

Diversity:

A Value Added Dimension to our Health System

Diversity Session: Sioux Lookout Proceedings

FINAL REPORT

**North West Local Health Integration Network
October 28, 2009**



Ontario
Local Health Integration
Network

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Diversity: A Value Added Dimension to our Health System

1.0 Opening Remarks

Jan Beazley, North West Local Health Integration Network (LHIN) Board Chair, welcomed participants, introduced LHIN Board Members, reviewed the agenda for the Diversity session (see Appendix A) and asked local leaders to bring greetings.

Chief Clifford Bull of Lac Seul First Nation gave thanks to the Creator and welcomed delegates to Lac Seul's ancestral homeland. Chief Bull was born at the Zone Hospital and grew up in Lac Seul, 30 kms from Sioux Lookout. He thanked all those who did an extraordinary job of getting Sioux Lookout Meno Ya Win Health Centre to where it is today, noting that this has been possible because of partnering with First Nations. Chief Bull expressed that it is important to understand where First Nations people come from and to appreciate their roots. This was his segue into a slide show of photographs taken in 1919/1920 in Lac Seul illustrating everyday life: people paddling, moose meat drying, fishnet making, wild ricing, women scraping hides, babies in tikinagans, etc. Chief Bull recently came upon this "treasure of photographs" while visiting a museum in Ottawa. He pointed out one notable picture of the then Chief standing between an anthropologist and the local medicine man. In the photo, one person holds the drum and pipe, another holds a flag and crucifix, signifying the blending of cultures. Chief Bull thought this was a good introduction to a workshop on diversity.

Sioux Lookout Municipal Councillor and Hospital Board member James Bröhm welcomed delegates. He quoted local resident Peggy Sanders, former hospital Board member and member of the Order of Canada, who described Sioux Lookout in a recent documentary as a town "that appreciates people". She continued that "variety gives you something that you don't get by all people being the same. There has to be a feeling of unity too, but that comes if the variety is appreciated." In that spirit, Mr. Bröhm noted that Sioux Lookout has embraced diversity, as has Meno Ya Win. He wished the LHIN Diversity conference participants well in their deliberations.

Meno Ya Win Board Co-Chair Kai Koivukoski welcomed delegates on behalf of himself and Co-Chair Frank Beardy. He introduced the Meno Ya Win Board members who were present: Joe Kakegamic from Sandy Lake, John Cutfeet from KI, James Bröhm and Terry Jewell from Sioux Lookout. He thanked Chief Bull and acknowledged the work the LHIN has done in organizing this session. He added that the LHIN and local hospital boards toured the new Sioux Lookout hospital site and honoured departing Meno Ya Win CEO Roger Walker. He encouraged delegates to share ideas on cultural competency and looked forward to sharing Meno Ya Win's journey.

As Jan Beazley turned the chairing role over to Gwen DuBois-Wing, North West LHIN CEO, who expressed that the topic of diversity is timely as regional organizations continue to evolve towards cultural competency. She noted there is a lot of good work being done but the LHIN particularly wanted to recognize Sioux Lookout Meno Ya Win Health Centre and the Sioux Lookout First Nations. Ms. DuBois-Wing added that it is great testimony to the importance of the topic that the meeting room is so crowded. She expressed that cultural competency is part of a journey we are all on. She recognized the great speakers from afar, as well as those from within our own region that are internationally recognized.

2.0 Presentation Overview

Presenters spoke to three key topic areas:

- Diversity issues, challenges and opportunities in healthcare
- Cultural barriers to care
- Building cultural competency

Overviews of their presentations are listed below. (Copies of the presentations can be found on the North West LHIN website at www.northwestlhin.on.ca)

Ann Vanderbijl, Director of Diversity Programs, Providence Health, British Columbia

An Introduction to Diversity Issues, Challenges and Opportunities in Healthcare – Ms.

Vanderbijl’s presentation outlined that if diversity is not an explicit goal of an institution, the dominant culture’s “hidden backpacks” of values and beliefs can be taken as “common sense”. This leads to health disparities on the part of clients and moral distress on the part of staff. Ms. Vanderbijl advocated that organizations adopt an equitable or patient-centred approach which includes respect for patients’ values, preferences and needs. The outcome of equitable care is cultural and clinical safety. She recommended that health care providers practice cultural humility by identifying both cultural differences and shared experiences and values.

Roger Walker, CEO, Sioux Lookout Meno Ya Win Health Centre

Cultural Barriers to Care – Mr. Walker’s presentation outlined how several adverse events experienced by the Health Centre led to the organization committing itself to developing a model of cross cultural patient safety. The Meno Ya Win team examined the core risk factors in their situation including Language, Culture, Medical Literacy, Practice, Context, Systems, Genetics, Racism / Discrimination and the Power, History and Politicization of Health, and developed an analytical framework to address these issues.

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

The Cultural Competency Continuum – Ms. Cromarty grew up being called “Big Sister” in a family of 14 children. Her Indian name translates to “woman who speaks with wisdom and compassion”. Ms. Cromarty proposed a continuum for hospital advancement along a cultural competency scale from discrimination on one extreme end of the scale towards a fully implemented cultural integration on the other end. The continuum was developed by Meno Ya Win and Ms. Cromarty emphasized that organizations can move forward and backwards on the scale depending on the situation. (See Appendix D for details) The goal is to continually strive to be aware and improve culturally competent care. Ms. Cromarty shared advice on how to become a more culturally and linguistically competent caregiver and encouraged organizations to use the tool to advance their diversity programming.

Douglas Semple, Advisor to the Board and CEO, Sioux Lookout Meno Ya Win Health Centre

Adapting Organizations to Build Organizational Congruency – Mr. Semple described Meno Ya Win’s efforts to merge the two hospitals while proceeding with organizational change. The Health Centre organized conflict resolution workshops for all staff to give them the tools to move forward. The workshops provided a safe place for people to examine different ways of viewing things. They taught that change could start with an individual. Mr. Semple noted that “you can’t beat change into people” – it happens incrementally, but retrospectively you often realize your progress. Meno Ya Win also made governance

structural changes (two-thirds of the Board is First Nations and they now conduct business mostly through roundtable discussions).

Esther Van Gennip, Honoured Fellow, Canadian Institute for Conflict Resolution (CICR)

Cultural Competency in the Workforce – Ms. Van Gennip built on Meno Ya Win’s continuum model by comparing the destructiveness of the “Us-Them” divide (the discrimination end of the scale) to the positive relationship-building (cultural competence end of the scale). She suggested we all have a role to play in strengthening and honouring relationships. She shared that health care practitioners see a lot of people with fears. It is incumbent on them to recognize and respect a person’s culture and explore their needs and emotions. Ms. Van Gennip encouraged participants to create space for self-respect and connectedness leading to wellness and self-esteem.

Ennis Fiddler, Board Member, (North West LHIN)

Capacity Building Across the System – Mr. Fiddler spoke about “engagement, consultation, representation, ownership and partnership”. To do this, he told the story of the four party negotiations that led to Meno Ya Win’s establishment. He noted that underlying the issue of hospital amalgamation was the question of how First Nations and non-First Nations people work together. He stressed the importance of First Nations taking the lead (ownership) and inviting other parties to join the process (partnership). Equally as important was the involvement and representation of the townspeople and government funders. Mr. Fiddler praised the commitment of all four parties – their determination to focus on interest-based rather than position-based principles, noting that “positions lock you into a corner whereas interests promote dialogue”. He added, “We did a lot of learning about how we listen and how we hear each other. Over the years, we got to be pretty good at not interrupting. There were also Elders at the table and seniors from Sioux Lookout who provided wisdom and support.” He noted that people need to work together to build a health care system that is sustainable.

3.0 Questions / Responses to Panel Presenters

Following the panel presentations, there were opportunities for questions. These questions focused on:

- Education as a critical component when introducing diversity.
- The need to understand each other and develop a common vision or common goal.
- The importance of recognizing and balancing clients’, staff and corporate cultures.
- The importance of including Aboriginal representation on health boards.

4.0 Small Group Discussions

Three questions were posed to the participants, who then engaged in small group discussions at their table. Participants were asked to record key messages from their discussion for presentation to the large group – these messages were documented on flip charts. Table recorders were also asked to submit their written document for validation and to ensure that key messages were not missed. In addition, participants were encouraged to forward any additional thoughts/ideas to the LHIN for inclusion in the final report.

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?*

- Develop a measure (tool) to evaluate cultural competency.
- Develop a more diverse work force – consistent cultural competency training for staff.
- Continue to support ongoing local training – distance education, videoconferencing, etc.
- Use the cultural continuum – identify where we are on it so we can plan next steps.
- Establish an Aboriginal Advisory to the LHIN.
- Incorporate a First Nations consultant position on the LHIN. (Note: Check North West LHIN website (www.northwestlhin.on.ca) for current posting of Senior Aboriginal Planning and Community Engagement Consultant.)
- Incorporate more diversity on Boards, e.g. Dryden has two Aboriginal appointments.
- Boards can direct senior staff to integrate diversity into overall staff complement. The focus is to enhance quality of care.
- Conduct an environmental scan across the district – evaluate what has been done in the past.
- Some skepticism expressed on how LHIN Board members are selected. Need a clear understanding of Ontario’s make-up. Meno Ya Win’s Board is representative of the population it serves – not sure if that’s the case for the LHINs. Some First Nations feel LHINs were imposed on them – don’t feel connected. Boards should represent their population.
- Address cultural competency at all levels of learning from school to work environments – needs to permeate the whole system.
- Recognize you’re never totally culturally competent – need to continue learning and striving. A “certificate” is not the end of your learning.
- All organizations need to make a commitment to cultural safety – at the top and throughout.
- Stages of change to broader population.
- Measurement tools help organizations be accountable. Conduct pre- and post-surveys to measure change from training.
- Have LHIN-led discussions on a broad basis to establish common benchmarks. LHINs should take the lead. Today’s workshop is an excellent start and should continue.
- Make diversity an accountability issue at the health service planning level.
- Organizations need to work directly with communities, especially Aboriginal communities.
- Focus on respect for diversity in the workplace. Ideally, workplace should reflect the diversity of the population served.
- Awareness-raising is needed throughout the region – people need to understand the reality for others – have to see the need for cultural competency in all organizations. Once committed, there’s a lot of work to make it happen. Need to evolve and be accountable. Begin consultation with the overall goal of improving patient care.
- Adapt Meno Ya Win model on a LHIN-wide basis. Bimaadiziwin training is adaptable for many organizations and environments.
- Consider alternate ways of conducting business: traditional western model boards need to visit Meno Ya Win board meetings and vice versa. Have Elders lead services that are usually offered by professionals. Incorporate alternative ceremonies and exercises, e.g.

Meno Ya Win's Community Counselling offers full moon activities conducted by Juliette Blackhawk; Tom Chisel conducts naming ceremonies and land-based activities with youth, etc.

- Consider developing a Charter or Common Agreement for those who want to move forward.
- Organizations want to be able to prove they are improving, hence the desire to measure where they are at initially and the desire to develop measurement tools. Consider adapting patient satisfaction tool; however, recognize drawbacks of measurements tools, e.g. challenging to expect written feedback when a culture is more oral.
- Use Meno Ya Win's Cultural Safety Continuum - however, recognize that where an organization is on the continuum changes or might vary for different measurements.
- Remember the saying: "We don't know what we don't know." Important to keep checking to see if what we think we know is accurate.
- **Summarized themes: *recognize and embrace diversity, build knowledge and capacity to address diversity issues.***

Question #2: *What can we learn from the journey of Sioux Lookout Meno Ya Win Health Centre in striving for cultural competency?*

- Need to do more listening to understand interests rather than defending our own positions, e.g. Lac Seul flooding – need to understand the history, recognize that Lac Seul peoples' interests were violated. Bimaadiziwin – let go of "our right to be right".
- We've learned that equality is very important to clients, staff and board.
- Racism is something that is learned. Talking about culture and beliefs can be threatening to some people.
- It is a good start to mandate cultural competency as a process – big commitment in terms of training costs.
- Build on work that has been done in Sioux Lookout – adapt to your community.
- Service at Meno Ya Win has improved since hospital amalgamation; however, service in the north might not have. eHealth records would improve things.
- Population is better able to communicate with leadership of health care organizations. A community member can speak to his/her board rep and that will get to the CEO. Sense that problems will be addressed through the process and results achieved.
- Recognize this is a journey! All good things take time! Diversity training is important and should be mandatory. Allocate resources to this and include it in our base budgets.
- Utilize the Elders in our communities.
- Recognize that progress was made in Sioux Lookout when First Nations took the lead. True partnership is important – has to be honest.
- Make better use of our interpreters.
- Need to persevere! As we move forward, sometimes we might stumble. Need to see mistakes as an opportunity to learn and make changes. Use mistakes for positive change.
- Incorporating cultural competency into patient safety is inspiring.
- Incorporate traditional medicine and respect peoples' right to choose.
- Develop a Charter as a first step to guide the process.
- Recognize need for time, persistence and commitment to change – baby steps over the long term.
- Create an impetus for change – e.g. the creation of new medical school was a commitment to do something different, and it worked. Same with Meno Ya Win: four groups of people together were able to open a door to something different. How do you

create an impetus? For change to occur, people have to see their interests being addressed. Have to engage people and create an awareness of the need for change.

- **Summarized themes: *accessible board; need for education; recognize this is a journey through time; need for funding; create partnerships and open door – sometimes it's about recognizing the open door.***

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

- Working together leads to more being accomplished.
- Diversity opens up opportunities.
- Diversity engenders an understanding and tolerance of each other.
- Could save us money by shortening length of stay. (Some disagree.)
- Provides more solutions and options.
- Provides variety and stimulation in our work.
- The more we have tough conversations in our communities, the more we realize we have in common. Creates partnerships. It's refreshing to give away control rather than always tightly holding on to it. The more you give away, the more you get back.
- Recognizing the differences and accepting them, helps us learn from each other.
- Different traditions can be used to shape programming.
- Help us to develop more effective communication processes.
- Helps us to be more efficient, more adaptive / flexible and provide customized care.
- Allows us to develop special needs.
- Makes for a more tolerant, healthier community.
- Other spin-offs: education, adjustments to technology.
- Diversity makes us SHINE. It forces our hand, i.e. to be a good leader, you have to respond. Helps increase your personal and organizational knowledge. Make you be more open-minded and willing to change. Encourages sharing between groups. Usually leads to better service for clients.
- Often leads to a greater feeling of openness and belonging on the part of the clients. Meno Ya Win is beginning to sense more ownership on behalf of northern clients – like they had previously with the Zone Hospital.
- Diversity can make organizations / communities more politically powerful.
- Forces them to be more willing to engage people – forces a focus on the individual.
- Brings more humanity to the organization, more compassion and equality to its services.
- Diversity makes one look at different approaches to health care, be aware and sensitive to other cultures, expand on other traditions, e.g. traditional healing, European perspectives. This is a more patient-centred approach.
- Patient-centred care is basically relationship care – a patient and his provider, as well as a patient and his community.
- From administrative perspective, if we have diverse staff that helps us to provide services better. Patients prefer to have a health care provider that is more similar to them.
- Health care staff have worked for years to become competent – hard for them to acknowledge they might not be culturally competent. Their identity is wrapped up in knowing what they are doing. And yet it could be liberating to admit there could be things we don't know.
- **Summarized themes: *increased ownership and belonging; greater appreciation of patients; new insights; increased organizational knowledge; improved patient-centred care.***

A discussion followed about whether there are other culturally competent practices that participants might be aware of i.e. examples of diversity programming. Participants identified the following practices that build cultural competency:

- The Northern Ontario School of Medicine (NOSM) was identified as having incorporated some innovative initiatives related to diversity into its curriculum. It was noted that for the past five years NOSM students have spent a month in a First Nations community for a cultural immersion experience. It was suggested that immersion into another culture helps one develop empathy. NOSM recently introduced another immersion initiative: placing faculty members on a reserve for a working immersion experience. This was identified as a potential model that could be used elsewhere to improve the understanding of cultural diversity.
- Meno Ya Win's Community Counselling Service has begun to add services outside of the office, e.g. having staff start work at the homeless shelter at 6 a.m. where they can work with and see their clients at their healthiest.
- It was acknowledged that physical setting to meet program needs is a consideration. Meno Ya Win is a building under construction. It can accommodate identified needs – e.g. traditional healing, traditional foods. There is a need to adapt organizations to fit client needs.
- One participant noted his organization does a lot of community outreach but he doesn't know if that indicates cultural competency – hence, the importance of measurement tools.

The North West LHIN Board Chair, Ms. Beazley, suggested it is important to acknowledge whatever we do. "Don't let the perfect get in the way of the good."

5.0 Closing Remarks

Meno Ya Win Board Co-Chair Kai Koivukoski thanked the North West LHIN for deciding that cultural competency needs to be highlighted. He also noted this is a good time to thank CEO Roger Walker as he departs Sioux Lookout for Timmins. He especially thanked the many volunteer delegates, noting their participation is recognition of the importance of the diversity in the workplace. After 20 years of work on the hospital issue in Sioux Lookout, Mr. Koivukoski noted that the new hospital is almost secondary now – it is the many relationships he has developed over the years that stand out. There are real benefits in expanding organizations to focus on diversity.

On behalf of the North West LHIN Board, Chair Jan Beazley thanked the speakers and participants. She noted that the many insights gained from this meeting will help move the LHIN forward as they try to address the challenges. She thanked Mr. Koivukoski, Mr. Walker and the Sioux Lookout Meno Ya Win Health Centre Board for their warm welcome. Ms. Beazley noted that today's work regarding cultural competency will help inform LHIN planning. She noted that the LHIN Board has identified diversity as a key success factor in achieving healthier communities. Ms. Beazley noted that Aboriginal people within the LHIN catchment area represent an estimated 20% of the population. As referenced by Doug Semple, she noted that we often don't realize the changes we've made until we review them afterwards. Ms. Beazley stated "We need to remember that this is a work in progress; it is a journey we are on together." Ms. Beazley noted we have a long way to go, but we should be encouraged – the LHIN team is committed to partnerships and collaboration.

Ms. Beazley acknowledged that she has learned a lot from Aboriginal LHIN Board members, Ennis Fiddler and Judy Morrison. She noted the Board appreciates all the work they do. Mr. Fiddler added that the Board will continue to trust, listen and have the interests of all at heart.

6.0 Evaluation

Eighty participants attended the Diversity session and twenty-five evaluations were received (31% response rate). Eighty-four percent of respondents indicated that they found the session informative (21 respondents) and eighty-eight percent of respondents indicated that they were able to bring their ideas/views and concerns forward (22 respondents).

Evaluation respondents indicated that what they liked best about the session was the rich information by the presenters and the opportunity to share ideas in small group discussions.

Appendix A – Agenda

Diversity: A Value Added Dimension to our Health System
October 28, 2009
Sunset Suites, Sioux Lookout, ON

9:00am – 3:30pm CST

9:00 am	Welcome and Introductions
9:10 am	An Introduction to Diversity Issues, Challenges and Opportunities in Healthcare Ann Vanderbijl, Director of Diversity Programs Providence Health, British Columbia
9:35 am	Cultural Barriers to Care Roger Walker, CEO Sioux Lookout Meno Ya Win Health Centre
10:00 am	Coffee
10:20 am	Building Cultural Competency – A Panel Discussion <ol style="list-style-type: none"> 1. The Cultural Competency Continuum: Helen Cromarty, Special Advisor on First Nations Health, Sioux Lookout Meno Ya Win Health Centre 2. Adapting Organizations to Build Organizational Congruency: Douglas Semple, Advisor to Board and CEO, Sioux Lookout Meno Ya Win Health Centre 3. Cultural Competency in the Workforce: Esther Van Gennip, Honoured Fellow Canadian Institute for Conflict Resolution 4. Capacity Building Across the System: Ennis Fiddler, Member North West LHIN Board of Directors
12:00 pm	Lunch
1:00 pm	Applying the Concepts to Northwestern Ontario Small Group Discussion
3:00 pm	Next Steps and Closing Remarks Jan Beazley, Kai Koivukoski
3:30 pm	Adjournment

Appendix B – Biographies

Ann Vanderbijl, Director of Diversity Programs Providence Health, British Columbia

Ann Vanderbijl is the Director of Diversity Services at Providence Health Care in Vancouver, British Columbia. Her background in medical anthropology continues to inspire her to look for new ways to embed cultural competence and cultural safety in the provision of healthcare and social services. Her parents emigrated from Europe, and her three children now live and work in Europe.

Roger Walker, CEO, Sioux Lookout Meno Ya Win Health Centre

Roger Walker is the CEO of the Sioux Lookout Meno Ya Win Health Centre. His thirty years of experience in health service leaderships includes: Senior Vice President of Red Deer Regional Hospital (Alberta); Executive Director of Cardston General Hospital (Alberta) and CEO of Cranbrook Health Council (British Columbia). He has fifteen years experience working with Aboriginal health serving organizations, including his seven years working with Aboriginal groups and organizations in Northwestern Ontario. He also has twenty-eight years experience in building integrated health systems at a community or regional level.

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.

Douglas Semple, Advisor to Board and CEO, Sioux Lookout Meno Ya Win Health Centre

Winner of the NAN Emile Nakogee Award for Leadership and the OHA's Small, Rural and Northern Award of Excellence in 2007.

Douglas Semple acts as an advisor to the CEO and the Board Chair of the Sioux Lookout Meno-Ya-Win Health Center. Previously he was part of the founding senior management group as Vice-President of Corporate Services and communications at the Meno Ya Win Health Centre.

Douglas is a widely-recognized consultant who has negotiated landmark agreements between First Nations, private industry, and federal and provincial governments. His clients rely on his educational background in Public Administration, Business Administration, and Political Studies combined with more than twenty-five years experience in progressively senior management and leadership positions within the First Nation community. His collaborative approach to negotiating and consulting secures successful outcomes in diverse areas. Douglas is in the middle of negotiating a major self-government agreement with Canada on behalf of the First Nations of Nishnawbe Aski Nation territory.

Douglas Semple is a member of the Kasabonika Lake First Nation in Northwestern Ontario, Canada.

Esther Van Gennip, C.Med., Honoured Fellow Canadian Institute for Conflict Resolution

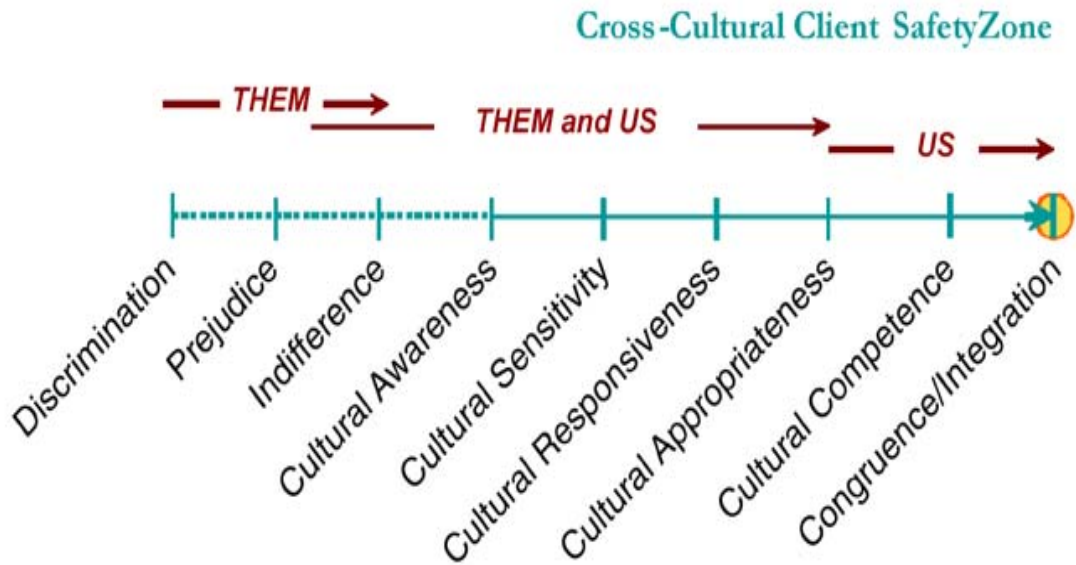
Esther van Gennip has over 14 years experience as a trainer and practitioner of community-based conflict resolution (CBCR). In 2008, she received her Chartered Mediator designation from the ADR Institute of Canada. Esther is a tireless and passionate promoter of the conflict resolving principals of interest based negotiation and dispute resolution. She is an Honoured Fellow at the Canadian Institute for Conflict Resolution at St Paul University, where she is involved in training, program development and customizing intervention processes for clients in public and private sectors. She represents CICR as trainer for Bimaadiziwin workshops at Meno Ya Win Hospital in Sioux Lookout. This program is delivered in partnership with Elders / Healers from the Nishnawbe-Aski Nations and survivors of the residential school legacy.

Ennis Fiddler, Member, Board of Directors, North West LHIN

Ennis Fiddler is a member and Secretary to the North West Local Health Integration Board of Directors and is one of the founding board members of this organization. Ennis is from Sandy Lake, Ontario. He is a "jack of all trades, but master of none". He has been involved and played a significant leadership role in community development for many years both in Sandy Lake and the region. He was part of the team in the planning process and early stages of the new Meno Ya Win Health Centre, in Sioux Lookout and was the Chair of the Board for several years before joining the North West LHIN Board. He has not got his moose yet this fall.

Appendix C – Building Cultural Competencies

Cultural Competency Continuum



Cromarty and Walker, 2006

Appendix D – Evaluation Form Feedback

1. Did you find the session informative?

Yes = (21) No = (2) Unsure = (1) N/A = (1)

Please explain:

- Presentations excellent, very Informative; gained a better understanding of the issues (5)
- Information repetitive (2)
- Learned about the Sioux Lookout experience and the Aboriginal perspective (2)
- Specific to this community; not necessarily Northern Ontario as a whole
- Issue is very popular in community (culture, diversity, etc.)
- Experience of others
- Confirmation of own work
- Diversity is a historical issue – we still struggle with diversity with women – how will these be different?
- Excellent hand-out material for future reference
- Key messages were very valuable (Bring your interests not your position; concentrate in the problem not the person; respect the process and LISTEN).
- Brought about discussion relevant to direct practice
- Brought awareness to how we need to incorporate “cultural safety” into our goal of patient safety
- Reaffirmation of the importance of valuing diversity and striving towards cultural competence. Impetus for examining what and how we teach to health care professionals

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

Yes = (22) No = (1) N/A = (1)

Please explain:

- Yes, through question opportunities and small group discussion - promoted participation (6)
- Able yes – though not necessarily received/accepted/respected by peers appropriately (2)
- Adequate time for questions
- Yes, but could have said/heard more with a little more time
- My questions asked by others
- Ample opportunity for group discussion and individual contribution

3. What did you like best about the session?

- Presenters were very informed, prepared and interesting (6)
- Small group discussions (6)
- Listening to panel views and learning (2)

- Opportunity for participation was appreciated (2)
- Food was good
- Also liked package
- Very well done
- Panel presentations especially Helen Cromarty, Douglas Semple and Ennis Fiddler as they presented the engagement issues
- Interacting with other LHIN agencies and idea sharing
- A mix – short presentations in AM; group discussions in PM
- Enjoyed every presentation and group discussions. It's good to hear/know in all perspectives
- “Cultural Safety” approach
- The great dialogue with a diversity of people
- Great discussion and good written info to take home
- Good opportunity to network
- Diversity of topics by panel and ability to ask questions
- Presentations were very well paced and informative. They set the stage for the breakout sessions
- Panel presentation
- I enjoy facilitated discussion and especially when there are informative presentation that initiate the dialogue
- Important topic
- Looking at SLMHC in detail was very helpful
- Sharing of ideas
- Common themes we can learn from – these are Best Practices!

4. What did you like least about the session?

- Very one-sided. Culture was only viewed in terms of Aboriginals. No attention to individual differences...all people grouped into Aboriginal or non-Aboriginal (2)
- No closure: No one said what will be changing because of the discussions that occurred (2)
- Would have liked to see some rotation of personnel to other tables to meet and hear the views of other people
- Venue issues: room too crowded, noise from audio speakers, smokey environment (3)
- Sessions seemed rushed (2); maybe should have been two days
- No quick breaks, presenters were a little long
- I felt as though the discussions/topics were already chosen, instead of hearing others concerns, instead of what does this mean or how can we do this? There could have been a few discussions that were not already chosen
- The opportunity to bring forward experiences
- Why was staff busy writing on flip chart paper when we handed in sheets? Distracting

5. How could we improve sessions in the future?

- Excellent session! Good job – well done. Enjoyed it very much! (5)
- Disappointed that environment was conducive to spreading germs...especially for a LHIN workshop... no hand sanitizer, people grabbing food with hands – unacceptable! More H1N1 precautions – no finger foods! (3)
- Slow it down, should not be rushed; More time for small group discussions (2)
- Rotation of participants for small group discussions; more variety (2)
- Get rid of buzzing feedback through audio system (2)
- Introduce staff
- Would have been nice to introduce participants from each community. Ask where were you born? This is a quick ice breaker and helps enhance cohesiveness of group
- Larger facility
- Continue listening and implementing the input from a community perspective
- Maybe more front line participants
- Continuing dialogues
- Disturbed by the focus on our health organizations meeting ratios vs. filling a position with the most qualified applicant
- Cultural competence shouldn't come at a cost of diversity and equality
- More varied topics, follow time schedule, make room for individuality...all opinions should be of value
- LHIN area includes the largest Finnish population outside of Finland, includes a wealth of cultures that all need to be understood
- Repeat the concept of going to a community or hospital location to learn to develop best practices in one of the LHIN's priorities
- We should develop an on-line learning module that makes people think about cultural differences as an important component of "safe patient care"
- What next?

