

**CENTRAL WEST LHIN  
Diversity and Equity Core Action Group**

**Meeting Notes of  
Thursday, March 18, 2010  
2:00 – 4:00p.m.  
Central West LHIN Offices**

**In attendance:**

Simon Cheung – Rexdale Community Health Centre  
Gurwinder Gill – William Osler Health System  
Theresa Greer – Heart House Hospice  
Barbara Moulton – Headwaters Health Care Centre  
Baldev Mutta – Punjabi Community Health Services  
Maureen Riedler – Hospice Dufferin  
Bonnie Waterfield – Family Transition Place  
Yvonne Sinniah – Central West LHIN (recorder)

**Regrets:**

Mohamed Badsha – Reconnect Mental Health Services  
Kitty Chadda – India Rainbow Community Services  
Gabrielle Coe – Hospice Caledon  
Dominika Farrelly – Caledon Community Services  
Christine Nuernberger – Central West CCAC  
Nadine Rubie – Bramalea Community Health Centre  
Mike Valkama – CANES Community Care

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**1. Agenda and Previous Meeting Notes**

Notes of the previous meeting reviewed and approved. It was suggested that members discuss the quorum for future meetings.

**2. Project Charter – Prioritizing Goals**

Yvonne Sinniah provided a brief summary of the goals that members discussed in February's meeting and the fact that these goals are part of the project charter for the Diversity and Equity Core Action Group.

**Goal #1 - Education and Training**

Baldev Mutta asked members to think about how the outcomes of these goals will benefit providers in the Central West LHIN. For example: one of the agencies referred to, was developing a seniors programs and suggested that it would have been helpful to have a checklist to refer back to ensure the program accomplished all that is needed for the diverse seniors population.

Members agreed that organization must take a multi-faceted approach to improve Diversity and Equity. Different streams of training will be required. The principle of cultural competency in organizations is about developing skills at various levels (e.g. looking at policies and HR practices). An organization will have to begin with identifying what the needs are geographically around the organization.

Any approach will require individuals within and between organizations to come together and share resources and knowledge to ensure a community is serviced well. Many examples of training and workshops were discussed (e.g. Dufferin Child of Family Services has 3 days in the week of April dedicated to Diversity and Equity and The Family Transition Place, there is an Accessibility and Diversity Committee). Members also suggested that it will be important to identify good providers when enhancing education and training within the Central West LHIN.

Gurwinder Gill reiterates that as advisors, the group will need to develop guidelines and markers so organizations are aware of what the standards are with respect to cultural competency. There was agreement that cultural competency does not just refer to workshops for the service line, as there are other modes of change (i.e. governance, human resources and community relations). The Central LHIN has resources that were suggested to be helpful for the Core Action Group to refer to in the future. Yvonne Sinniah will request these resources for further meetings.

### Goal #2 - Health Equity Plan

Yvonne Sinniah explained that this is an 8-10 month goal with the intention to build on what other LHINs have created and rolled out to their providers. Moving forward, future monthly meetings will be dedicated to vetting and shaping the Health Equity Plan Framework for the Central West LHIN will the goal to formally submit the framework to the LHIN by the end of the year.

### Goal #3 - Communications

There was a suggestion to ensure that there is two-way communication with different advisory groups and get information back from them. Yvonne Sinniah agreed to meet with other Core Action Group leads and coordinate a two-way communication process regarding Diversity and Equity in other planning areas. This may require Yvonne Sinniah and other Core Action Group leads to sit in at other Core Action Group meetings. This will be a useful process to establish as it will ensure that the communication of various training resources, workshops and planning tools (e.g. HEIA tool) are effectively communicated with current networks.

### Goal #4 - Comprehensive Inventory

Members had differing opinions as to what this inventory was supposed to look like. Gurwinder Gill mentioned that William Osler Health System (WOHS) is putting together an inventory for their internal staff. Members agreed that this is what providers will need in the future and decided to build on WOHS's current resource with further discussion at future meetings.

Members talked about the varying inventories created by different organizations. There was general agreement that inventories need to be customized to meet specific purposes and mandates. It is important however to have an awareness of the inventories that currently exist (e.g. WOHS's creation of a handbook for internal employees). This awareness can be built through effective communications from the Diversity and Equity Core Action Group.

### **3. Cultural Competency Standards**

For each meeting, the Core Action Group will be intentional about building our own knowledge base. As part of building the group's knowledge base and identify standards that are expected from Health Service Providers at the Central West LHIN, Gurwinder Gill presented how Diversity and Equity is substantiated at WOHS.

Models reviewed included:

- Diversity Excellence Model
- Registered Nurses' Association of Ontario (RNAO) Best Practice Guidelines<sup>1</sup> that outlines recommendations to develop competencies and behaviours within and amongst; Individuals, Employees and Unions, Academia, Governments and Regulators, and Professional Associations
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care<sup>2</sup> (page 83 / Appendix G in the RNAO Best Practice Guidelines document handed out to members)
- Purnell Model
- National Research Corporation (NRC) Picker's dimensions of patient centred care - 8 dimensions that hospitals are posted on a regular basis

Members discussed why individuals are perceived as "non-compliant" and are not responding to healthcare services as expected. In response, Gurwinder recommended the book, "The Spirit Catches You and You Fall Down" by Anne Fadiman to better understand the effects of language barriers in the healthcare sector. The book is a true story about a little girl and her family's journeys in healthcare. It is a must-read to gain perspective as to why cultural competency in healthcare organizations is important.

The presentation focused on "Patient Centredness" and how WOHS is improving Diversity and Equity in the organization through various methods including but not limited to:

- Diversity Advisory Council
- Orientation
- Inservices/ presentations
- Library resources
- Learning Opportunities to Embracing Diversity

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<sup>1</sup> Registered Nurses' Association of Ontario.(2007). *Embracing Cultural Diversity in Health Care: Developing Cultural Competence*. Toronto, Canada.

<sup>2</sup> Office of Minority Health, U.S. Department of Health and Human Services.(2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards): Final Report*. Washington, DC.

The presentation ended with an emphasis on moving from the Golden Rule which is to “Treat other as *you* would want to be treated” to the Platinum rule which is to “Treat others as *they* would want to be treated”

Gurwinder noted a number of other resources that enhance cultural competence within an organization (i.e. one pagers on each culture from the Peel District School Board laminated for staff, multi-faith calendar sent to all the leaders etc.)

An announcement about lunch and learns held at WOHS on various communities was shared with members and open to other providers.

Members asked to do some further investigation as to whether individuals prefer healthcare providers further south due to the ethno-specific demographics represented in communities southern part of the Central West LHIN.

#### **4. Sharing Cultural Competency Resources**

Yvonne Sinniah shared some key learnings from recent Diversity, Equity and Cultural Competency Conferences that she attended recently.

In short, the Ontario Hospital Association (OHA) conducted a Diversity and Health Equity conference in early March. Mimi Lowi-Young, CEO of the Central West LHIN and WOHS’s Gurwinder Gill, Director of Patient Relations & Diversity Services were some of the noted key speakers. The event focused on understanding diversity and the link to quality and safety of employees and patients. Various healthcare organizations presented their approach to diversity, health equity, human rights and improving organizational accountability. There was common recognition that there are various approaches to improving equity and cultural competency within organizations. The conference empowered attendees to apply the lessons and successful practices that have already been utilized in many organizations in Ontario. Most of the presentations have been stored in the Resource Library of the Central West LHIN’s Online Diversity Collaborative Workspace.

Yvonne Sinniah also informed members that The New Immigrant Support Network at SickKids has agreed to meet with the Central West LHIN to share the resources/ workshops developed to improve cultural competency in the organization. Particular projects were funded by the Citizenship and Immigration Canada assisting the organization to develop and roll out workshops to physician and staff and translate 300 healthcare materials into 9 different languages. Yvonne Sinniah will report back to the group on how these resources can be shared with members and other healthcare providers in the LHIN.

The Centre for Community Based Research conducted a Leaders Mobilizing Change workshop in early March. Founded on the Taking Culture Seriously in Community Health research findings ([www.takingcultureseariouslycura.ca](http://www.takingcultureseariouslycura.ca)), the workshop aims to provoke discussions among senior management and decision makers in mental health and settlement organizations and in cultural linguistic communities about culturally effective mental health practice. Baldev Mutta, Executive Director of

Punjabi Community Health Services spoke passionately about mental health service provision in the South Asian community and key lessons learned. The Centre for Community Based Research also equipped participants with take-home tools for improving practice which has been outlined in a comprehensive workbook (hardcopies provided to members). This workbook can be found in the Resource Library of this Online Diversity Collaborative Workspace on the Central West LHIN website.

## **5. Equity and Health Equity**

The group decided to have a more fulsome discussion about Equity and Health Equity at a future meeting.

## **6. Online Diversity Collaborative Workspace**

Yvonne Sinniah introduced the Online Diversity Collaborative Workspace. Currently the workspace will be utilized to house a number of Diversity and Equity resources for members. In addition Meeting packages will be stored for accessibility prior to meetings and to easy reference to previous meetings. There are more capabilities for the Online Diversity Collaborative Workspace e.g. calendar updates, regular diversity news updates which will be explored in the future. Members agreed that they would like access to the online workspace as soon as possible. Yvonne Sinniah will assign username and passwords moving forward so resources can be accessed right away

## **7. Quorum for Core Action Group Meetings**

The decision is to have at least 8-9 members attend to ensure appropriate engagement and substantial contribution to the group's work.

## **8. Next Meeting and Adjournment**

The next Diversity and Equity Core Action Group meeting will occur on **Thursday April 22<sup>nd</sup> , 2010 (2pm-4pm)**.

The meeting was adjourned at 4:00pm.