



# Discussing the Possible Functions of a Canadian One Health AMR Network



A Virtual Town Hall Series

Summary of Findings

**AMRNETWORK.CA**

# Virtual Town Hall: Series 1



## Project: AMR Network

This project is developing recommendations for a network model that will catalyze a national response directed at mitigating the threat of antimicrobial resistance (AMR) for all Canadians, by assembling, coordinating, and supporting action across Canada's One Health spectrum. This project is funded by the Public Health Agency of Canada (PHAC).

### Project Chairs

Gerry Wright / McMaster University  
Andrew Morris / Sinai Health

### Steering Committee

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## A Message from the Steering Committee

In our efforts to develop recommendations for a national One Health antimicrobial resistance (AMR) network, we invited hundreds of stakeholders to participate in a baseline survey, the responses to which indicated the key actors in AMR in Canada. Leveraging that information, we invited nearly 600 people to attend one of the 16 online town hall events that we scheduled over Zoom throughout August and September 2020.

These virtual town halls were structured in such a way that allowed us to hear the diverse voices of Canada's One Health ecosystem. Hosted by Project Director Maureen Perrin, we explained to the participants the scope of our project and highlighted some of the thinking that we had done to date, with a focus on possible network functions. From there, we split into small breakout groups and tasked our participants with assessing the usefulness of eight different functions.

We began this process with absolutely nothing set in stone. We recognized that even though our Steering Committee is a diverse team that represents One Health, it is only a small group and that we needed to consult a much broader constituency. We're grateful for your contributions, because we know that for any network to succeed, it has to reflect the values, priorities, and visions of the people who will ultimately become its members. So, thanks to everyone who helped us work toward this goal, especially during these challenging times. Thanks for attending these sessions and for voicing your opinions. The conversations that we had throughout the summer are going to play a key role in shaping this network proposal.

So, what's next? For now, it's back to the drawing board for us. We're going to apply your contributions to a series of network models to see which structures best fit the values of Canada's AMR community. You'll hear from us again sometime in the next few months as we embark on yet another broad consultation. We hope you'll join us again!

## Network Functions Consultations

We invited 578 stakeholders from across Canada's One Health spectrum to participate in a conversation about how a Canadian One Health network could advance the country's response to AMR. This first series of sessions focused primarily on the possible functions of this potential network, while also touching on the current landscape, our survey results, and more. The town halls were offered in both English and French, however, we only had registrants for English sessions.

## Who Attended the Town Halls

In total, 150 AMR stakeholders joined us for this first series of workshops. We had wide representation from the human health and animal and agri-food sectors, but fewer environment-based stakeholders attended. The graphs below indicate how our registrants identified their place on the One Health spectrum:



Furthermore, we had good geographic representation at these sessions, having consulted with stakeholders based all across Canada. That said, we had no territorial representation despite inviting stakeholders from those regions. As well, we had a small number of Indigenous stakeholders participate in these conversations.

Learn more at

[www.amrnetwork.ca](http://www.amrnetwork.ca)

# Functions Overview



Months of discussion with the project's steering committee, advisory committee, and special advisors revealed a central theme in our network design process: form follows function. In other words, to determine possible model options for this network, we must first understand what the network will do. To determine that, leveraging the information provided by more than 200 AMR stakeholders via our baseline survey, the project team and steering committee worked together to develop a list of candidate functions. Over the past few months, we have taken that list out to the broader AMR community for consultation. The pages ahead summarize the input, observations, advice, and concerns of 150 stakeholders from across Canada. This report does not draw any conclusions; it simply presents what we heard.

## The Candidate Functions



### Convening

Bringing people and organizations in the system together to build communication links, share data and learning, collect early input, and identify collective priorities.



### Paymaster

Administer payments to organizations and track delivery of work.



### Undertaking Projects

Co-creating solutions by working with diverse partners on projects with common goals.



### Allocating Resources

On behalf of a funder, determining how funds are allocated to the AMR community.



### Aligning Advice

Connecting key stakeholders to align policy advocacy and advice on investments.



### Demonstrating Progress

Measure and report on the status and impact of AMR improvement in Canada.



### Brokering Knowledge

Collating, curating, and distributing new evidence, knowledge, and practices so that they can be scaled up and applied across sectors.



### Socializing

Raise broad understanding of AMR-related risks and solutions.

## Functions in the Bigger Picture

After several months of stakeholder identification, environmental scanning, and internal discussions about network objectives, our project team is excited to have finally taken our list of candidate network functions out for broad consultation. But this was merely the first step of our collaborative network modelling process. In fact, we will likely be undertaking additional consultations with the AMR community regarding network structure and/or priorities sometime in the not-too-distant future. However, it should be noted that our timelines have become somewhat unclear due to COVID-19. While we originally planned to publish our recommendations in November 2020, we understand that a big portion of our constituents will have busy schedules in the months ahead. As such, this process will now extend into 2021. We appreciate your patience as we embark on our next steps.

# General Observations

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## Findings at a Glance

- While participants came to town halls with an understanding of the complexity of the AMR issue, they frequently noted surprise about the diversity of actors in Canada, what was already going on, and how little they knew about anything beyond their own One Health sector.
- While creating a shared language and understanding across the participants was challenging given their diversity of knowledge and experience, not to mention conducting these sessions over Zoom and not in person, things actually worked out well and we are comfortable in interpreting and using the findings.
- There was good One Health representation across the 16 sessions, but researchers and academics were overrepresented, and implementers were underrepresented. The nature of doing this over Zoom led some to wonder about who was invited and whether or not the right voices were being heard.
- As it has not yet been formally released, participants were unclear about who 'owns' the Pan-Canadian Action Plan (PCAP). There were similar questions about who will ultimately be accountable for its implementation.
- Some participants noted that the discussion of network functions should be informed by a broad set of principles (e.g. trust matters, a consultative/engaged approach will be used, the network will be evidence-based, and so on).
- All of the proposed functions were seen by at least some participants as valid and needing to be done by someone. Whether or not there is value for the network to do each function is the question.
- The proposed functions lend themselves to natural groupings with most participants linking convening, brokering knowledge, and aligning advice together while many others connected allocating resources and paymaster. Further, participants frequently noted that functions might best be introduced using a phased approach.
- Many participants identified the need for additional resources to tackle AMR writ large as the most critical issue, and some wanted to focus the conversation on this topic.
- The pandemic pervaded the conversations, with participants having a variety of views regarding the implications for the network — some positive (awareness of AMR and infectious diseases), some negative (network funding may have gone to the COVID-19 response).
- Participants identified several possible functions for the network that they felt were missing from the discussion. Some of these include: training, academic activities, advocating and lobbying for funding, knowledge translation leading to implementation, patient advocacy, data housing, incentivizing activity in the AMR sphere, optimizing existing antimicrobials, and discovering new antimicrobials.
- Participants discussed the functions from the perspective of both how they might contribute to achieving the goals of the action plan and how they, as individuals or organizations, would be incented to join the network. Similarly, there was some discussion about how the network will have to ensure that members receive value from their membership.
- Participants generally acknowledged that there is an unavoidable and inherent tension between the various interests of potential members of the network across the One Health continuum, as well as potential conflicts between the interests of members and the interests of funders. There was also concern that the existing work underway in Canada would not be recognized by the network and could result in duplication or conflict.
- There was heterogeneity in participant views as to the extent to which things must be aligned across the country.
- Some people voiced frustration over having already participated in brainstorming sessions like these in the past (for the PCAP or otherwise) without much to show for it.
- More than 90% of town hall attendees participated in a poll that asked them to consider each of the eight candidate functions as essential, potentially useful, or out of scope for the network. These results are captured under the "participants views" subheads throughout the pages ahead.

# Convening

Bringing people and organizations in the system together to build communication links, share data and learning, collect early input, and identify collective priorities.



## What we asked

Should the network bring together people and organizations to build communication links, share data and learning, collect input, and identify collective priorities by organizing and facilitating workshops, maintaining distribution lists, and connecting work occurring across the country?

## The conversation dynamic

Participants generally saw convening as a foundational function, seeing it as necessary but not sufficient to the overall success of the network. The town hall itself served to reinforce in many participants' minds the surprisingly diverse nature of One Health and the complexity of the AMR issue. Further, many participants noted that convening is closely aligned with "brokering knowledge," another candidate function, and that such a tandem would offer high value for members.

## How this function could address what participants perceive as current issues in the AMR sphere

- The AMR environment in Canada is currently highly siloed with gaps in knowledge of who is doing what and limited cross-discipline and cross-sector action.
- There is a broadly perceived desire to leverage existing knowledge and learn from broad experiences instead of re-inventing the wheel.
- It is currently difficult to find others working in the AMR sphere.
- There is limited continuity for AMR work over time or across geographies; bringing people together may help to resolve this.
- Not all of the important voices are well-represented at the table today (e.g. Indigenous communities, environmental scientists).

## Some of the concerns related to this function

- Simply bringing people together to talk (without action) is not perceived as value added by some.
- Bringing people together doesn't necessarily mean they are engaged in the process.
- Some think that they are already effectively connecting, and are unable to do more.
- Convening across the diversity of One Health in Canada will be complex.

## Potential implications of including this function in the overall design of the network

- Requires significant human resources and technology supports (must be well run to avoid people doing additional work off the sides of their desks and not advancing issues in a timely way).
- This function provides "the glue" for other functions, and creates a sense of belonging.
- Different network members have different levels of need regarding support, infrastructure, and resources and the network would need to be able respond accordingly.

## Participants' Views



**Mary Buhr**

Professor, Animal and Poultry Science, University of Saskatchewan

*We need to bring together groups who are disparate right now, and we would need to be able to convene them into developing a common goal.*

# Paymaster

Administer payments to organizations and track delivery of work.



## What we asked

Should a key function of the network be to administer payments to organizations and track delivery of work? Note that this function is distinct from making resource allocation decisions.

## The conversation dynamic

There was very limited interest in talking about this function compared to other functions. In fact, 'paymaster' was generally unsupported by town hall participants and fairly quickly dismissed by most; not many attendees were administrators and this tends to function in the background. People reacted to the jargon of the term.

## How this function could address what participants perceive as current issues in the AMR sphere

- Some smaller organizations don't have the infrastructure to manage complex grants or projects and could benefit from having a service provide this assistance, which may help to level the playing field with larger organizations who are able to do this themselves.

## Some of the concerns related to this function

- Duplicates the function of existing groups, and often these groups are well resourced.
- Expensive and requires infrastructure and specialized people to maintain.

## Potential implications of including this function in the overall design of the network

- Needed if the network is doing projects but should not be a standalone function.

## Participants' Views

7%

Essential

46%

Useful

47%

Out of Scope

## Valerie Leung

Antimicrobial Stewardship Program (ASP) Lead, Public Health Ontario

*I'm least excited about 'paymaster.' Having worked previously for a national organization that had that function, I know it takes a lot of infrastructure to do that. It would be really big commitment.*

# Undertaking Projects

Co-creating solutions by working with diverse partners on projects with common goals.



## What we asked

Should the network conduct projects itself, or should it leave the project delivery to members and partner organizations?

## The conversation dynamic

This function generated a lot of discussion. It was often noted that tension could arise from having the network undertake projects that would put it in competition or conflict with existing organizations, so this conversation was more about coordinating projects than undertaking them. However, there was some talk about undertaking projects that other groups cannot, due to complexity or cross-sector reach. There was diversity in the scale and nature of the projects that participants envisioned. Some people focused on how other proposed functions could grow to fix certain issues without the network actually needing to undertake projects. Others noted a desire for this function, assuming it would result in increased funding for AMR work. While many people believe that this function could help with implementation of the Pan-Canadian Action Plan (PCAP), others worried that it could intrude upon existing programs. In general, the community felt that this function was certainly not out of scope for the network.

## Participants' Views

44%

Essential

45%

Useful

11%

Out of Scope

## How this function could address what participants perceive as current issues in the AMR sphere

- There may be some instances in which the network might be one of the only viable entities to undertake certain projects, and that these would likely be projects at the intersection of different sectors or the various One Health domains.
- The capacity of the current AMR field to execute on the PCAP is not where it needs be, so additional project delivery capacity is needed.

## Some of the concerns related to this function

- The network could compete, intrude upon, and duplicate work already underway by members.
- There is risk that the network could actually or be perceived as pushing projects from top-down without gaining necessary consensus amongst its diverse members.
- This function could raise conflicts of interest if the network were also to perform the 'allocating resources' function.
- Will the network be resourced to do their own projects in support of PCAP implementation?

## Potential implications of including this function in the overall design of the network

- This function will require significant project delivery capacity to be built effectively.
- You build community by doing things together — having this function in the network design may accelerate the development of the network itself and avoid the "all-talk-no-action" risk.



**Bradley Langford**  
Pharmacist Consultant, Public Health Ontario

*Undertaking projects is something that is already done. I don't know if we need another group that's doing that. It's more, maybe, coordinating projects and identifying people who would be interested, but not actually undertaking them.*

On behalf of a funder, determining how funds are allocated to the AMR community.

# Allocating Resources



## What we asked

Should the network make resource allocation decisions (i.e. decisions about how the pie is distributed, not about increasing the size of the pie)?

## The conversation dynamic

There was less interest in talking about this function compared to other functions, but many wanted to increase total AMR funding. This was likely due to a high representation of researchers at these sessions. Overall, there was only limited support for including this function.

## How this function could address what participants perceive as current issues in the AMR sphere

- Current allocators need more information to identify priority issues and their relative urgency, as well as to evaluate proposed solutions or projects.
- Existing funders take a patchwork approach to AMR, which makes it difficult to address big picture priorities — especially across One Health.
- It could leverage proven success via similar international models (e.g. CARB -X in the US, Wellcome Trust in UK) to make allocation decisions.
- Neither One Health nor AMR currently have a dedicated funding pool to ensure that these areas remain a research priority.

## Some of the concerns related to this function

- A lot of work and requires a significant administrative infrastructure.
- Creates a conflict of interest. The network could separate allocators from those who undertake projects to overcome conflicts, but this risks the centralization of power.

- There is a risk of effort duplication since other funding bodies will continue to exist, and there is also a risk that having the network perform this function could create another layer of bureaucracy; some suggested that the network would be better off advocating for existing bodies to refine their processes instead of setting up its own processes.
- There were questions of whether or not the network would actually be more effective in allocation across disciplines and One Health than the current mechanisms are.
- It would require a considerable new investment pool.

## Potential implications of including this function in the overall design of the network

- The decision to include this function or not is likely to influence the network's membership (who will join and be part of the network) as well as potential partnerships (who the network would engage with as external organizations).
- Difficult to perform a resource allocation function in a decentralized network structure.

## Participants' Views

18%

Essential

52%

Useful

30%

Out of Scope

## Jessica Minion

Medical Microbiologist, Saskatchewan Health Authority

*While I love the idea of having a boutique granting agency for AMR, I think that the reality is it's not going to work well. I think that this network would be better served advocating granting agencies for AMR funding.*

# Aligning Advice

Connecting key stakeholders to align policy advocacy and advice on investments.



## What we asked

Should the network be working with stakeholders to generate an increasingly unified voice to help policymakers and funders understand AMR issues and solutions?

## The conversation dynamic

Town hall participants considered this function from two primary perspectives. For some, this function largely overlapped with the 'brokering knowledge' function in that they perceived that the primary audience for the aligned advice would be practitioners needing practice standards and guidelines; as such, their comments have been reflected in the 'brokering knowledge' section. Others considered aligning policy, investment, and other advice to regulatory, funding, and other bodies and their comments are reflected herein. We think that the "participants views" metrics for this function need to be interpreted with these two perspectives in mind — that difficulty distinguishing between the 'aligning advice' function and the much more supported 'brokering knowledge' function resulted in a skewing of overall endorsement of essentiality that may or may not be the case.

### Participants' Views

64%

Essential

31%

Useful

5%

Out of Scope

## How this function could address what participants perceive as current issues in the AMR sphere

- Given the complexity of AMR, policymakers and funders often receive different messages, so alignment would help decision makers while also increasing the credibility of the overall AMR field.
- There are complex problems that go across sectors/domains, yet each sector currently promotes self-interests.
- Aligning government, academia, and the private sector could lead to progress in the response to AMR in a number of areas, ranging from policymaking to antimicrobial discovery and research prioritization.

## Some of the concerns related to this function

- Developing common policy statements that "everyone" can sign onto will be difficult, considering the diversity of the network members.
- There is a risk that the network will strive for consistency in messaging in areas where there are legitimately distinct views driven by differing interests.
- Any consistent messaging that is developed may be in conflict with the strongly held positions of other members within the network.
- Others noted that policy advocacy is a long-term endeavour and questioned whether the network should instead focus on areas that give results more quickly.

## Potential implications of including this function in the overall design of the network

- There will need to be clear structures and processes to determine which issues get tackled and what the aligned advice is.



**Sirine El Hamdaoui**  
Programs Officer, Quebec Cattle Producers

*I think there is room and need for this. It's not that we need to come together and have everybody agree on the exact same things, but if there is agreement that exists, it would be great to have a space to collect and collate it.*

# Demonstrating Progress



## What we asked

Should the network play a role in measuring and reporting on the status and impact of AMR improvement In Canada?

## The conversation dynamic

This was a complex topic for participants, with the conversation occurring along several dimensions. One was the purpose of the function (to be an honest broker, to drive action plan decisions, to provide a widely disseminated report card, etc.). Second was the level of granularity at which progress is measured (e.g. progress on the PCAP vs. progress at the project level). Finally, participants differed on the value of reporting without a defined implementation path, with some suggesting that it is futile to spend energy reporting if there is no clear authority figure to make changes and others thinking that disseminating reports can create the impetus for change. In general, participants felt that demonstrating progress is crucial, but there was significantly less consensus on the role that the network should play. Independent of whether the network takes on the function of demonstrating progress of AMR more broadly, participants agreed that it would be essential for the network to assess and report on the effectiveness and value of the network itself.

## Participants' Views



## How this function could address what participants perceive as current issues in the AMR sphere

- There is a very real need to pull the story together — to communicate what we've done and what we haven't done in an ongoing fashion.
- Creating shared evidence-based metrics helps to articulate priorities.
- Allows learning to be adapted, scaled, and replicated.

## Some of the concerns related to this function

- The authority of any organization to report on AMR in Canada is unclear.
- There is a perceived lack of mechanisms to respond to findings.
- Are the measurables clear? Right now, PCAP is merely a blueprint that remains unfinished. Impossible to predict how it will look down the road.
- Collecting and analyzing data is difficult and can take a long time.
- Major changes take time and some parts of the AMR response are slow, so it is challenging to have useful measures of change in the short-term.
- Several groups are already doing this in their own sectors.
- This opens the door to potential conflicts of interest, since the network would likely be reporting on its member organizations. It may also create potential challenges with governments and funders if performance measures do not reflect well on them.

## Potential implications of including this function in the overall design of the network

- Network neutrality is important for maintaining credibility and trust.
- Partnership with existing organizations may fulfill this function, but it may also be the government's responsibility.
- The work of developing and monitoring performance measures in and of itself will help develop the network and give it focus.

## Karin Schmid

Research and Production Manager, Alberta Beef Producers

*If this network is designed to fill governance gaps to support the implementation of the action plan, I don't see how it can do that without demonstrating progress on how we're achieving those recommendations in the action plan.*

# Brokering Knowledge

Collating, curating, and distributing new evidence, knowledge, and practices so that they can be scaled up and applied across sectors.



## What we asked

Should the network organize knowledge and serve as a trusted source of aggregated information? While closely linked to ‘convening,’ this function goes deeper than bringing people together and extends that function to get knowledge to those who need it when they need it.

## The conversation dynamic

This topic generated a lot of discussion. Participants noted that when considering this function, it was useful to consider the notion that there are very different audiences that require very different knowledge products, such as literature reviews, implementation toolkits, and evidence-based best practice guidelines. There was also talk about the role of knowledge brokering in moving toward implementation. Some participants noted that this is closely related to the idea of knowledge translation, and that a shared lexicon would be important if this function were to be adopted by the network. The participants also talked about the need for the network to create a “one-stop-shop” where comprehensive, up-to-date information related to AMR/AMU would be available online, along with information about the range of AMR-related initiatives underway across the country.

## How this function could address what participants perceive as current issues in the AMR sphere

- Many participants felt that there is currently an abundance of info about AMR out there, but that it is not overly accessible or actionable, especially across sectors, disciplines, jurisdictions, and languages.
- Current data does not lend itself to cross-sector integration and analysis.
- Lack of existing knowledge brokering mechanisms prevent knowledge-to-action initiatives and slow the development of implementation tools.

## Some of the concerns related to this function

- Can the network collate knowledge from “everyone?” Would it be able to ensure that all the representative stakeholders are heard and are able to provide input?
- Figuring out who “everyone” is will be challenging. Who is the network to decide? Bias can creep into brokered knowledge. It can quickly become a too-many-cooks scenario.
- This info is very complex, so brokering in this area will be challenging.
- How would the network interact with international organizations active in this area?
- Would the network own and maintain the tools, or would a partner organization? Are there any intellectual property considerations?

## Potential implications of including this function in the overall design of the network

- Requires staff with content knowledge and specialized skills, such as open data platform development and information management. In addition to appropriate technology supports, this function would require the network staff to have specialized knowledge mobilization skills — experts in plain-language writing or writing for different audiences.

### Participants’ Views



**Marina Facci**  
Pharmacy Manager, Saskatchewan Health Authority

*Just looking at the COVID-19 experience, there is so much information coming in from everywhere. It would be nice to have one platform for information dissemination.*

# Socializing

Raise broad understanding of AMR risks and solutions.



## What we asked

Should the network be actively involved in public education and increasing the number of AMR advocates?

## The conversation dynamic

The rationale for socialization varied amongst participants. Some people made the assumption that increased public awareness would lead to increased attention from the government, and that this would lead to increased funding. Others focused on socializing to change behaviour at the individual and system level to reduce AMR/AMU. Participants frequently related to the public's experience during the COVID-19 pandemic, noting that people are more attuned to these issues than ever before but still may not connect COVID to AMR. There was a bit of concern regarding the name "socializing," as some suggested that socialization sounds forced while education is more open-ended.

## How this function could address what participants perceive as current issues in the AMR sphere

- There is not currently a coherent AMR narrative across One Health. Even attendees were surprised by the diversity of stakeholders required to communicate on this complex issue.
- Conflicting information from different sources can cause skepticism and distrust amongst the public. Participants noted that there are high levels of misinformation and a source of 'truth' would be important.
- While there are some sector-specific AMR campaigns, there is no One Health initiative in Canada today. The network could become an amplifier that keeps AMR top-of-mind.
- It could harmonize existing campaigns and programs.

## Some of the concerns related to this function

- Can the network speak to all of its targeted audiences? Commonalities exist, but there are key differences in geographies, populations, jurisdictions, and sectors.
- There is lots of nuance about who the target audience is. There are already well-established human health campaigns, but certain settings — First Nations communities, correctional facilities, and congregate care placements, to name a few — may need specific messaging. It could also be useful to enhance the knowledge of people who are already involved in AMR. This all requires different socialization strategies.
- It's difficult to measure impact and it can be very expensive.
- Some participants noted that public education is a long-term endeavor, and, in order to be effective, it needs to be delivered by an organization recognized as a trusted source of expertise. This would imply that this should not be a function at the network's outset.

## Potential implications of including this function in the overall design of the network

- Need a focused, specialized team of experts capable of delivering at national, regional, and local levels.

### Participants' Views

54%

Essential

35%

Useful

11%

Out of Scope

## Bastien Castagner

Associate Professor, Pharmacology & Therapeutics, McGill University

*Public education is extremely important and this function will be crucial in helping people understand these complex issues. I think it's particularly important in an era of disinformation.*

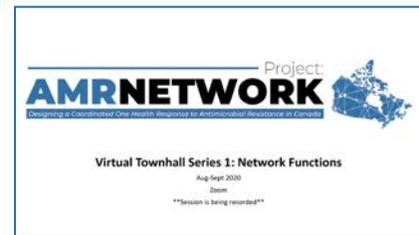
# Summary & Feedback



## Summary of Findings

These town hall events revealed to us a thematic divide in the eight functions that we put forth. The functions rooted in coordination — convening, brokering knowledge, aligning advice, and demonstrating progress — received largely positive feedback. The functions rooted in funding — allocating resources, paymaster, undertaking projects, and socializing — were generally more controversial. We know that different sets of functions will apply to different governance structures, but we will be keeping this split in mind as we press forward. It is also clear to us that, as expected, the eight candidate functions that we brought to these town hall events are by no means comprehensive. There was an abundance of commentary that fell outside the realm of any proposed function. Please know that this, too, will guide our next steps.

## Town Hall Slide Deck



Click the thumbnail to view slides.  
Note: Access requires Internet connection.

## Series 2 Consultations

We are planning to build upon certain format elements from the Series 1 town halls as we begin to construct the next set of consultations. Our logistical steps forward will be informed by our post-session feedback survey, which revealed a general effectiveness in our approach.

93%

Felt that we met our objectives

84%

Could see themselves in the network

95%

Are interested in returning for Series 2

*\*Figures reflective of a 30% response rate.*

## Have more to say?

If you didn't make it to a town hall session — or did, but have more to contribute — it's not too late to make suggestions or voice concerns. Connect with us online at [amrnetwork.ca/contact](https://amrnetwork.ca/contact) and we'll ensure any last-minute feedback is incorporated as we move forward.



## Workshop Feedback

We surveyed participants for feedback to help prepare for Series 2 consultations.

- "I thought it was really well run. The breakout groups worked really well."
- "To my mind, the presentation of the network was too detailed."
- "It was well done and organized; loved the discussion."
- "The breakouts were useful and should be maintained if possible."
- "The consultation was extremely well facilitated."
- "Provide some of the questions we are looking to address ahead of time."
- "It was very good considering it was all virtual."
- "Consider having more public representation."
- "I found the four sample discussion topics to be limiting."
- "I found the breakout groups too small and awkward."



[amrnetwork.ca](http://amrnetwork.ca) | [feedback@amrnetwork.ca](mailto:feedback@amrnetwork.ca)

Document Prepared September 2020

Series 2 Consultations Taking Place Throughout the Winter