



Local Health Integration Network

**FROM THOUGHT TO ACTION:**

**PROCEEDINGS OF  
THE DIVERSITY AND INCLUSION WORKSHOP  
MAY 30, 2007**

## ACKNOWLEDGEMENTS

*We would like to express our appreciation for the insights and ideas offered at the workshop by community stakeholders who took the time to attend the event. As “thinking leaders” within the community, you were not only the recipients of, but the generators of the ideas shared at the event. The strategies proposed reflect the depth of the experiential wisdom that you brought to play.*

*Our community partners went beyond mere thought. The deliberations at the workshop showed that commitment to diversity and inclusion is an ethical imperative, shared passionately by the community.*

*Thanks are extended as well to those participants who volunteered to be recorders and presenters of the findings of small groups at the workshop.*

*We would like express our gratitude to the 25 organizations that provided displays and other background information on their diversity and inclusion initiatives within or for the Central LHIN area. A list of these organizations, with contact information, is included in the proceedings as Appendix One.*

*Last but not least we would like to express appreciation to the hosts of our venue – Villa Columbo – for providing an excellent site for the workshop. And of course, our special appreciation goes to Central LHIN staff whose efforts, coordinated by Lynne Lawrie, provided superb organization (and occasional troubleshooting) to make the workshop an opportunity for learning and sharing.*

**Raksha M. Bhayana,**

Central LHIN Board member  
Diversity and Inclusion Workshop Planning Group member

**Anne Marie Dalimonte**

Central LHIN Board member  
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## **INTRODUCTION**

On May 30 2007, the Central Local Health Integration Network (Central LHIN) hosted a workshop on diversity and inclusion, held at Villa Columbo and attended by over 140 community stakeholders.

The workshop had four purposes:

1. To promote learning and sharing of knowledge, through:
  - A keynote speaker and a panel of experts
  - A poster-board display of inclusive programs for diverse populations operated by Central LHIN health service providers
  - A preliminary resource list focused on diversity and inclusion, emphasizing Canadian content.
2. To create an environment where listening and reflecting will lead to new insights and perspectives on diversity and inclusion
3. To facilitate networking and interaction among service providers and community members
4. To give the Central LHIN and its partners the raw material for creating diversity and inclusion goals, to be turned over the coming year into concrete measurable objectives.

These proceedings are meant to reflect the workshop's achievements directed toward these four objectives.

The workshop has already generated a significant degree of enthusiasm within the Central LHIN Board and staff and among its partners. Appendix Two of these proceedings provides excerpts from the June 2007 edition of *LHINfo Source*, the Central LHIN's newsletter, reflecting the commitment to learn and to act that stems from enthusiasm about diversity and inclusion.



## WELCOME, AND SETTING THE STAGE

Ken Morrison, Chair of the Central LHIN, welcomed participants and presented an overview of the demographic features of the Central LHIN that illustrate how crucial it is for the LHIN to develop an effective approach to diversity and inclusion.

Raksha Bhayana, a Board member of the Central LHIN and one of the LHIN's three Board Champions for diversity and inclusion (along with Anne Marie Dalimonte and Sandy Keshen), provided opening remarks that identified the workshop's purposes and stressed that much of the day would be devoted to participants' discussion of how we can work together in new ways to ensure that there is equity of access to health care services for all segments of society.

***The question then is, what steps do we need to take to concretize the overall goal of equitable access for all parts of our community? We hope to begin to address that large question with your help today.***

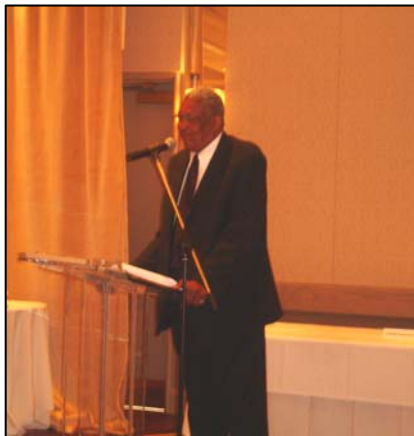
Raksha M. Bhayana

Michelle Muir, a renowned Canadian spoken word artist, performed two of her works that celebrated her Caribbean roots and heritage while also stressing the essential "Canadianness" of her birth, upbringing and life experiences – leaving workshop participants with the message that celebrating and respecting diversity, and participating fully in the life of the Canadian community, are complementary, not antithetical.

## THE KEYNOTE SPEAKER AND THE PANELISTS: BEST PRACTICES IN ACTION

Five panelists, moderated by Anne Marie Dalimonte of the Central LHIN Board, shared their insights with workshop participants. What follows are the five key messages delivered by the workshop's keynote speaker and by each of the five panelists who spoke at the workshop.

### Keynote Speaker: Justice Marvin Morten, Provincial Court Justice



Drawing on his experience as a crown attorney and judge, and as a young person of African Canadian heritage growing up in Toronto's Kensington Market community, Justice Morten made five key observations during his presentation entitled *Embracing Diversity and Inclusion for All*:

1. It is not enough to tolerate diversity: it is essential to embrace diversity. Toleration alone breeds marginalization, but embracing diversity fosters inclusion.
2. Embracing diversity and creating inclusion should not be seen as favours granted by powerful people to

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marginalized people. They are ways to benefit everyone in a community, since our futures are all intertwined.

3. Sometimes the best way to recognize diversity and foster inclusion on the health system is by improving services for everybody, including but not limited to people from diverse communities.
4. Recognizing only one aspect of achievement by diverse populations, while ignoring other aspects, is itself a bias (a young African-Canadian recognized, for instance, for athletic achievement but not for academic achievement). As well, it is important to address many “bread and butter” issues faced by marginalized people. For instance, athletic trophies are of little value to a young person without enough to eat.
5. The health system would benefit from engaging with professions, sectors and perspectives from beyond the health system in addressing issues of diversity and inclusion (involving lawyers, for instance, as civic volunteers along with health system stakeholders in creating positive change in areas such as mental health, and health issues related to socioeconomic marginalization).

**Ralph Masi MD, Founding President, Canadian Council on Multicultural Health**

Based on his experience as a primary care practitioner, as a community activist and as an assistant professor in the University of Toronto’s Department of Public Health Sciences, Dr. Masi made the following observations during his presentation entitled *A Diversity Approach to Improve Health Outcomes*:

1. Recognizing diversity and fostering inclusion are forms of social justice, with a key value-based role to play in health planning.
2. Barriers to health care for diverse populations include inappropriate service provision, insufficient cooperation and coordination among stakeholders, inaccessible facilities, inadequate financial resources and intolerant or insensitive attitudes.
3. Using Toronto as an example, services for diverse populations are often concentrated some distance away from where people who need the services live, and are only available at daytime hours that pose access difficulties for many users (people for instance who cannot readily take time off work). In short, basic access is an issue for diverse populations.
4. A population health approach that takes into account social determinants of health and that addresses basic human needs as well as medical needs is the most effective approach to addressing the needs of diverse populations.
5. Cultural competency, which includes but goes beyond cultural sensitivity, requires knowledge, appropriate attitudes, and basic skills such as information exchange skills, empathy, understanding, mutual respect and confidence.

**Yasmin Vali, Director of Community and Patient Relations, The Scarborough Hospital**

Based on her work at the Scarborough hospital, on her career as a registered nurse and as a midwife (in the UK and in Switzerland), on her health system experiences in Canada, the UK, Switzerland, Pakistan and Kenya, and on her experience as a community volunteer and

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advocate, Ms. Vali made the following observations in her presentation entitled *The Scarborough Hospital: Meeting the Needs of a Diverse Community*:

1. The area served by The Scarborough Hospital is very diverse, including over 25 ethnic groups, 13 commonly spoken languages, a population that increasingly includes people with no knowledge of English or French, a burgeoning immigrant population and a significant number of people who are homeless, people on low incomes, people living in poverty and people who are uninsured for health services.
2. In the hospital's experience, barriers to care include language barriers, culture and cultural differences, expectations about care and limited awareness of available services and supports.
3. In 1994 The Scarborough Hospital responded to these barriers through creation of its Access and Equity Services, which offer at least 13 special services (from translation/signage services, to awareness/orientation/celebration services, to policy and partnership strategies, to access programming for deaf, deafened and hard of hearing clients).
4. The Scarborough Hospital also places great value on, and provides support to (and participates in) community partnerships to address the needs of diverse populations – partnership-based initiatives such as the Urban Outreach and Family Health Centre, the Volunteer Community Health Clinic, the Volunteer Dental Clinic, the Scarborough Women's At-Risk Centre, and community committees and networks addressing issues such as homelessness and immigrant services.
5. The approach to providing competent service to diverse populations can be exemplified by the nursing philosopher Jean Watson's approach to bridging the gap between provider and user:

***"To care for someone, I must know who I am,  
To care for someone I must know who the other is,  
To care for someone I must be able to bridge the gap between  
myself and the other".***



**Lisa Jones, Transportation Specialist, Regional Municipality of Peel**

Ms. Jones drew on her experience in health planning and in specialized transportation systems, as well as her personal experience as someone living from birth with a disability, to make the following key points during her presentation entitled *Diversity and Inclusion: Getting the Expectations Right*:

1. People with disabilities, as well as people facing other challenges, often encounter low expectations of what they can accomplish – low expectations, for instance, about their ability to learn, to work productively and to maintain a full range of human relationships (including parenthood).
2. On the other hand, they also face higher than warranted expectations – for instance, the expectation that they can use facilities such as washrooms and diagnostic tables and equipment without modification to meet their needs. They are also expected to be merely grateful for services, rather than being given opportunities to shape and critique the services they receive.
3. People living with disabilities should expect a number of things from the health system and related systems: dignity, a willingness to understand, to respect and to accommodate, opportunities to participate in shaping services, opportunities to work or volunteer in the system, a minimum of bureaucracy, an accessible community, and an understanding that invisible disabilities are real disabilities.
4. These systems should expect people living with disabilities to explain their needs and capacities, to cooperate as partners, and to contribute to community wellbeing.
5. Transportation issues faced in many of Ontario's communities by people with disabilities include inflexible and bureaucratic transportation systems, agency rivalries over transportation responsibilities, municipal jurisdictional boundaries, disparaging attitudes from some transportation service personnel, and users' anxieties about making use of adapted public transportation rather than specialized transportation.

**Staff Sergeant Ricky Veerappan, York Regional Police Diversity and Cultural Resource Bureau**

Staff Sergeant Veerappan drew on two decades of policing experience in all aspects of police work as the basis for five key messages for workshop participants in his presentation entitled *Role of the Diversity and Cultural Resource Bureau (York Regional Police)*:

1. Inclusion involves the extension of courtesy, dignity and respect to all people.
2. Diversity is not a societal deficit – it is our society's strength, now and in the future.
3. It is crucial to continually emphasize the importance of community partnerships to recognize diversity and to strengthen inclusion.
4. The goal for policing related to diversity and inclusion is safe, competent policing for our multicultural communities, and for other communities-of-diversity.
5. Since healthy communities have lower crime rates, the police and the community must work together to enhance the quality of life for all community members.

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**Cheryl Prescod, Manager of Youth Programs, Black Creek Community Health Centre**

Ms. Prescod's extensive community engagement experience, particularly with youth and with an emphasis on violence prevention and on building healthy relationships, formed the roots of her five key messages for workshop participants in her presentation entitled *Health Promotion in Marginalized Communities: Challenging Stereotypes and Stigma*:

1. Poverty in Canada is dropping but minority communities have rising poverty rates. This has implications for the health and well-being of people in minority communities.
2. Poverty, stereotyping and marginalization can have devastating effects on young people, including a loss of hope and of confidence.
3. Violence in areas like the Jane-Finch corridor may be connected to inadequate information about what resources are available to build resilience, to support well-being and to offer alternatives to violence.
4. One of the things that people face is stigmatization, which leads them to feel they are on the margins of their society.
5. Using and strengthening assets as part of health promotion in vulnerable communities will lead to a positive effect on the community.



## VIEWING DISPLAYS AND FORMULATING ISSUES

During the morning of the workshop, one hour was set aside for participants to visit displays provided by 23 organizations supporting diversity and inclusion in the Central LHIN area. A list of the organizations is provided as Appendix One of these proceedings.



As well, participants were invited to post their answers to the following questions, on display panels:

### DIVERSITY

1. What 2 or 3 words would you use to best describe diversity within the Central LHIN?
2. What are the major challenges in delivering services in a diverse area?
3. What ideas have you seen or heard about today that you like? What do you think will advance the ability of service providers to understand and work well within the diversity of the Central LHIN?

### INCLUSION

1. What 2 or 3 words would you use to best describe an inclusive health system?
2. What are the major challenges to making a health system more inclusive?
3. What have you seen or heard about today that you like? What can be replicated within the Central LHIN health system?

The answers to these questions were then analyzed by LHIN staff during the lunch break, to spot patterns that then became eight questions for discussion at strategy group sessions held in the afternoon:

1. How do we engage the whole community in addressing diversity and inclusion?
2. How do we share information and best practices related to diversity and inclusion?
3. How can the knowledge and competency of health provider staff in working with diverse populations be increased?

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4. How do we build enduring networks and partnerships to foster understanding and diversity?
5. Can we collaborate across sectors/silos as Judge Morten suggested? If so, how?
6. How do we address language barriers and cultural barriers to health service access?
7. How do we build a bridge between talk and action about diversity and inclusion?
8. How do we hold provider agencies, governments and the LHIN accountable for transparent action on inclusion and diversity?

Participants chose which strategy group to join during the afternoon. Each group met for 75 minutes. A representative chosen by each group then presented the core findings of the group during a full session of all workshop participants.

## SMALL GROUP DELIBERATIONS

### 1. *Engaging the Community*

#### THE QUESTION:

**How do we engage the whole community in addressing diversity and inclusion?**

#### THE STRATEGY GROUP'S ANSWERS:

- Full engagement begins with full community awareness of issues.
- Education and outreach at every level (through the United Way and through schools for instance, with a particular focus on reaching children) is a way to raise community awareness of diversity and inclusion.
- Community-driven initiatives and grassroots empowerment are ways to ensure that the community takes on a role beyond simple engagement – the community also assumes a position of influence in the change process.
- Trust-building initiatives are crucial, so the community feels that its ideas are being taken seriously.
- Members of communities that have less access to services and power should become stakeholders. It is important for communities and their partners to encourage the development of leaders, policy makers, and health professionals within these communities themselves so they do not need to rely on people from the “outside” coming in to help them or to speak for them.
- Diversity training should take place within all programs that are funded by the Central LHIN.
- Points of access between communities (and their members) and services need to be developed.



## 2. *Sharing Information and Best Practices*

### THE QUESTION:

**How do we share information and best practices related to diversity and inclusion?**

### THE STRATEGY GROUP'S ANSWERS:

- A Web-based database, easily augmented and accessed, and with immediate translation rendering, would be a major asset.
- It is important to visit and communicate with other LHINs and with their community partners to determine best practices.
- Being more inclusive regarding diverse groups, particularly groups that are marginalized (for instance, people with mental health challenges, and lesbian, gay, bisexual and transgendered people), will increase the stock of information and best practice insights.
- Use of the media (the broadcast media for instance, via public service announcements) is a useful way to share information.
- It makes sense to work with the education system to share knowledge and best practices.
- Information messages should be defined and simple ("Have pride, but also respect" for instance) with a simple slogan and visually appealing and with impact, to foster basic respectful treatment of others.
- To change organizational, system and personal practices, it is necessary to change public policy from the top down and from the bottom up.
- Champions and advocates for diverse groups must take a public stand.
- Tools and practices that would foster diversity and inclusion (and would foster the sharing and adoption of information and practices) include:
  - Working groups, focus groups, workshops, forums and networking groups
  - Supportive organizational priorities, policies and procedures
  - Diversity hiring practices
  - Making LHIN funding of services dependent on evidence of diversity policies and accomplishments
  - Champions, advocates and VIPs who support and publicize diversity and inclusion
  - Evaluations of organizational diversity and inclusion features (including third-party evaluations)
  - Consumer participation on boards
- Sharing information and best practices is in everyone's best interest, because everyone is impacted by diversity and inclusion.
- Promoting diversity and inclusion is also everyone's responsibility.

### **3. Increasing Provider Knowledge and Competency**

#### **THE QUESTION:**

**How can the knowledge and competency of health provider staff in working with diverse populations be increased?**

#### **THE STRATEGY GROUP'S ANSWERS:**

- It is important to identify organizations that are sources of best practices in working with diverse groups. Internships in these organizations should then be funded.
- Health service staff must understand their own biases and belief systems as part of their development of greater knowledge and competency.
- Incorporating diversity in all workplaces would foster the development of knowledge and competency.
- A “culture of caring” in an organization would provide fertile ground for the growth of knowledge and competency. Such a culture would focus on meeting people’s needs, removing misconceptions, empowering staff and recognizing exceptional care.
- Getting buy-in from all levels of staff is a way to ensure that knowledge and competency become widespread in an organization.
- Training for senior leadership and boards in agencies is important – training that focuses on issues such as diversity/inclusion policy development.
- A “hands-on” clinical course offered at a college or a university would help develop knowledge and competency, and would help people to understand their own attitudes.
- Tip sheets are a practical way to engender and spread knowledge (for instance, a tip sheet on how to treat people with disabilities).
- Training in the basics of cultural beliefs should be a component of training packages.
- Industry/sector-specific training is a useful way to ensure that training is tailored to specific environments.
- Partnerships among organizations for shared training are desirable.
- Cultural competency coaches and mentors can be very useful in developing providers’ knowledge and competency.
- Intake forms should be designed so they provide information to help organizations to address the specific cultural/diversity needs of clients/patients.
- It is important to ensure that resources are available for all organizations, big and small, so they can develop their knowledge and competency.

#### **4. Building Networks and Partnerships**

##### **THE QUESTION:**

**How do we build enduring networks and partnerships to foster understanding of diversity?**

##### **THE STRATEGY GROUP'S ANSWERS:**

- Identify unmet needs in the community, since people will mobilize more readily into networks and partnerships when they can focus on specific unmet needs.
- Once unmet needs have been identified, use networks and partnerships to build and operate programs to meet these needs, based on best practices.
- Reach out to the community, since the community possesses knowledge, energy and motivation that can fuel networks and partnerships. The community should be involved in any partnerships and networks that develop.
- Build trust among those who are considering involvement in partnerships and networks or who are already involved in them. Trust will help networks and partnerships to endure.
- Share information (the mission statements of all organizations for instance) and hold information sessions, since shared knowledge can lead to the identification and pursuit of shared interest.
- Avoid duplicating networks and partnerships.
- Build "diversity within diversity". There are many ways to construct partnerships and networks, and a wide range of kinds of diversity and inclusion that can be addressed through partnerships and networking. However, these processes all require a focus, a membership, commitment, accessibility, and funding to make the processes work and to implement to results of the processes.



## **5. Collaboration across Sectors and Silos**

### **THE QUESTION:**

**Can we collaborate across sectors/silos as  
Judge Morten suggested?  
If so, how?**

### **THE STRATEGY GROUP'S ANSWERS:**

- Collaboration across sectors and silos is both possible and feasible.
- It helps to start by identifying the purpose of a cross-sectoral initiative.
- It then makes sense to identify, and integrate with, existing tables and networks that extend beyond health – for example, current human service-justice coordinating committees.
- For any cross-sectoral initiative, it is desirable to develop a “case for change” (involving a literature search, for instance, as one of the tools for researching and developing the case).
- Developing and implementing an agenda for change are the next steps.
- Timelines for achieving the agenda should be aggressive, to keep the momentum going.
- Carrying out a “pilot project” in terms of the desired change is advisable, since the pilot project can identify flaws and refine the broader plan for change.

## **6. Language and Cultural Barriers to Access**

### **THE QUESTION:**

**How do we address language barriers and cultural barriers to health service access?**

### **THE STRATEGY GROUP'S ANSWERS:**

- It is important to understand and define “access” based on the experience and perspectives of service users.
- This should be followed by the development of a common understanding of access issues – an understanding shared between and among users and service providers.
- A language manual (or manuals) would be an asset in addressing these barriers.
- Education at all levels will help overcome the barriers.
- An information access network would make information more readily available to address language and cultural issues.
- Participation in stakeholder focus groups to address language and cultural barriers is a way to jointly solve problems.
- Interagency partnerships to address and overcome language barriers and cultural barriers should be developed.
- Teleconferencing and videoconferencing should be used as ways to engage cultural interpreters in working with health professionals to address client issues.
- Mobile cultural interpreters would also be a major asset in overcoming the barriers.
- Formalized commitment from funders (including the LHIN) to provide funds for education and for augmented service is very important.
- Similarly, a formalized commitment from agencies to address language barriers and cultural barriers is essential.
- It is important for people working in the health field who are concerned about language and cultural barriers to set the example for others in terms of how these issues are addressed.

## ***7. Building a Bridge between Talk and Action***

### **THE QUESTION:**

**How do we build a bridge between talk and action about diversity and inclusion?**

### **THE STRATEGY GROUP'S ANSWERS:**

- Starting points for building the bridge are:
  - the development of a shared working definition of diversity that stresses acceptance and respect for differences, and
  - an understanding of whether the values of an organization support the words and the proposed actions.
- Community consultation and participation in the change process increases the chances that action will be taken.
- Researching the demographics of an area or an agency will help establish a focus for action.
- Use of clear, unambiguous language to describe intended courses of action is important. It is also important to use respectful “living room” language when discussing diversity.
- It helps to break the work to be done into a series of small goals and expectations. It is also crucial to use management and evaluation processes to ensure and measure success.
- It is important to demonstrate and celebrate successes as a way to bolster the momentum and motivation for change.
- Hiring practices that are value-driven and performance-monitored will help ensure the presence of a workforce willing and able to make the transition from talk to action regarding diversity and inclusion. Such practices should seek out people with necessary qualifications for diversity and inclusion work, and will set expectations at the entry level for all employees.
- As well, imparting skill-based education to staff and clients, and measuring the effectiveness of these skills, is a way to promote the competency necessary to move from words to action.
- Accreditation processes should include a component related to diversity and inclusion, so the degree of achievement or organizational goals in these areas can be scrutinized.
- Sharing resources to move from words to action is essential.

## 8. Stakeholder Accountability

### THE QUESTION:

How do we hold provider agencies, governments and the LHIN accountable for transparent action on inclusion and diversity?

### THE STRATEGY GROUP'S ANSWERS:

- Policies that are developed related to diversity and inclusion must be living or working policies, not just beautifully written documents that never get implemented.
- Measurements of success should be outcome-based and evidence-based, not just oriented towards processes. They should specify data that will be collected to demonstrate achievement levels.
- Instead of the Central LHIN, or any one LHIN, developing an accountability framework for diversity and inclusion, it is more efficient for all LHINs to pool their efforts to generate an overall framework.
- An accountability agreement as applied to diversity and inclusion practices must specify the accountabilities of all parties. It must go beyond being a mere policy statement and must specify the commitment to be made by the Government of Ontario, by the LHIN and by service providers in terms of specific resource support. It must also state the intended benefits to be delivered.
- Throughout the system there should be built-in, articulated processes and commitments to identify diversity/inclusion challenges and to make explicit how these are to be addressed.
- A community reference group should be formed to channel and represent the voice of community constituents. The group should raise and review issues and generate recommendations, and it should be given the power to influence the system – for instance, by acting as a subcommittee of the Central LHIN Board.
- A deliberate commitment should be formalized to accommodate and engage consumer groups whose members cannot be expected to participate in conventional forms of consultation – because of a language barrier or lack of familiarity with formal committee protocols for instance. Members of such groups are often already disfranchised and marginalized and cannot readily take part in traditional consultation processes.
- The Government of Ontario and the LHIN should make it a standard requirement that funded agencies articulate a diversity and inclusion statement by which they will be held accountable for how funds have been used, and for due effort to address diversity and inclusion.
- Integration initiatives that are voluntarily requested by providers or that result from a LHIN-issued integration order should require evidence that that a community consultation has been conducted, including consultation about diversity and inclusion considerations affecting the service(s), the service consumers and the community at large.
- No lip service!

## THE NEXT STEPS

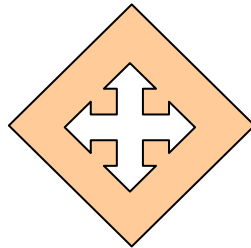
Hy Eliasoph, the Central LHIN's CEO, offered thanks on behalf of the LHIN to all those who participated in the workshop and assured participants that the LHIN would take the workshop's ideas seriously by continuing to build, support and facilitate the development of joint activities to address diversity and inclusion. He also pointed out that the proceedings of the workshop would be sent to all participants and would also be made available to others who are interested in diversity and inclusion.

Workshop participants were also reminded to fill in the "expression of interest" form (included in the agenda package) if they are interested in participating in a diversity and inclusion advisory network for the Central LHIN area.

As a result of the workshop's deliberations, four interlocking and initial next steps can be taken:

### 1. Development of the Central LHIN's Diversity and Inclusion Advisory Group

2. Consensus-based  
working definitions  
of diversity and  
inclusion



3. Development of  
Central LHIN  
goals for  
diversity and  
inclusion

### 4. Enabling Change by Central LHIN stakeholders:

- Educating and informing diverse populations about the LHIN
- Engaging diverse communities in planning and programming
- Facilitating capacity-building

### To produce these outcomes:

- commitment to diversity/inclusion
- Knowledge exchange
- Inclusion and collaboration
- Enhanced community capacity
- Cultural competence
- Improved access

These activities and outcomes will be built on the enthusiasm, willingness to learn, willingness to share, and commitment to working together that characterized the workshop's deliberations.

## CONCLUSION: DID THE WORKSHOP ACHIEVE ITS GOALS?

Based on feedback forms submitted by 41 workshop participants, those who completed the forms appeared satisfied with the event, with 91% rating the day as excellent or good, and the remaining 9% rating it as fair. Information exchange and networking emerged as the most satisfactorily achieved goals for the workshop .

WORKSHOP GOAL	SATISFACTION WITH ACHIEVEMENT OF THE GOAL
<b>1. To enhance knowledge about diversity within the Central LHIN:</b>	<ul style="list-style-type: none"> <li>• 90% rated their satisfaction as fair, good or excellent</li> <li>• 55% rated their satisfaction as good or excellent</li> </ul>
<b>2. To enhance knowledge about inclusion opportunities</b>	<ul style="list-style-type: none"> <li>• 90% rated their satisfaction as fair, good or excellent</li> <li>• 54% rated their satisfaction as good or excellent</li> </ul>
<b>3. To create an initial list of goals for Central LHIN</b>	<ul style="list-style-type: none"> <li>• 85% rated their satisfaction as fair, good or excellent</li> <li>• 62% rated their satisfaction as good or excellent</li> </ul>
<b>4. To foster information exchange and networking</b>	<ul style="list-style-type: none"> <li>• 98% rated their satisfaction as fair, good or excellent</li> <li>• 83% rated their satisfaction as good or excellent</li> </ul>
<b>5. To facilitate learning</b>	<ul style="list-style-type: none"> <li>• 87% rated their satisfaction as fair, good or excellent</li> <li>• 69% rated their satisfaction as good or excellent</li> </ul>
<b>6. To improve the participant’s knowledge of the Central LHIN overall</b>	<ul style="list-style-type: none"> <li>• 82% rated their satisfaction as fair, good or excellent</li> <li>• 52% rated their satisfaction as good or excellent</li> </ul>

In terms of aspects of the day that respondents liked, two aspects emerged as most liked: panel speakers, and time to network.

***“Inclusion is power sharing. Unless we see others (of all kinds) as people who have skills the same as we do, and unless we create inclusive clubs, the goal will not be reached.”***

Comment from workshop participant

***“I think this was a good beginning.”***

Comment from workshop participant

***“The day has given me much to think about.”***

Comment from workshop participant

## APPENDIX ONE: ORGANIZATIONS THAT PRESENTED DISPLAYS AT THE WORKSHOP

<b>ORGANIZATION</b>	<b>CONTACT PERSON FOR MORE INFORMATION</b>	
1. Addiction Services York Region	Margy Hay	<a href="mailto:mhay@asyr.ca">mhay@asyr.ca</a>
2. Canadian Hearing Society	Evelyn Pepe	<a href="mailto:epepe@toronto.chs.ca">epepe@toronto.chs.ca</a>
3. Canadian Mental Health Association, York Region	Bonnie Wong	<a href="mailto:bwong@cmha-yr.on.ca">bwong@cmha-yr.on.ca</a>
4. Carefirst Seniors and Community Services Association	Sherry Li	<a href="mailto:sherry.li@carefirstseniors.com">sherry.li@carefirstseniors.com</a>
5. Community Home Assistance to Seniors (CHATS)	Sheri Fiegehen	<a href="mailto:sfiegehen@chats.on.ca">sfiegehen@chats.on.ca</a>
6. Concerned Friends of Ontario Citizens in Care Facilities	Gay Thompson	<a href="mailto:g.thomson@eicat.ca">g.thomson@eicat.ca</a>
7. COSTI	Vince Pietropaolo	<a href="mailto:pietropaolo@costi.org">pietropaolo@costi.org</a>
8. Elspeth Hayworth Centre	Sunder Singh	<a href="mailto:ehc@on.aibn.com">ehc@on.aibn.com</a>
9. French Language Services	Shenaz Fakim	<a href="mailto:sfakim@nygh.on.ca">sfakim@nygh.on.ca</a>
10. Hong Fook Mental Health Association	May Ho	<a href="mailto:mho@hongfook.ca">mho@hongfook.ca</a>
11. Humber River Regional Hospital	Christine Oakes	<a href="mailto:coakes@hrrh.on.ca">coakes@hrrh.on.ca</a>
12. Markham Stouffville Hospital	Magda Rigo	<a href="mailto:mrigo@msh.on.ca">mrigo@msh.on.ca</a>
13. Newcomer Women's Services, Toronto	Cara Wilson	<a href="mailto:development@newcomerwomen.org">development@newcomerwomen.org</a>
14. North York General Hospital	Beatrise Edelstein	<a href="mailto:bedelste@nygh.on.ca">bedelste@nygh.on.ca</a>
15. Ontario Prevention Clearinghouse	Subha Sankaran	<a href="mailto:subha@opc.on.ca">subha@opc.on.ca</a>
16. Registered Nurse' Association of Ontario	Erica Kumar	<a href="mailto:ekumar@rnao.org">ekumar@rnao.org</a>
17. The Scarborough Hospital	Yasmin Vali	<a href="mailto:yvali@tsh.to">yvali@tsh.to</a>
18. Seaton House	Tomislav Svoboda	<a href="mailto:tomislav.svoboda@utoronto.ca">tomislav.svoboda@utoronto.ca</a>
19. University Health Network	Jacqueline Silvera	<a href="mailto:Jacqueline.Silvera@uhn.on.ca">Jacqueline.Silvera@uhn.on.ca</a>
20. Victorian Order of Nurses (VON)	Anne Marie Greene	<a href="mailto:Anne-Marie.Greene@von.ca">Anne-Marie.Greene@von.ca</a>
21. Yee Hong Centre for Geriatric Care	Eric Hong	<a href="mailto:eric.hong@yeehong.com">eric.hong@yeehong.com</a>
22. York Region Canadian National Institute for the Blind	Rosie Zampese	<a href="mailto:rosie.zampese@cnib.ca">rosie.zampese@cnib.ca</a>
23. York Region LGBT Community	Barb Urman	<a href="mailto:burman@asyr.ca">burman@asyr.ca</a>

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**Two additional organizations made written material available about their activities:**

24. The Maytree Foundation
25. Black Creek Community Health Centre

## **APPENDIX TWO: CENTRAL LHIN NEWSLETTER COVERAGE OF DIVERSITY AND INCLUSION**

### **Networking generates ideas at Diversity and Inclusion Workshop**

**Reprinted from the June 2007 edition of LHInfo Source,  
The newsletter of the Central LHIN**

Passionate speeches from community leaders engaged the audience and hammered home the point about the importance of health care inclusion in ethnically, geographically and socioeconomically diverse communities at the Central LHIN's Diversity and Inclusion Workshop held May 30 at Villa Colombo in Toronto.

About 140 people attended the workshop. Speeches by keynote speakers struck a chord with the audience. In particular, the crowd responded with enthusiasm to speeches by Judge Marvin Morten and York Regional Police Staff Sgt. Ricky Veerappan, who talked about how healthy communities are communities with low crime rates.

During the latter half of the day, which included several speakers who addressed the issues and importance of diversity and inclusion, attendees broke up into several groups to discuss issues most important to them.

The Central LHIN is the most ethnically and socio-economically diverse of the 14 networks. The workshop provided a forum for health care providers and community services located within the Central LHIN to raise concerns and discuss ways to help different cultures better utilize services provided by health care providers within the Central LHIN.

Information collected at the workshop will be used to help set goals for a future advisory group, which will be established by the Central LHIN.

Some of the key issues raised at the workshop included addressing language barriers, building networks and partnerships to develop an understanding of diversity, and utilizing talents brought by the immigrant population to the communities within the Central LHIN.

Kisha Hamilton, case manager at Central Community Care Access Centre (CCAC), collected pamphlets from several of the 23 information booths set up at the workshop. A major issue concerning Hamilton is the fact many immigrants arrive with credentials which are not recognized by their profession in Canada. As a result, many of these individuals are forced to work poorly-paying jobs.

Hamilton says because of information she learned at the session, she is walking away feeling better about this issue.

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*“I’ve just learned that the government is actually trying to do something about this issue and that they have a program already set up where they are trying to fast-track certain people,” she says. This type of information swapping, Hamilton says, is an example of the important role networking plays in fostering diversity and inclusion within the health care sector.*

*“Today’s event was definitely helpful,” she says. “There are different service providers here (and) we don’t know each other, so I think it gave us an opportunity to talk to each other and get some information about their agencies.”*

**Central LHIN Fast Fact**

***The Central LHIN’s population of approximately 1.6 million people is one of the most diverse in the province as seen in the chart below.***

<b>Indicator</b>	<b>Central LHIN</b>	<b>Province</b>
Visible minorities	36%	19%
Immigrant population	46%	27%
Recent immigrants (1996-2001)	10%	5%
No knowledge of French or English	4%	2%
Population age 65 and over	11%	13%
Low income economic families	15%	12%
Low income in private households	16%	14%
Receive income from government transfer payments	8%	10%
Population without high school education	24%	26%
Aboriginal identity population	> 1%	2%

Mendel Janowski, community development co-ordinator with York Central Hospital, says the workshop gave him an opportunity to talk to others about the extent of the diversity of the Central LHIN. He emphasizes the importance of considering everyone living within communities located in the Central LHIN.

*“By just looking at a few specific elements, you’re really missing the whole picture of everyone else”* living in the Central LHIN, he says.

Now that the ideas circulated during the networking sessions have been collected, the next step will be to use the information as a guide to help create an advisory network and work groups to address concerns relating to diversity and inclusion.

Central LHIN board member Raksha Bhayana says she is pleased with the outcome of the workshop and says she looks forward to seeing the ideas voiced used in an action plan.

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*"I think that the feedback that we just got from the various groups really shows that there is ... a lot of passion," she says, "and it isn't just passion, they are ideas – realistic ideas, pragmatic ideas, things that we want to see changed."*

## **LHIN staff learns about diversity**

**Reprinted from the June 2007 edition of LHINfo Source,  
The newsletter of the Central LHIN**

The staff at the Central Local Health Integration Network (LHIN) looks at diversity in a new light following a workshop held May 28 at Seneca College in Toronto. The purpose of the event was to educate Central LHIN staff about diversity and what it really means in terms of their beliefs, attitudes, background and lifestyle when dealing with a person's health needs.

Mark Levine, a communications specialist with the Central LHIN, says the workshop helped staff understand that diversity is about more than ethnicity and socio-economic status.

*"That's one of things we learned to think differently about – that diversity is about everything. Everybody perceives things to be a little bit different and diversity is more than the colour of your skin or your religion."*

The workshop was facilitated by Kwasi Kafele. Levine says Kafele, who is of Jamaican descent, brought some interesting perspectives from his own background and culture to the group. Levine says at one point, one LHIN staff member mentioned Kafele's unusual dreadlocked hairstyle. Kafele looked back at the person, who had short, cropped hair and said where he came from (Jamaica), *that was an unusual hairstyle. "It was really a way to open our eyes to diversity in a different way,"* Levine says. *"It was a much broader perspective and allowed us to think a little differently about what diversity really means in relation to the accessibility of health services in our geography."*

The day was structured to include full interactive discussions followed by group sessions where LHIN staff were asked to respond to ethical questions in relation to diversity.

*"We worked together as a team to develop our responses based on our own experience and expertise,"* says Levine. *"Regardless of how we responded though, Kafele would challenge us and engage the entire group in thinking through the issues even further. I think many of us left the workshop still thinking about the issues and with a broader perspective of their application to our diverse community."*

This training workshop marked the Central LHIN's first formal step in ensuring accountability to our diverse community.