and outputs involved meaningful discussion and an attempt for equal outcomes, processes benefited some communities over others. This outcome was seen as inevitable by the members of the Committee who participated in this study, but may have been preventable through added support to vulnerable communities. Despite inherent barriers present through the collaboration of multiple different actors, frequency of communication was consistent, and opportunities for external were provided to all Committee members, signifying substantive communication structures. Decision making and implementation were both marked by processes of collaborative discussion and shared authority; Committee decision-making encouraged dialogue and implementation was marked by shared resources and benefits. Substantial barriers were also presented within decision-making and implementation, notably in addressing disparities in communities' recruitment opportunities as well as social and culture barriers present during collaboration. These were aided through the implementation of a fair per-capita funding structure and an inclusive Committee culture. Lastly, administrative and policy outputs reflected disparities between communities; while the more urban communities retained physicians, smaller communities went without local healthcare support. Despite this outcome, the agreement allowed

for all stakeholders to utilize recruited physicians, which resulted in shared benefits for all Committee participants, indicating somewhat substantive outcomes.

Conclusion

This case study exhibits an instance where an intergovernmental agreement was used to foster healthy collaboration and accountability and provide essential service delivery for a medically underserviced region in Ontario. Despite the overall success of this case study, the larger context of Ontario municipal servicing points to a growing need for collaboration to deliver essential services to all areas, and the promises put forth by intergovernmental agreements can only take us so far. Through examining the bigger picture of the Upper Ottawa Valley Medical Recruitment Committee, it was found that accountable and fair processes aided in cooperation and helped to develop robust collaboration; this was achieved through the sharing of resources and authority. Overarching barriers were still experienced in smaller municipalities as well as the First Nation's government, and these were not adequately resolved through Committee initiatives. Vital local issues are being left to voluntary intergovernmental initiatives, and while collaborative efforts are obtaining positive results, the literature along with this case study point to strains with resources, administrative capacity, and authoritative ambiguity within intergovernmental relationships.

There were many elements to this Committee that made it a success. First, there was a genuine need that helped to spark genuine collaboration amongst participants, as all were motivated to achieve collective results. As Committee members were generally taking on their role in addition to other government workload, outcomes were largely driven by strong

leadership and engagement required to manage issues and maintain cooperation and transparency. The agreement structure and framework gave parties flexibility and was mindful of community investments in recruiting efforts, which increased perceptions of fairness and aided in healthy intergovernmental collaboration. Beyond these strengths in Committee process, all Committee members interviewed reported benefiting from the initiative, and saw increased healthcare service to their community.

Collaboration as a result of the agreement was substantive, which was indicated by all four measures of frequency of communication, decision-making and implementation processes, and administrative and policy outputs. Although the intergovernmental agreement was found to be substantive, barriers to inclusive collaboration were identified. Smaller communities experienced fewer direct benefits from recruitment, and the Indigenous community experienced significant barriers due to community isolation and social barriers experienced through Committee collaboration, stemming from cultural differences. These results point to larger social and economic concerns with accessible locations for service provision as well as Indigenous inclusion in intergovernmental processes and decisions. My findings suggest that the Committee structure focused on fair resource sharing and beneficial regional healthcare outcomes, which ultimately fought to achieve inclusion and engagement on the Committee instead of symbolic results. It was recognized that the Indigenous community was at a recruitment disadvantage due to location and were experiencing accelerated cultural barriers, yet, extra initiative was not taken to combat this difference and achieve optimal results for each community. This outcome points to the need for an increased dialogue around cultural learning and engagement, as Indigenous-municipal collaboration requires initiative and agency to result in policy geared towards substantive outcomes. Nonetheless, it was the shared goals of the group, and the agency of

Committee leaders, which made the initiative a success for the region. The result was improved healthcare within communities, as well as improved relationships between them. In this context, it is evident that the Committee was able to take advantage of the transformative benefits of intergovernmental collaboration, as learning and common goals drove the initiative (Doberstein, 2016).

The broader application of this study is limited as it investigated a single instance of Indigenous-municipal intergovernmental collaboration. This study alternatively demonstrates examples of successes and barriers exhibited with the Upper Ottawa Valley Medical Recruitment Committee in an effort to provide insight as to contextual factors contributing to successful intergovernmental cooperation. Because not all parties to the agreement were interviewed, the data relies on the accounts of four members (50%) of the Executive Committee and one member of the Recruitment Advisory Committee, which means that some aspects of intergovernmental collaboration may have been undocumented.

There are many lessons regarding intergovernmental cooperation that can be gleamed from this case study. When it comes to the question of symbolic or substantive agreement outcomes, we need to ask the question, “what is beneficial policy regarding Indigenous-municipal intergovernmental agreements?”. This case ultimately demonstrated that an inclusive environment and equal contributions can produce or encourage substantive collaboration, which can be used to better results for all parties. While the processes exhibited in this case study were sensitive to community differences, and sought out fairness, might differing policy stipulations between parties produced more substantive results? These questions are beyond the scope of this research, but challenge intergovernmental collaboration to take extra steps to produce substantive equality for all stakeholders.

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Appendix A

Interview Questions:

1. How would you describe your organization's/government's role in the implementation of this agreement?
2. What factors motivated your organization/government to participate in the agreement?
3. In general, what would you say is the most notable outcome of the agreement so far?

4. Was the agreement supported by all governments and the community? Please elaborate on any initial conflict or cooperation.
5. Since the signing of the agreement, how many meetings have you had with the signatories and where have you met?
6. Can you describe how a typical meeting plays out in terms of setting agendas, group discussions, and how decisions are made?
7. Is there a direct line of communication between communities represented in the agreement outside of official meetings? If so, how often does it occur and what form does it take?
8. What process is used to reach a decision?
9. When reflecting on decisions made thus far, were all parties of the agreement active in the decision? Who had the final say?
10. How much public/community input is incorporated into decisions?
11. What body or process has been put into place to implement the agreement?
12. Has the implementation of the agreement been meeting targets thus far?
13. Do the parties to the agreement provide equal input during the decision-making process?
14. Are agreement outcomes clearly communicated and agreed upon by all parties?
15. Have agreement outcomes to this point met your community's needs and expectations?
16. Were there aspects of implementation that did not go as planned? If so, how did this affect the desired outcomes?
17. As the representative of your community for this agreement, do you feel empowered to make decisions on behalf of your community?
18. Have there been any legal, political, social, or economic barriers to successfully implementing the agreement?
19. Has your community made a financial contribution to help implement the agreement?
20. Did your organization require the recruitment of any additional staff for the implementation of the agreement? Was it difficult or costly to get your government/organization to agree to fund and hire that additional staff?
21. Were there any external pressures from inside or outside your community when the agreement was announced?
22. Do you feel as though participants in the agreement from different communities are seen in different lights? If so, has this affected contribution positively or negatively?
23. Would you say this agreement has had a significant impact on your community? In what way?
24. Is there anything else you'd like to say about the agreement, its implementation, and any barriers or facilitating factors that help produce successful discussions and outcomes?