

# The “Best of Both Worlds” Project

**Community Guided Health Research  
Nahndahweh Tchigehgamig Wikwemikong Health Centre**

**Phase II: 2014-2015 Progress Update**



Urban Majeki, Elder Advisor, with David Shigwadja Jr., who has been living with diabetes for 10 years

## Introduction of Community Research Assistant

*Aanii, boozhoo kina  
gwiiyaah behmaadzijig  
endaahjig Wiikwemikoong.  
Apitchi n’kitchinendaam  
giibibizhaamgaad maandah  
“Best of Both Worlds”  
maampi Wiikwemikoong.  
Shaahzheh niish  
biboongaad gii  
n’daakenjgegaadeh  
miinwaah apitchi  
baahtinmeh weweni  
giigidowinaan giidehbnaan.  
Giiyaabehdaash n’goboon  
kwiin daakenjgehme;h  
miidaash  
dehbaajmaatoninim  
giiyaabeh waanaakiiyaah.*

*Aanii, greetings dear people  
of Wikwemikong. I am very  
happy that this research  
project “Best of Both  
Worlds” has come to our  
community. This project has  
been ongoing for over two  
years now and has received  
much input from many  
community members. I  
would like to share with you  
the purpose of this research  
study, what we have  
accomplished so far, and  
the next steps that will be*

*taking place as we enter our  
final year of research.*

I am Hazel Fox-Recollet, I joined the research team in April 2015 as the Community Research Assistant. On behalf of all the research partners, we would like to acknowledge Mrs. Brenda Pangowish, the former Community Research Assistant, for all the work she has put into this project to help our people not be defeated by diabetes. I am excited to be a part of this research initiative and look forward to helping our health centre strengthen the integration of the best of both worlds, our Anishinaabe way of life and western approach to health and well-being.

## Purpose of the Best of Both Worlds Research Project

The Wikwemikong Health Centre, together with the Centre for Rural and Northern Health Research and the Northern Ontario School of Medicine, endeavours to develop a culturally safe integrated

health care model that will enhance the quality of health care for Anishinaabeg patients with complex and co-morbid chronic illness. These illnesses exist at the same time and usually are independent of another medical condition. The need for this research was guided by community participants of previous studies concerning diabetes and dementia. At that time there were indications of challenges and barriers to implementing culturally-appropriate, integrated health care, especially for community members who have complex and co-morbid disease such as diabetes, dementia and depression. The research has gained insight from our own Indigenous knowledge keepers and existing health care professionals of Nahndahweh Tchigehgamig. In particular, their perceptions about the current challenges to health care integration and teamwork, as well as challenges to delivering

culturally-appropriate health care services.

### Project Background

The “Best of Both Worlds” project is sponsored by the Health Systems Research Fund (HSRF) Program Award administered by the Ministry of Health and Long-Term Care. We are now in our final year of the study where we will be evaluating the impact of the cultural safety training workshop in the delivery of health services to adult patients who have been diagnosed with type 2 diabetes. The prevalence of people with diabetes is quite high in our community. There are approximately 750 patients with type 2 diabetes in Mnídoo Miníssing, Manitoulin Island, and almost half of those people live in Wikwemikong. Out of the 3,204 band members in our community, 350 of those are adults diagnosed with type 2 diabetes.

### Cultural Safety Training

Within the realm of academic research, the idea of cultural safety centres on the best approach to health care and healing within First Nation communities. This approach includes a strategic and practical plan to change the way health care is delivered to Aboriginal people to make the most impact for healing and wellness.

We have provided two one-day training sessions which were held on March 3 and May 14, 2015 involving participation from 33 interprofessional health care providers. The cultural safety training was co-facilitated by Rosella Kinoshameg and Dr. Cindy Peltier, PhD., both residents of Wikwemikong.

Rosella is a registered nurse who has been practising for over 45 years. She is experienced in delivering cultural safety curriculum to health care professionals. Cindy is a recent graduate from Laurentian University’s School of Rural

and Northern Health program.



The training also incorporated storytelling of the life experience of Elder, Rita Corbiere, who has been involved in guiding the project since its inception.





Anishnaabe cultural teachings were shared by Barbara Peltier, Wholistic Coordinator at the Wikwemikong Health Centre (March 03) and Roberta Oshkawbewisens, Traditional Coordinator, Noojmowin Teg (May 14).



Members from the research team, Dr. Kristen Jacklin and Melissa Blind, discussed the meaning of cultural safe health care and how provincial and federal government regulations may limit the coordination of health care service delivery.

We are very proud that the inauguration of the cultural

safety training for health care providers in Wikwemikong has been presented by our own community members.



The Cultural Safety curriculum content includes: **Indigenous Determinants of Health** which explores how present health status of Anishinaabeg people results from post-contact history. The **Culture, Health and Spirituality** component seeks to explore how health is tied to culture and spirituality. **Relationship Development** emphasizes critical self-reflection in order to learn how to interact with patients in a way that promotes partnership, respect,

advocacy and trust. The **Communication** is another key concept that explores how communication between patients and health care professionals requires an understanding of the broader socio-cultural and political circumstances of the people. Lastly, a discussion of **Structural Barriers** helps us to understand how social, economic, and institutional barriers impact health and access to health care.



The feedback on the training from health care providers has been positive. The majority of providers (96%) found the workshop content to be relevant to their occupation and 92% stated that the content learned will be used in their practice. We are truly

fortunate to have caring health care providers. They recognize the importance of learning our social, cultural and political challenges that affect our personal health.



We would like to thank all the participants for their professional dedication and commitment to the health and well-being of our community.

### **Patient Experience Interviews: Your Opportunity to Provide Feedback**

During the summer months, we will be seeking feedback from patients diagnosed with type 2 diabetes. We will be conducting in-depth interviews with 25 patients visiting the Health Centre on a day of a scheduled appointment. Patients who

wish to participate will be asked questions about the quality of care they are receiving, how their health care provider interacts with them, access to health care services, and their perception of the integration of Anishinaabe cultural values in the health centre.

These interviews will be anonymous and confidential. The information shared will be used to identify barriers and challenges in the coordination of health services. Patients who participate will be helping to make improvements with how care is being managed at the Health Centre. Interviews will be conducted by a member of the research team and will last approximately 30 minutes. Patients who choose to participate will have the option to speak with an interviewer in Anishinaabemowin or English. In appreciation of their time and contribution toward the effort for improved health care

delivery, participants will receive a gift of \$20.00.

It is unlikely that a patient will experience any stress or discomfort during the interview. We understand that discussing health is a sensitive topic for many people and we will be offering services from Mental Health and Community Wellness Programs who will be available on-site or by telephone at (705) 859-3164. Further details about the interview process will be mailed out to clients of the Wikwemikong Health Centre.

At this time, we would like to extend our “*Chi Miigwech*” in advance for the kind consideration of all patients with diabetes for their participation in this very important process of evaluation of the Best of Both Worlds Project, an initiative which has been approved by our Chief and Band Council as well as the Manitoulin Anishinaabek Research Review Committee.

## Next Steps

As we progress through the evaluation phase, we will be conducting interviews with health care providers once again as a follow-up from the cultural safety training. We will be exploring how the training has affected their health care practice and whether there have been any changes in the coordination of health care service delivery.



In phase I, a sharing circle with Indigenous Knowledge Keepers and Traditional Healers was led by the Community Research Assistant to discuss the inclusion of Anishinaabe cultural values in the health centre. The sharing circle offered much insight into traditional perspectives on health and wellbeing, and the challenges and barriers that exist in uniting

traditional healing practices with Western health services.

The discussion touched on many areas, including decolonizing health care, culture revitalization and continuity, demystifying Indigenous healing practices, the desire for a stronger presence in the community and health centre, and the importance of building relationships with health care providers in the Wikwemikong and Noojmowin-teg health centres.

In the coming months, another sharing will be held to continue this discussion.

## Best of Both Worlds Advisory Committee

The Advisory Committee for the project will continue to provide their ongoing guidance and direction with regard to next steps planned for the remainder of the research project.

This Committee includes both Aboriginal and non-

Aboriginal Health Care Providers from “Nahndahweh Tchigehgamig”, community representatives and dear Elders, Rita G. Corbiere and Urban Mejaki.

We would like to take this opportunity to acknowledge the past contributions from Barbara Peltier, Rosemary Wakegijig, Rosemarie Trudeau and Colleen Mailloux as former members of the Best of Both Worlds Advisory Committee.





Bonnie Akiwenzie, Aboriginal Diabetes Initiative Outreach Worker  
Matthew Assiniwe, Diabetes/Hypertensive Physical Activity Coordinator  
Dr. Ken Barss, Family Physician  
Rita G. Corbiere, ElderDiane Jacko, Nadmadwin Mental Health Program Manager  
Margaret Jackson, Noojmowin Teg Health Services Board Member  
Urban Mejaki, Elder  
Roberta Oshkawbewisens, Traditional Coordinator, Noojmowin Teg  
Karen Pitawanakwat, Long-Term Care Supervisor/Doctor Liaison  
Melissa Roy, Executive Assistant  
Kendra Still, Diabetes Nurse  
Gladys Wakegijig-King, Social-Health Services Portfolio

Dr. Kristen Jacklin  
Hazel Fox-Recollet  
Sara Lacarte  
Dr. Cindy Peltier



For Further Information about this project, please contact:

Community Research Assistant  
Wikwemikong Health Centre  
16A Complex Drive  
Wikwemikong, ON P0P 2J0  
Tel: (705) 859-3164, ext. 254  
Email: [hfox-recollet@laurentian.ca](mailto:hfox-recollet@laurentian.ca)

Principal Investigator/Associate Professor  
Northern Ontario School of Medicine  
935 Ramsey Lake Road  
Sudbury, ON P3E 2C6  
Tel: (705) 662-7277, ext. 7277  
Email: [kjacklin@nosm.ca](mailto:kjacklin@nosm.ca)



École de médecine  
du Nord de l'Ontario

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