

Diversity:

A Value Added Dimension to our Health System

North West Local Health Integration Network

Diversity Report: Fort Frances Session

FINAL REPORT

February 24, 2010



Ontario

Local Health Integration
Network

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Diversity: A Value Added Dimension to our Health System

1.0 Opening Remarks

Jan Beazley, Chair, North West Local Health Integration Network (LHIN) welcomed participants to the second in a series of the North West Local Health Integration Network's leadership sessions on diversity. She introduced Elder Rosemarie Allen of Nigigoonsiminkaaning First Nation, and introduced the North West LHIN Board members and staff. She noted that unfortunately Pauline Perrault, Chair of the Board for the Gizhewaadiziwin Health Access Centre (GHAC) was not able to join us and that Shanna Weir, their Executive Director would be taking her place.

Shanna Weir, Executive Director of Gizhewaadiziwin Health Access Centre shared greetings on behalf of her Board Chair and the Board of Directors of the GHAC. She welcomed participants to this session on diversity. Ms. Weir explained that as an Aboriginal Health Access Centre, they have taken steps to address diversity through their day-to-day response to the health care needs of their community and have been working to build knowledge and develop cultural competency with their partners in their region. Ms. Weir thanked the North West LHIN for the opportunity to partner and co-host this important session on diversity.

Laura Kokocinski, Interim CEO, reviewed the agenda for the day (see Appendix A for details) and announced regrets that Anita Cameron, Executive Director of Wassay-Gezhig Na-Nahyn-Dah-We-Igamig (Kenora Health Access Centre), who had been scheduled as one of the panel presenters, would not be available due to illness.

Elder Rose-Marie Allen, from Nigigoonsiminikaaning First Nation offered an opening prayer to begin the session.

2.0 Presentation Overview

There were two keynote speakers that presented on two topics: *Diversity Issues, Challenges and Opportunities in Health Care*; and *Barriers to Care*.

Overviews of their presentations are listed below, as well as questions and answers from the participants to the speakers.

Ms. Kokocinski introduced the first keynote speaker (see Appendix B for biography details).

Rani Srivastava, Deputy Chief of Nursing Practice, Centre for Addictions and Mental Health, Toronto, Ontario

Diversity Issues, Challenges and Opportunities in Health Care – Ms. Srivastava presented on the nature and complexity of cultural diversity and what can get in the way. She explained that most people want to embrace diversity but are unsure how. In order to understand diversity it is necessary to shift from a “value-added” to an “essential ingredient” perspective. Issues of ethnocentrism, invisibility and fears/worries tend to get in the way of diversity. She explored the

dynamics of difference and how that can be embraced. She stressed that the literature shows that culture and leadership play a significant role in diversity issues and the success of initiatives. She discussed cultural identity and the legacies and layers that form this identity, which is also a multi-level issue. Ms. Srivastava noted that there is no roadmap for change but that we need to use principles and approaches to chart a course, take action and monitor the process. She discussed the key values and motivators that can assist in embracing diversity. She further addressed the need to move beyond ourselves and organizations to effect systemic change.

Questions & Answers

Q. How do you help individuals move to transition? How do you go beyond that thinking?

A.

- Cultural diversity is not about race. We all bring a different perspective.
- Human species is very much visual in nature and often we look at diversity by how people present themselves and how they “look” – we have learned to identify diversity through our visual sense and then look at culture through a historical perspective.
- We need to go beyond the visual differences; be curious, ask questions and recognize the limitations we have imposed upon ourselves. Don’t let the visual differences stop us from engaging and addressing issues and/or concerns.
- Look at what does difference really means to us and what do people really need in order to get good healthcare? This requires, open communication, dialogue and courage to make a difference.

Judy Morrison, Board member for the North West LHIN introduced the second keynote speaker (see Appendix B for biography details).

Dave Courchene, Anishinabe Nation, Eagle Clan, Sagkeeng First Nation, Manitoba

Barriers to Care – Mr. Courchene welcomed the group and acknowledged the Elder, Rosemarie Allen for her opening prayer. He shared that as Aboriginal people there is a connection with mother earth; in keeping her healthy – we keep ourselves healthy. He stressed the importance of cultural identity and that it is important to share these teachings with the youth in order to carry on the identity. He provided examples of how this relates to and impacts the health of Aboriginal people and poses barriers to care. Mr. Courchene noted that in order to address health issues with Aboriginal people, we must try and get to the root causes of why people are sick. He encouraged the participants to take responsibility to relate to the land in a sacred way and be curious about diversity. Mr. Courchene stressed that each person has something to offer and that people need to respect differences, be open to different ways of doing things and find a way to keep their hearts open and set a path that reduces the barriers to care that may arise from cultural diversity.

Questions & Answers

Q. How can I learn more?

A.

- A documentary was recently recorded in Winnipeg. Please visit the website: www.turtlelodge.org

Kevin Bähm, Board Member for the North West LHIN, introduced the panel of speakers (see Appendix B for biography details).

Shanna Weir, Executive Director – Gizhewaadiziwin Health Access Centre

Cultural Competency in the Workplace – Ms. Weir discussed what diversity can mean and that all people are different and have different needs. In terms of staff diversity, she acknowledged that everyone on the team brings unique differences with them to the workplace. Ms. Weir discussed diversity within an organization and the many opportunities and challenges this can bring. She stressed the importance of embracing the opportunities while acknowledging the challenges and finding ways to learn from them. She offered some examples of diversity at GHAC and how this fosters the work they do. She discussed the holistic approach that is used, the use of interdisciplinary team care, as well as an overall community-based approach. Ms. Weir shared how her organization uses the medicine wheel as a way to approach their day-to-day work and the importance of recognizing the culture and traditions of the staff and clients with whom they work. Ms. Weir stressed that everyone needs to work together to reach common goals. She suggested that recognizing diversity is the first step to achieving successful outcomes.

Josephine Potson, Traditional Healing Coordinator – Gizhewaadiziwin Health Access Centre

Ms. Potson spoke about traditional healing as a way of life. She shared information about the traditional healing program at the GHAC. She explained the purpose of this program and how this program assists client referrals to traditional healers while also providing clients with full access to traditional healing practices along with western medicine. Ms. Potson stressed that traditional and western medicines can and must work together to support clients in meeting their care needs.

Helen Cromarty, Special Advisor on First Nations Health – Sioux Lookout Meno Ya Win Health Centre (SLMHC)

Building Cultural Competency – Implementing the Cultural Competency Continuum – Ms. Cromarty shared information on the philosophy and services provided by the Meno Ya Win Health Centre. She explained that 'Meno Ya Win' means health, the holistic being of an individual. She discussed the issue of cultural safety and the cross-cultural patient safety that is needed within the *Health Care Safety* model of care. She shared the *Competent Cross-Cultural Care Continuum* (see Appendix C for details), the tenets of the SLMHC's model of care and the cross-cultural Patient Safety Framework used at Meno Ya Win. She explained how these frameworks are used to assist patients, providers, administrators and policy makers to make appropriate choices and to find pathways to true healing in a competent, safe and successful way. Ms. Cromarty noted that there are three tools used to achieve cultural competency at SLMHC: the Traditional Healing, Medicines, Foods and Supports Program (THMFS); Bimaadiziwin Program; and Cross-Cultural Training. She explained the THMFS program is a new model of care for integrated First Nation hospital-based services at Meno Ya Win. She outlined the 5 components of the program: Odabiidamageg, Weechi'wewwin, Andaaw'iwewin, Mashkiki and Miichim. This program ensures a welcoming, familiar, supportive and healing environment for patients, clients and residents by enabling culturally appropriate and relevant choices in therapeutic approach, medications and food. She further discussed Bimaadiziwin - a program for staff that addresses cultural sensitivity and skill to deal with conflict. She outlined how the Cross-Cultural Care Training provides an opportunity for all staff to learn about other cultures and to reflect on their own cultures as it related to the delivery of health care services. Ms. Cromarty went on to share ways in which people can become more culturally and linguistically competent as healthcare givers. She stressed the importance of openness and respect for others.

Judy Morrison, Board Member - North West LHIN

Capacity Building Across the System – Ms. Morrison discussed how people can address building capacity across the healthcare system. She explained that we learn through our own trial and error, from experience and mistakes. She shared her experience of being a mother and a grandmother as an example of learning from experiences and mistakes. She discussed the importance of having an open mind and heart in order to be willing to listen and hear what is said, willing to learn, willing to accept our limitations and willing to act on what we have learned. She stressed the importance of understanding our own identity first; then we can share our learning and work towards a common goal of creating a better life for our children. Ms. Morrison discussed the various protocols and levels of responsibility and decision making within the health care system and that for the Aboriginal population, working with the provincial government and the LHIN is new. Historically, their relationship has been with the Federal government. She related that the LHIN is focused on integration and working together with its partners to address health care in the Northwest. Ms. Morrison stated that within the LHIN Board environment, members recognize the same goal and each member brings his or her own strengths. She shared the various methods of capacity building within the Board through learning about each other, involving all people from leaders to youth and healers in the capacity building process. Ms. Morrison noted that sometimes people have needs and expectations that need to be better understood in order to move forward with capacity building. She also noted that one of the key strengths of Aboriginal people to move forward in addressing their health care issues is their resiliency. She stressed the importance of listening to the Elders who have stories and knowledge to share – they can be a strong resource. She encouraged participants to meet with and engage with the Aboriginal population in their respective areas; to build common understanding. She reminded participants that we all have the capacity to grow and change through listening, sharing and respect.

3.0 Questions / Responses to Panel Presenters

Following the panel presentations, there were opportunities for questions. There were no questions for the panellists.

4.0 Small Group Discussions

There were three questions posed to the participants. Small groups engaged in discussion around the questions and generated responses and ideas to each question. Each group presented their key points to the larger group and the responses were recorded.

Four of the eight small group discussion tables submitted their discussion summary and there were no further comments submitted to the LHIN following the session.

The responses to the questions discussed in the small groups are outlined below:

Question #1: *How do we evolve to cultural competency on a LHIN-wide basis?*

- Need for more training
- Cultural sensitivity training and workshops
- All staff and people within the organizations need to be involved and develop partnerships (2)

- Learn from others; what is working well; best practices
- Encouraging the participation of Elders
- Put an emphasis on the importance of language
- RPN/RN training mandatory
- 2 Ears 1 Mouth
- Identify cultural groups; cultural strategies implemented
- Structure planning around a diversity agenda
- Common definition; need a common understanding(2)
- Clear expectations needed
- Speak the common language
- Don't presume to know what people need – ask
- Educate staff
- Recognize different system levels and impact on cultural competency
- Promote awareness and acceptance related to diversity
- Ongoing workshops including cultural speakers at these sessions
- Importance of developing school programs to encourage diversity through our education system

Question #2: *What can we learn from others who are striving for cultural competency?*

- Importance of sharing history within our cultural groups and with each other
- Breaking stereotypes (myths vs. reality)
- Listen and learn from each other
- Embrace differences
- Be open to the opportunity to learn
- Across different sectors not just the health sector – identify excellence
- Basic survival skills and what we can learn from that i.e. nature
- Implementation strategies – what's working, what isn't – build on successes(2)
- Anticipating resistance to change; how to recognize and make it through
- Research models and particularly look at international models
- Partnerships with other organizations
- Seek other beliefs
- Start with your own organizations
- Identify successes and failures of your organization and incorporate lessons learned
- Use successes and challenges as guidelines for ways to improve
- It is a process and sometimes slower than we like; change takes time
- Recognize the uniqueness of others

Question #3: *How does diversity in our communities make us better as leaders, health care organizations and communities?*

- Empathetic towards staff and clients
- Less judgemental from an organizational perspective
- More inclusive as an organization
- Model for success is the Meno Ya Win Health Centre; we can learn from their experience
- Encourages us to look at other ways of doing things
- Allows us to see each other as having different backgrounds and different needs
- Keeps life interesting
- Makes us more accepting and respectful

- Opens us up to add to our own beliefs, attitudes and behaviours
- Organizational philosophies should include diversity
- Recognize the cultural gaps between the north and the south
- Different attitudes exist (ie. Toronto Ottawa attitudes)
- Provincial Federal relationships can sometime present barriers
- Foster acceptance
- Need to pay attention to language in terms of diversity
- Understand the difference in language/different meanings/interpretations
- Leaders in organizations and communities need to be motivated to address diversity
- HOW – honesty, open-mindedness and willingness – adopt this philosophy

5.0 Closing Remarks

Ms. Weir, Executive Director of Gzhewaadiziwin Health Access Centre thanked the North West LHIN for the opportunity to co-host this session on diversity in Fort Frances. She highlighted some of her learnings from the session:

- the importance of understanding our own beliefs and attitudes regarding diversity in order to understand others; and
- the importance of working together to address diversity to meet the health care needs of clients in our region.

On behalf of the North West LHIN Board, Chair Ms. Beazley thanked the speakers and participants for an informative and productive session. She noted that the knowledge exchanged today would continue to build our collective capacity to effectively address diversity in the North West LHIN. She thanked the LHIN staff who worked behind the scenes to support the session. In closing, she asked that all of the participants honour each other and honour our differences.

Elder Rosemarie Allen provided the closing prayer to end the session.

6.0 Evaluation

Forty participants attended the Diversity session and fifteen evaluations were received (37.5% response rate). One-hundred percent of respondents indicated that they found the session informative (15 respondents) and one-hundred percent of respondents indicated that they were able to bring their ideas/views and concerns forward (15 respondents). (See Appendix D for details.)

Evaluation respondents indicated that what they liked best about the session was the information provided by the speakers and the ability to network and share ideas with their colleagues.

Appendix A – Agenda

Diversity: A Value Added Dimension to our Health System

February 24, 2010

La Place Rendez-Vous Inn, Fort Frances, ON

9:00am – 3:30pm CST

9:00 am	Welcome and Introductions
9:10 am	Diversity Issues, Challenges and Opportunities in Healthcare Rani Srivastava, Deputy Chief of Nursing Practice, Centre for Addictions and Mental Health, Toronto, Ontario
9:35 am	Barriers to Care Dave Courchene, Anishnawbe Nation, Eagle Clan, Sagkeeng First Nation, Manitoba
10:00 am	Coffee
10:20 am	Building Cultural Competency – A Panel Discussion <ol style="list-style-type: none"> 1. <i>Cultural Competency in the Workplace:</i> Shanna Weir, Executive Director and Josephine Potson, Traditional Healing Program Coordinator, Gizhewaadiziwin Health Access Centre, Fort Frances, Ontario 2. <i>Implementing the Cultural Competency Continuum:</i> Helen Cromarty, Special Advisor on First Nations Health, Sioux Lookout Meno Ya Win Health Centre, Sioux Lookout, Ontario 3. <i>Building Organizational Congruency:</i> Anita Cameron, Executive Director, Wassay-Gezhig Na-Nahn-Dah-We-Igamig (Kenora Health Access Centre), Kenora, Ontario 4. <i>Capacity Building Across the System:</i> Judy Morrison, Member North West LHIN Board of Directors, Nicickousemenecaning First Nation, Ontario
12:15 pm	Lunch
1:00 pm	Applying the Concepts to Northwestern Ontario Small Group Discussion
3:00 pm	Next Steps and Closing Remarks Jan Beazley, Pauline Perrault Closing Prayer
3:30 pm	Adjournment

Appendix B – Biographies

Rani Hajela Srivastava RN, MScN, PhD, Deputy Chief of Nursing Practice, Centre for Addictions and Mental Health, Toronto, Ontario

Dr. Rani Srivastava is a nurse with extensive experience in practice, education, consultation, administration, and research. Rani has worked with educational and social service partners to develop modules for cultural competence for nurse practitioners, emergency room workers, and police services. She is the author/editor of a textbook entitled: *The Healthcare Professional's Guide to Clinical Cultural Competence*. The book advocates for understanding and working with the rich traditions and strengths that are part of a diverse community. She also served as the chair for a national panel that developed a best practice guideline for *Embracing Diversity: Developing Cultural Competence through the Registered Nurses Association of Ontario*. Rani has completed her bachelor's degree from Dalhousie University in Halifax and her Masters and PhD are from University of Toronto.

Dave Courchene, (Neeghani Aki Innini – Leading Earth Man) Anishnabe Nation, Eagle Clan, Sagkeeng First Nation, Manitoba

A leader descended from a long line of Indigenous chiefs of Turtle Island (America), Neeghani Aki Innini has taken on the ancient Indigenous role as a Messenger of Peace. His greatest focus has been to inspire young people of all nations to find their own visions, holding many Youth Gatherings throughout Canada and the USA. Neeghani Aki Innini has been an invited speaker on wide ranging issues related to the Indigenous communities, including education; Indigenous traditions; the environment; health and Indigenous medicine; peace; spirituality, governance and decision-making. He has been invited to serve as Indigenous and Spiritual Advisor in television and film documentaries. He has also been invited to speak at world gatherings in Brazil, Japan, Israel, the Philippines, the UK, US and Canada. In August 2000, he was an invited speaker at the 2000 Millennium World Peace Summit of Religious and Spiritual Leaders, hosted by the United Nations in New York, USA.

Shanna Weir, Executive Director of the Gizhewaadiziwin Health Access Centre, Fort Frances, Ontario

For just over two years, Shanna has been in this position. She began at the centre three years prior to this position, where she developed and implemented the Mental Health Program. Shanna attended both college and university to obtain her Corrections Diploma and Bachelor of Science in Human Services. Upon completing her practicum placement at the local Children's Aid Society, she was offered a position as a Child Protection Worker. Shanna later took the position of Foster Care Coordinator and left the agency in 2004, after eight years, to continue her career at the Access Centre. Shanna lives in Fort Frances with her husband and their two children. She is an avid hockey mom for her 8 year old daughter and 9 year old son.

Josephine Potson, Traditional Healing Coordinator for the Gizhewaadiziwin Health Access Centre in Fort Frances, Ontario

Josephine has been in this position since January 2001 and is from Seine River First Nation. She has lived in the area all of her life and is bi-lingual, with her first language being Ojibway and second language being English. Josephine is a residential school survivor and has received her education from various schools in the Rainy River District as well as from Confederation College in Thunder Bay. Through Confederation College she has obtained her Aboriginal Business Diploma, Electrical Diploma and Small Business Diploma. Josephine incorporates her culture into her daily living and loves sharing her knowledge of the culture and the language with others.

Helen Cromarty, Special Advisor on First Nations Health, Sioux Lookout Meno Ya Win Health Centre

Helen Cromarty, a member of Sachigo Lake First Nation, is a highly experienced nurse with subsequent success as a senior health policy analyst. She has made major contributions to improving health services for Aboriginal people in Ontario including her involvement in the development and implementation of the Native Nurses Entry Program for Lakehead University, the Aboriginal Healing & Wellness Strategy for Ontario and many other program initiatives. She remains very active on boards such as the Northern Ontario School of Medicine and committees such as the Accreditation Canada Aboriginal Health Services Advisory Committee. As a member of the Senior Administration at Sioux Lookout Meno Ya Win Health Centre, Helen works with 28 First Nations communities in northwestern Ontario. She is working to shift mainstream medicine by helping with the establishment of Ontario's designated "Center of Excellence" for First Nations health. Helen is a proud mother of five and very proud kokum (grandmother) to three beautiful little girls.

Anita Cameron, Executive Director, Wassay-Gezhig Na-Nahn-Dah-We-Igamig (Kenora Area Health Access Centre), Keewatin, Ontario

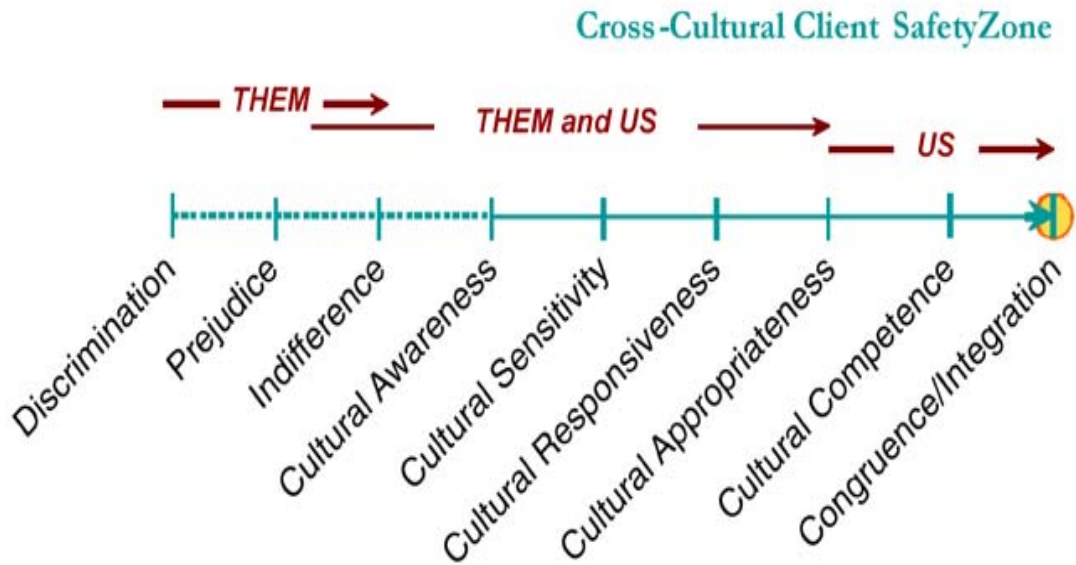
Anita Cameron contributed to development of the final funding submission, and was the founding Executive Director of Waasegiizhig Nanaandawe'iyewigamig when the organization was established in 1998. Anita graduated from University of Manitoba (1988) with a B.A. in Native Studies, Native Languages and Economics. She has been involved in community development for the past twenty-five years – beginning at the Indian & Métis Friendship Centre in Winnipeg, spending several years at the First Nation community level in Northwestern Ontario, and for the past twelve years through her work with the Health Access Centre. Her work has centered primarily on program and organizational development, with a strong focus on capacity building and holistic health – both for clients, and the organization itself. Currently, in addition to her work with Waasegiizhig Nanaandawe'iyewigamig, Anita is the Aboriginal Constituency representative on the Association of Ontario Health Centres Board of Directors, and also sits on the Board of Lake of the Woods District Hospital. A member of Wabaseemoong Independent First Nation, Anita is the mother of three young men and pursues creative interests such as stained glass art and sewing when she has the time.

Judy Morrison, Member, North West LHIN Board of Directors, Nicickousemenecaning First Nation

Judy Morrison is a member of Nicickousemenecaning First Nation. Most recently Judy was employed by Weechi-it-te-win Family Services as the community liaison worker. She also worked as a health planner for Fort Frances Tribal Area Health Authority and as a researcher/consultant for Unicare Comprehensive Health Organization (CHO)-Native Perspective. Judy has a long history of working with numerous community organizations. She has served as a trustee of Riverside Health Care, Mine Centre Direct Area School Board, Unicare Comprehensive Health Organization and as a member of the Women's Council. Currently, she is volunteering at the United Native Friendship Centre as a mediator for the Alternative Youth Justice Program.

Appendix C – Building Cultural Competencies

Cultural Competency Continuum



Cromarty and Walker, 2006

Appendix D – Evaluation Summary

1. Did you find the session informative?

Yes = 15 No = 0 Unsure = 0 N/A = 0

Please explain:

- Excellent! Good resources. Speakers were excellent.
- Good to know that others are thinking about the importance of diversity in our communities, workplaces, etc.
- Important and valued information sharing
- Very informative; speakers were excellent
- Hearing what other organizations are doing
- Good practical ideas e.g. What's working at other organizations
- Excellent perspectives at broader level
- Self-awareness
- Dave was excellent – take him on the road!
- Hearing about what is already being done in the NW.
- Speakers helpful and informative
- Presentations were informative

2. Were you able to bring your ideas/views/concerns forward?

Yes = 15 No = 0 N/A = 0

Please explain:

- Group questions
- Group work is a great way to be heard, your concerns/ideas are recorded.
- Through presentations and small group discussion
- Very welcoming
- Ideas were brought to a group discussion and very well done
- Small group discussion allowed for views to be expressed
- Small group discussions helped to express views and hear other views
- Small group work
- During small group
- Small group allowed for concerns/opinions
- Discussion re: Diversity definitely review and understand

3. What did you like best about the session? 15 responses

- Excellent speakers – good information to bring back to organization – very well done!
- Panel presentations; key-note speaker Rani; relaxed atmosphere
- The speakers were excellent, informative, especially Dave Courchene; the venue was also very good
- Opportunity to hear various views
- Warm, willing to work towards a better future together; like the direction NW LHIN is moving towards – great job – all good

- Ability to share information and learning
- Discussion groups
- All – was very well organized
- Speakers
- All the speakers/presenters were great; the opportunity to network was also beneficial
- Anishnawbe perspective
- Helen C's presentation – genuine, kind, direct, focused
- Guest speakers, insightful
- Speakers in AM very informative; enjoyed learning about initiatives in our area
- Sharing ideas from other organizations
- Barriers to change – Dave Courchene

4. What did you like least about the session? 8 responses

- Lunch – food was old? – not tasty
- The short time frame; not many people – need to make it worthwhile for more people to come to sessions
- Wished more people were here
- Too short
- Mix up group work with presentations; adult learners learn better with a mix
- Dave C's presentation – all over the place, not on his subject
- Each of us has gifts to share – why hold on to them?
- Question #3 – the way this was worded

5. How could we improve sessions in the future? 9 responses

- Keep diversity in the sessions, keep a variety of people to present – a variety of many backgrounds – important
- Longer timeframe; bring guests who are very versed in cultural diversity (international diversity)
- Include storytelling or teaching session related to health from Elders
- Warmer climate
- It's very good but the action after is what I'll be watching for.
- More time for discussion between presenters even if it took two days; making action plans
- Increase participation of local key players – those funded by LHIN, partners, area First Nation, etc.; finding ways to include more individuals/agencies
- More sharing is needed by each group
- Aboriginal content