

# The Best of Both Worlds Project

## Developing Relationships between Health Care Providers and Patients living with Diabetes

Report on Community Guided Research Activities

Spring 2017



## Background

The purpose of this research was to develop a cultural safety workshop for Naandwechige-Gamig Wikwemikong Health Centre and to determine whether or not it improved care. This is the first systematic evaluation of a cultural safety training program. A research advisory group made up of people living with diabetes, Elders, health care professionals, and managers guided the research process.

Cultural safety education is a way to help health care providers and organizations develop relationships between patients and health care providers. **Cultural safety education tries to address communication issues, social challenges, biases, and discrimination.** The Best of Both Worlds Cultural Safety Training

Workshop was held on March 3<sup>rd</sup>, and May 14<sup>th</sup>, 2015.

Workshop participants were from the Wikwemikong Health Centre, Noojmowin Teg Health Centre, Northeastern Manitoulin Family Health Team, and Manitoulin Physiotherapy. The workshop discussed the history of Indigenous peoples of Canada with a focus on the Anishinaabek of Wikwemikong; colonialism and intergenerational trauma; historical policies and their effect on health conditions; provincial and federal jurisdiction challenges; cross-cultural communication; and patient-provider relationship development.

The research team used several methods to determine if the workshops were effective.

**26 health care providers** took a survey 12 months before the workshop

**8 health care providers** took a survey 8 months after the workshop

**18 patients** were interviewed

**22 health care providers** were interviewed

**34 health care providers** completed an evaluation at the end of the workshop

**297 medical charts** were examined for differences in health outcomes as a result of the training

## Workshop Evaluation Findings

Many participants felt that the workshop content required more time than one day and several thought it should be repeated every year.

96%

of health care providers felt the material was relevant to their work



The Advisory Group met with researchers in 2014 to begin planning the evaluation.

Most participants **committed to empowering patients**, working collaboratively, taking more time, and listening more and/or better.

Providers reported that the structure of the workshop **helped develop relationships between different types of providers** (e.g., physicians and mental health workers).

**92% of health care providers said that they would apply this training in their practice.**

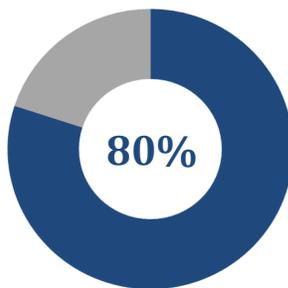
The training addressed some of the structural barriers that limit provider and patient abilities to engage in culturally safe care.

However, the workshop alone could not address issues such as inter-organizational communication, hierarchy of services, different medical charting systems, staff turnover, and health policies.

Although some participants had received other training in the past, they agreed that **focus on local history as described by community members and Elders** was valuable.

Participants reported that the use of a **case study** was a highlight and helped them see the complexities from the patient's perspective.

**Participants felt better informed about local cultural practices** following the training and reported improved confidence in discussing Anishinaabe medicine with patients.



of health care providers felt that the training met the objectives

## Post-Workshop Interview Findings

Like earlier interviews with people with diabetes in Wikwemikong, many reported using Anishinaabe medicines but not discussing this with their provider. Comments suggest that patients would benefit from greater awareness of Anishinaabe medicine and cultural services available through health centres.

Post workshop interviews with patients found that **patients were highly satisfied with their relationship with their health care providers**. Patients shared stories of working together with their physicians through difficult health matters.

Patients emphasized importance of good communication. The post training

interviews resulted in **fewer reports of communication difficulties with providers**, though some continued to struggle with the use of medical terms during visits.

Post workshop interviews with health care providers suggested that communication between health care providers improved some of the time.

## Chart Audit Results

The reason for doing the Chart Audit was to establish a process of conducting chart audits with the Northeastern Family Health Team. The Chart Audit did not provide any conclusive evidence of changes in health outcomes or health care provider practices following the training. This was expected because of the short time frame and limited number of participants.

While we cannot make conclusions, **results highlight key areas in diabetes health monitoring** that continue to raise concern, especially the high blood sugar levels (also called A1C). For a person with diabetes, A1C higher than 7% is uncontrolled. Before and after the workshop, these levels were about 8% in Wikwemikong patients with diabetes. Also, counseling between health care

providers and patients about treatment plans, weight, and self-management are either under-reported or are not occurring often.

The Chart Audit shows that most patients with diabetes see their physicians for care more often than any other provider, suggesting that despite promotion of team care, physicians remain central to diabetes care.

## Recommendations

- The cultural safety workshop should be offered to primary care providers and health centre employees every year.
- Workshop time should be increased and/or supported with online readings and activities.
- Future workshops should include Truth and Reconciliation Commission findings.
- Development of a local case study based on existing research.
- A future workshop should include a group exercise on communication and how to simplify medical jargon.
- The workshop should be an opportunity for biomedical health care providers and Anishinaabe knowledge keepers/healers to interact.
- The health centre should facilitate a sharing circle with traditional knowledge keepers/healers and primary health care providers.
- One service provider should act as a point of reference to connect community members to external Anishinaabe knowledge keepers.
- The diabetic flow sheet should be amended to include traditional medicine as an option for patients.
- Educational programming should be offered to dispel misinformation about traditional knowledge and healing methods.
- The Nadmadwin Mental Health Team should play a larger role in diabetes care, especially after a patient receives a diagnosis.
- Health promotion efforts should encourage patients to prepare a list of questions and concerns to bring to health care appointments.
- Health care providers should take into consideration issues with cross-cultural communication and adjust their language and pace during clinical visits.
- For patients with complex health issues, the creation of a shared care plan should help overcome issues with inter-organizational communication.
- The health centre should continue to work with patients and their families to obtain feedback to build rapport, address health care inequities, and increase service use.



Rita Corbiere (project Elder), Kristen Jacklin (lead researcher), and Mary Jo Wabano (WHC Director) outside the Wikwemikong Health Centre.

# Next Steps

The Wikwemikong Diabetes Research Advisory Group continues to meet regularly to work on making these recommendations happen. The group is currently exploring ways to develop a local case study and seeking continuing funding opportunities. Another cultural safety workshop is being scheduled for this year.

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The Best of Both Worlds Cultural Safety Workshop was developed collaboratively by the Wikwemikong Diabetes Research Advisory Group with Dr. Kristen Jacklin, Associate Professor NOSM; Dr. Melissa Blind, CRaNHR Research Associate; Dr. Cindy Peltier, former post-doctoral fellow at CRaNHR with assistance from Brenda Pangowish, former community based research assistant; Melissa Roy, Wikwemikong Health Centre Executive Assistant; and, Rita Corbiere, Elder and workshop guest speaker.

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