



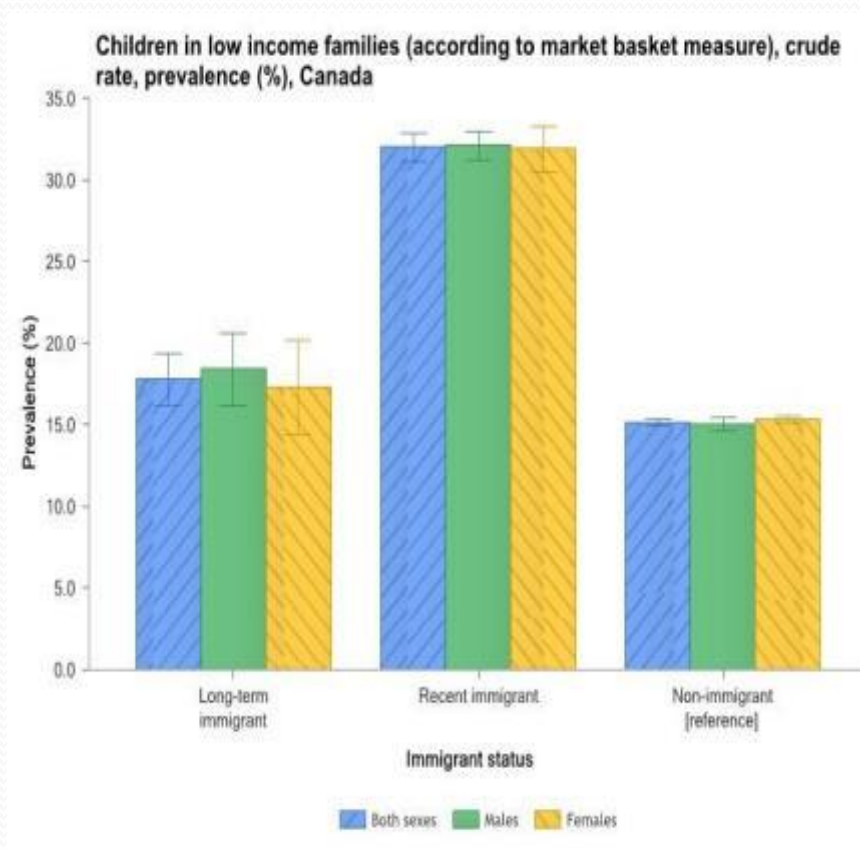
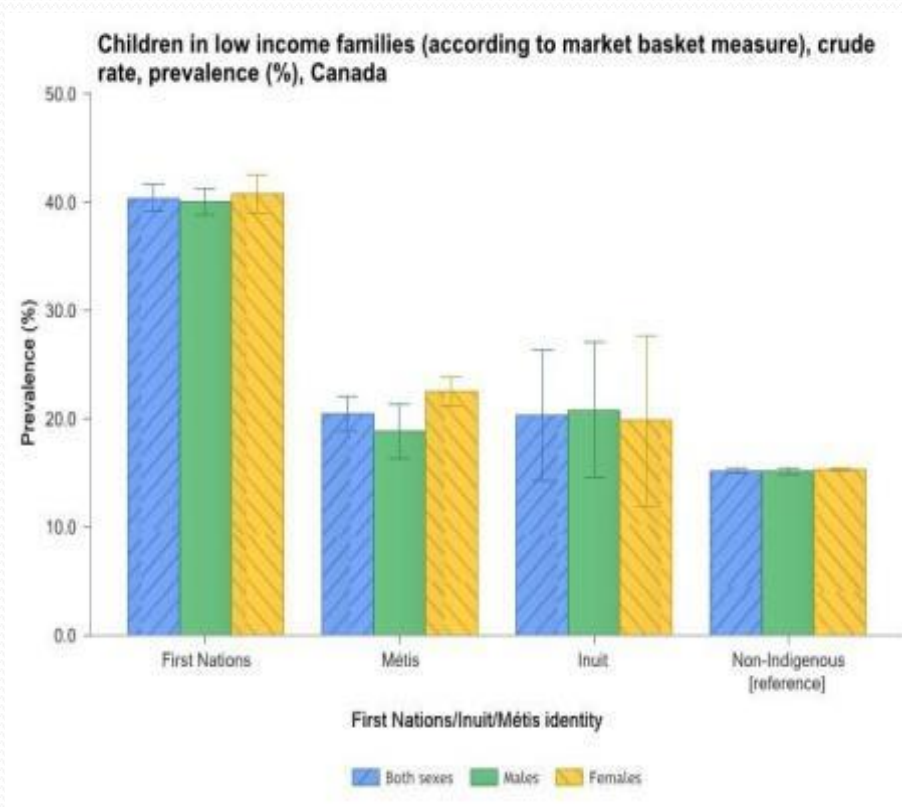
Advances in Equity Inclusion: MUHC, Quebec and Beyond

Marie Serdynska, Coordinator
Sociocultural Consultation and
Interpretation Services – SCIS
MCH- MUHC

Objectives

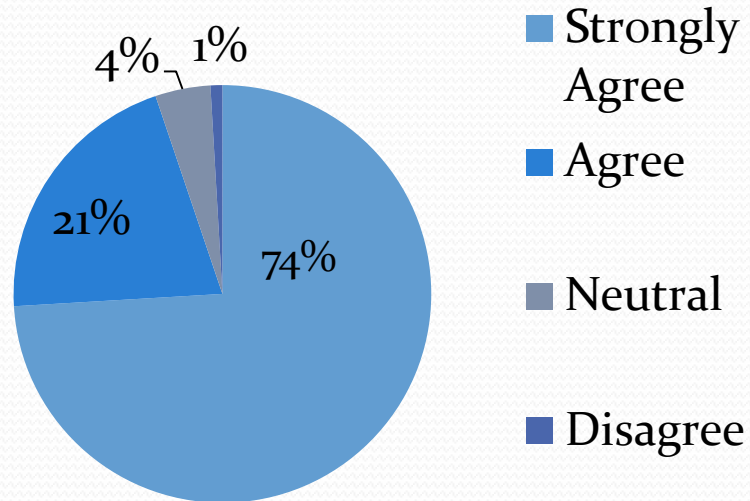
- To discuss the reconciliation work of Indigenous acknowledgement and Inclusion
- Efforts to highlight minority language access and Interpreter training
- Patient partnerships, navigators and legal services as routes to equitable access

Health Inequalities Data Tool: Social Inequities



<https://health-infobase.canada.ca/health-inequalities/data-tool>

Global Evaluations on meeting objectives



*Slight variation in percentage distribution <1%

- ***Culture Shock: Cultural Differences.*** Dr. Johanne Morel, Northern and Native Child Health, MCH
- ***Cultural Safety for Indigenous Peoples,*** Kent Saylor, MD. MCH, Indigenous Health Professions McGill
- ***End of Life Perspectives of Indigenous Patients and Families.*** Vanessa Cardy, MD,, Cree Health Board and Jane Sam Cromarty: A Family Member
- ***Urban Indigenous Experiences of Healthcare.*** Jessica Barudin, Kwakwaka'wakw, MSC PT, Indigenous Health Professions Program, McGill School of Medicine
- ***Changes in Indigenous Family Life and Structure.*** Wanda Gabriel, MSW, Assistant Professor, Associate Director, McGill University School of Social Work
- ***Mental Health and Well-Being for the Cree of James Bay.*** Kahá:wi J. Jacobs, PhD, Senior Advisor Nishiiyuu Miyupimaatsiun, creehealth.org. Mary Louise Snowboy, Regional Clinical Nurse, Maanuuiikuu creehealth.org. Janique Harvey, M.D. Psychiatrist, Douglas Hospital

Indigenous History Health and Culture Workshops

Blanket Exercise



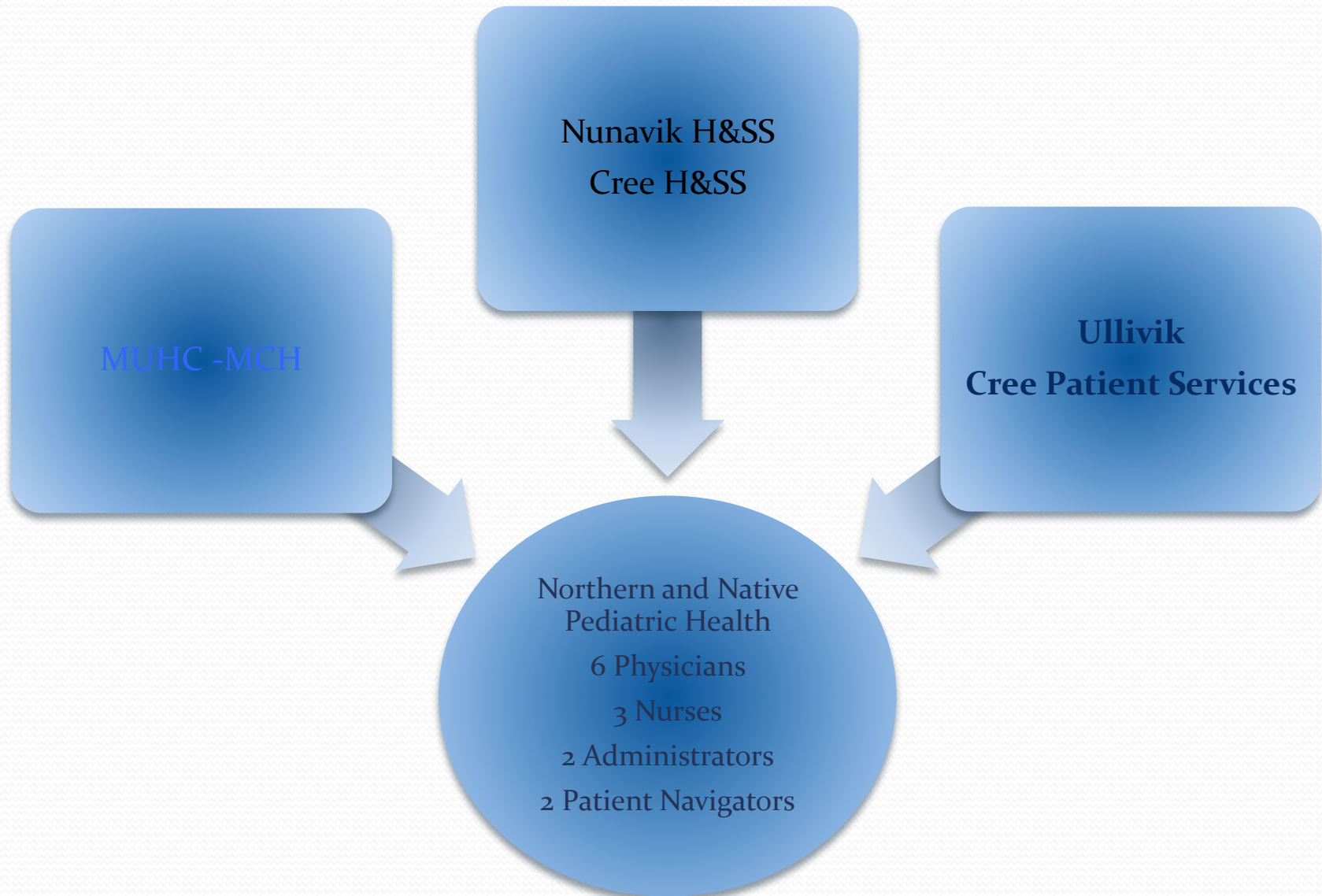
Changes in Indigenous Family Life and Structure



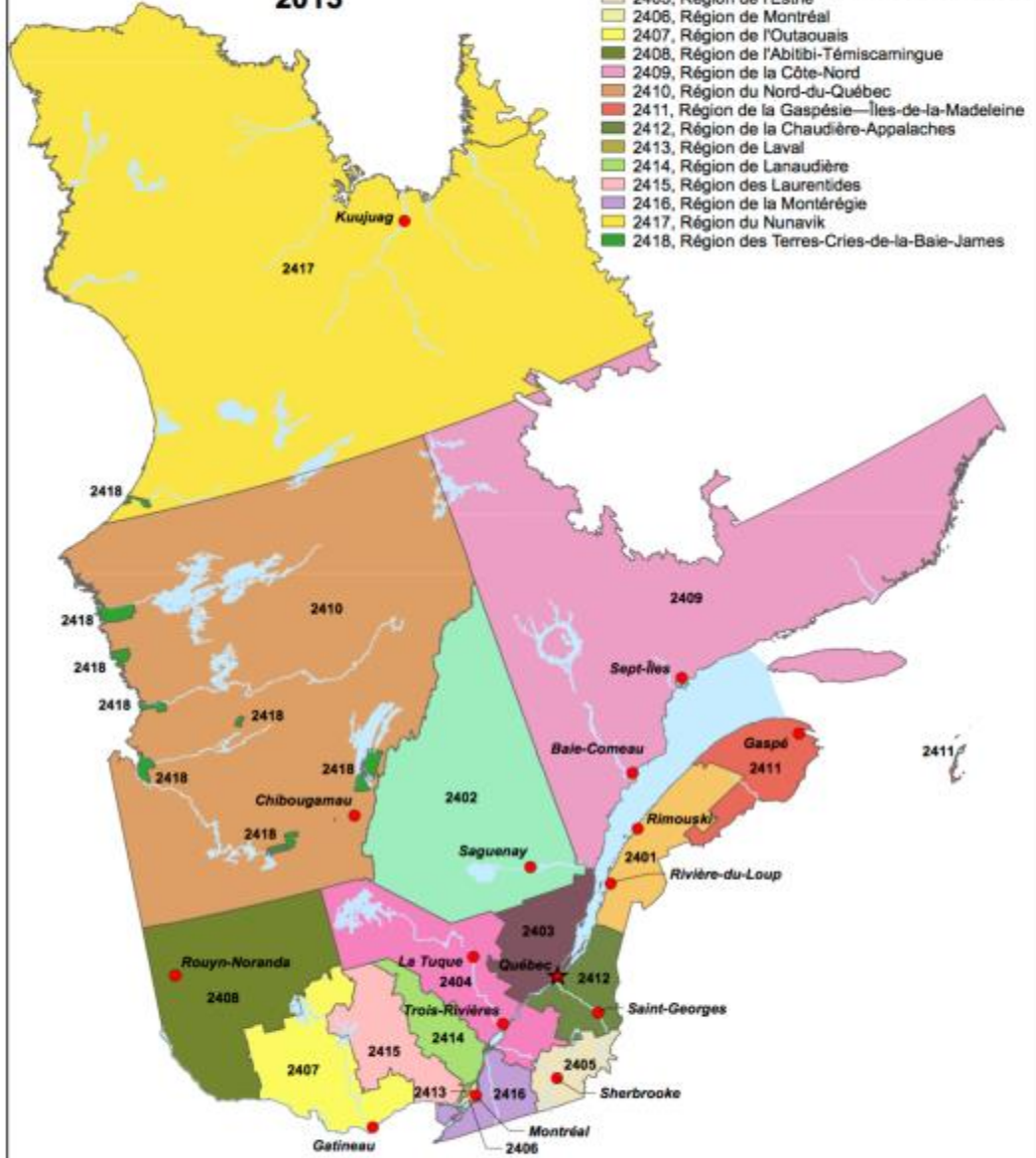
Indigenous patients' perspectives

Partnerships under the RUISSS

Réseau Universitaire Intégré de Santé et Services Sociaux



Quebec Health Regions 2013



Source: Health regions: boundaries and correspondence with census geography, catalogue no. 82-622-X. Produced by the Geography Division for the Health Statistics Division, Statistics Canada, 2013.

- Nunavik (Inuit) in Region 17
- Cree of James Bay in Region 18 Northern Quebec
- Both served by MUHC - Montreal Region 06
- Kahnawake Region 16 and Kanesatake Region 15 (Mohawk)
- Have access to The MUHC
- Greater mobility due to proximity to an urban centre

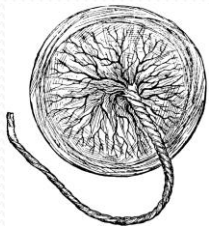


- **Procedure for Disposal of The Placenta**

- Considered biological waste
- Guidelines for disposal under *Reglements sur le dechets biomedicaux*
- Burial, ingestion not advised for reasons of contamination, infection
- Protocol offered to mother, family who requests to understand risks and assume responsibility for the disposal

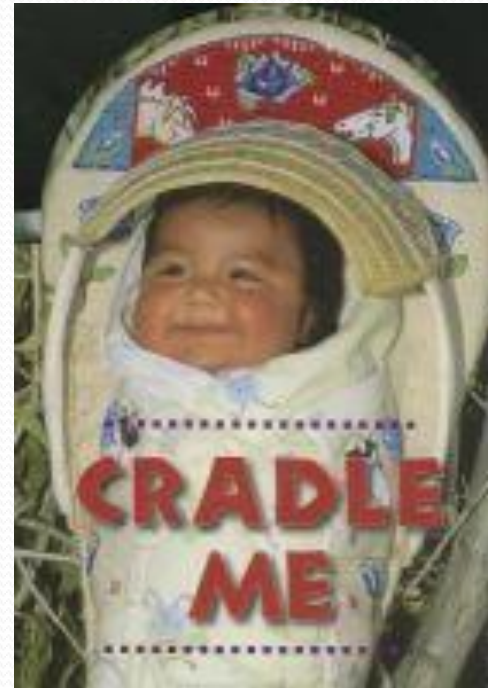
- **Cultural Practices**

- Burial of Placenta common in many cultures including First Nations
- Under a tree, and or with special objects to bestow certain qualities in a child's life
- Respected for providing essential nutrients to the fetus – Special ceremonies
- Placentophagy – ingestion of placenta ground and made into capsules
- Thought to have beneficial properties to stave off depression, shrink uterus, boost milk supply etc.



Equity in Obstetrics and Gynecology at The MUHC and Region 18

- Physician based at RVH and in Cree Communities (Region 18)
- Present in community 4-5 days at a time
- Female physician amongst a history of males
- Patients have had negative experiences. Most births have been hospitalized
- Now, most Cree women give birth in community, less stressful. Complex births are flown in to RVH
- Time needed for rapport, to process information. Same question asked several times in different ways to elicit response
- Knowledge of and presence in community, positive factor
- Shopping at grocery store, attending community events
- Following up when patient doesn't show up
- Showing interest in patient's well being



Culturally Adapted Care in Oncology

Infirmiere Pivot Oncologie IPO

7 yrs in Region 17 Inuit Communities

2019 working with Cree region 18 and at MUHC

- Asks Doctors to slow down, informs Interpreters before hand
- Spends time with patient post consult
- Understands significance of Cancer in the community
- *We can treat (cure) this or We can control this (if terminal)*
- Knows community, culture and foods
- Takes time to develop trust (aware of Residential School Legacy)
- Can recommend cultural foods for digestive issues: porridge and muskrat
- Country food: Raw Otter, Seal can be consumed and stored at the Hotels : Espresso (Cree) Ullivik (Inuit)
- Dry hands result of Chemo, may recommend softened bear or seal fat
- Openness and lack of judgement key

Introducing Navigators

Diversity in Navigator Assistance

- Began with Harold P Freeman MD in Harlem in 1979 (Memorial Sloan Kettering Cancer Center) with concerns about Oncology care follow up
- Patient Navigators improved outcomes in negotiating hospital follow-up
- Many kinds of Navigators, Parents Nurses ,Volunteers etc., Indigenous Interpreters, Navigator tools
- **CHEO* employs two Newcomer Navigators**
- creating National Navigation Network with IRCC and St Paul's Univ.
- Goal to improve access to care for newcomer families
- On line training
- Niagra Health Navigator, tool for integrated care using mobile technology to access care
- Travel 4 Health On-line Tool for Minority English speakers in Quebec
<https://www.travel4health.ca/preparing-for-your-trip>

* CHEO – Children's Hospital of Eastern Ontario

MCH Navigators

Multicultural Clinic Newcomer Navigator (in operation)

- Responsible for families seen at MCC
- Helps guide families through healthcare experience at the MCH and community
- Building a repertoire of community services

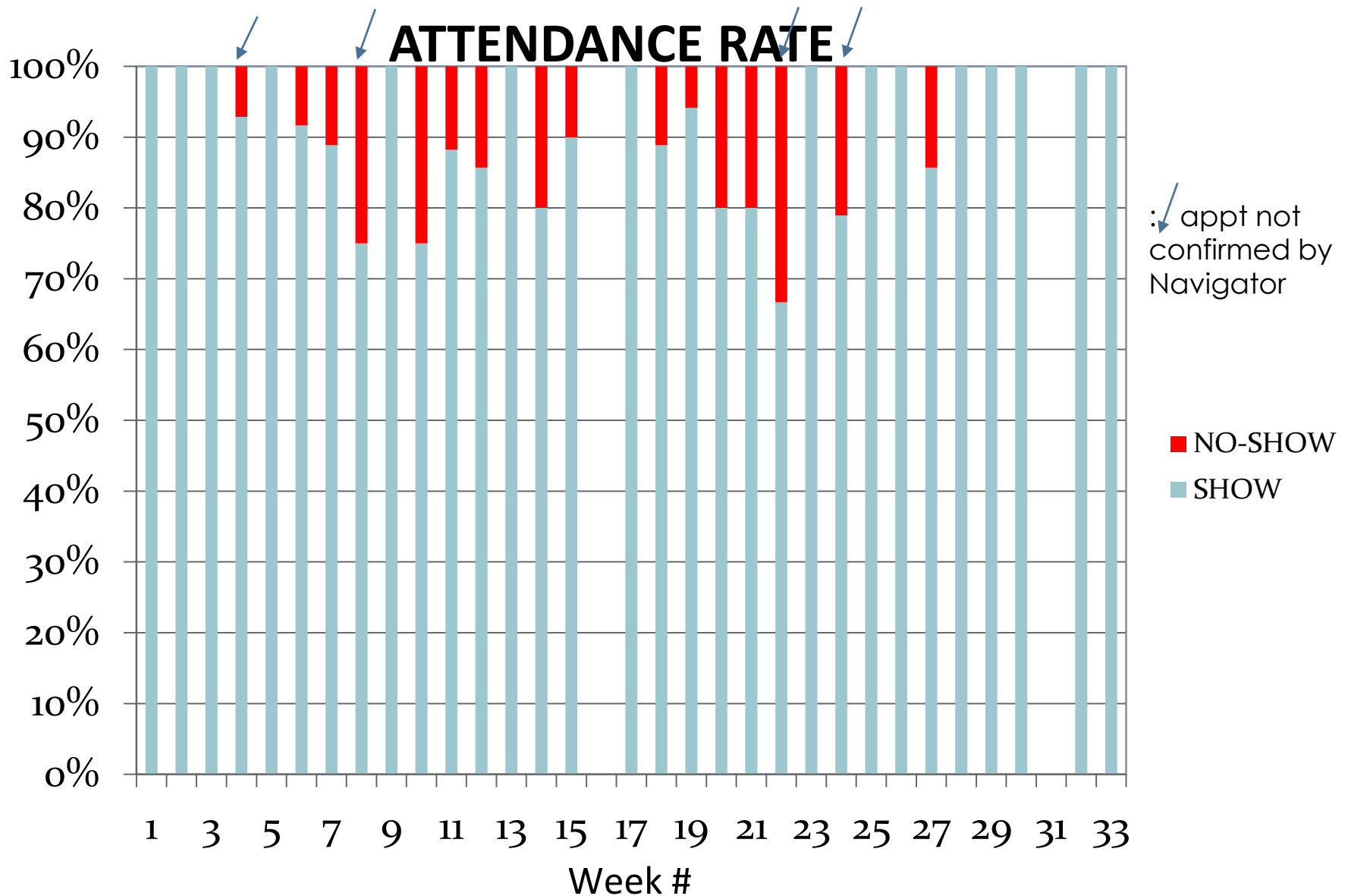
SCIS Cultural Navigator (awaiting funding)

- Responsible for other language speaking families using all MCH Services
- Connecting and referring families to exterior services through Interpreters
- Ensuring culture is understood

Both Navigators will work in partnership

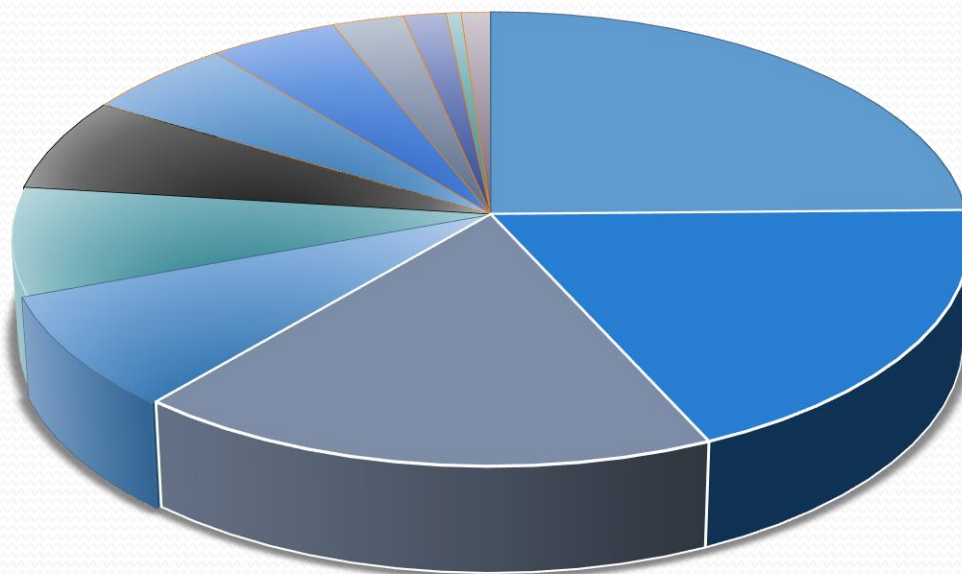
MULTICULTURAL CLINIC

ATTENDANCE RATE



MCH - SCIS Interpretation Requests

2018 - 2019

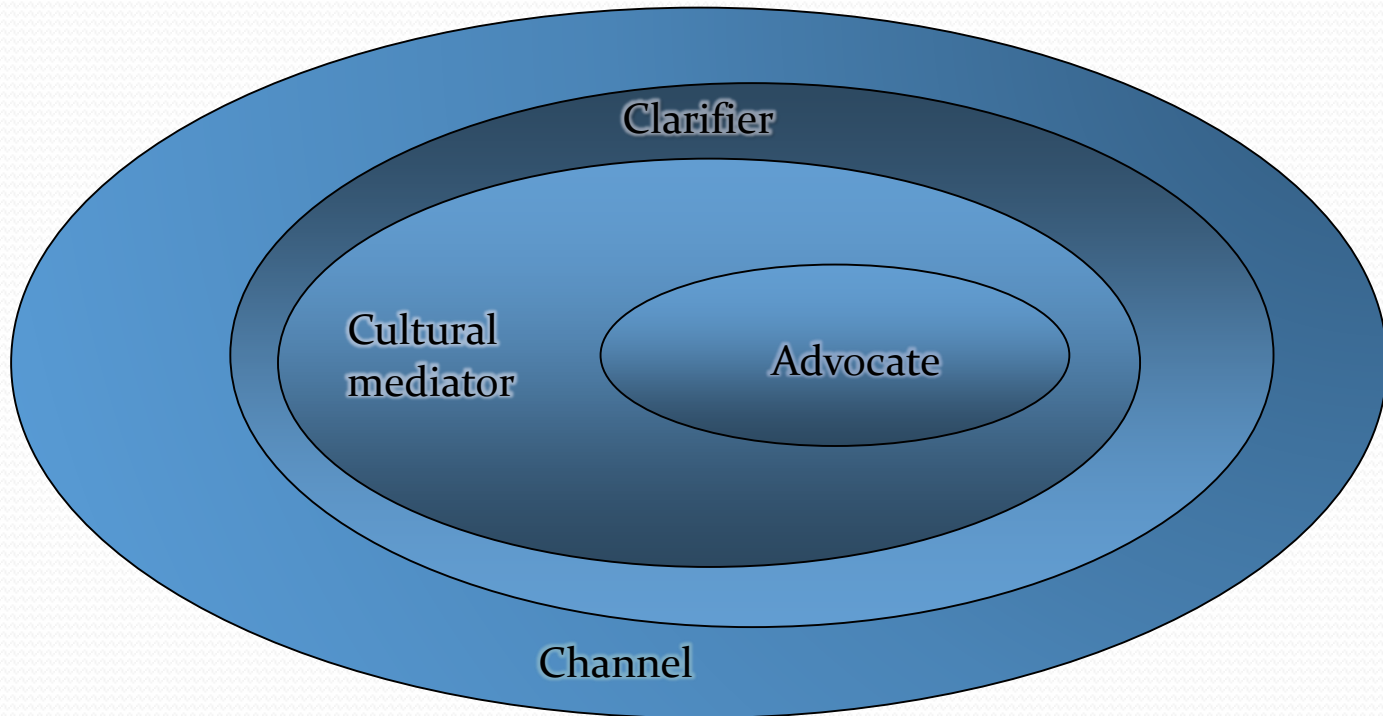


Total: 4086

Percentages averaged out

Mandarin	25 ⁰ %
Arabic	19 ⁰ %
Tamil	18 ⁰ %
Vietnamese	8%
Cantonese	8%
Spanish	7 ⁰ %
Punjabi	6%
Urdu	5 ⁰ %
Bengali	3 ⁰ %
Russian	2 ⁰ %
Farsi	1 ⁰ %
Other	1 ⁰ %

Healthcare Interpreter's Role



1. Channel – principal role
2. Clarifier - key element of each interpretation
3. Cultural Mediator – Improves understanding between patient/client and HCP
4. Advocate - Assists patient/client to access services

Modified from Cindy Roat

360-810-DW	Introduction to Language & Cultural Interpretation	45
388-810-DW	Cross-Cultural Communication	45
388-811-DW	Aboriginal Communities in Canada	45
388-821-DW	Immigration & Refugee Experiences in Canada	45
360-820-DW	Interpretation I	60
388-830-DW	Introduction to Standards and Ethics	45
388-831-DW	Terminology	75
360-822-DW	Interpretation II	60
388-832-DW	Self-care Skills	45
388-839-DW	Internship	75

10 Indigenous Interpreter/Navigators to Graduate this year

Orientations ministérielles concernant la pratique de l'interprétariat dans les services de santé et les services sociaux au Québec 2018

- Distinguishes between formal and informal interpreters: institutional employees, volunteers vs family members, friends etc
- Growing need for interpreters in outlying regions of Québec
- Diversity of training and experience acknowledged . Standardization needed for Formal Interpreters
- Communities facing linguistic barriers: Anglophone, ethnocultural communities and First Nations (latter needs documentation to identify issues, needs)
- Policies highlighting linguistic barriers and steps to remove them with trained interpreters are proposed for quality purposes
- Montreal BII and Québec to liaise in setting up satellite offices using technology (Jerome +) to facilitate reservation of Interpreters

Interpreter Policy and Procedures MCH

Rev 2018

- **ADM 425 POL Interpreter Services MCH**

- **Summary:**

Under the umbrella of equity, cultural inclusion, patient safety and informed consent, this policy recognizes the need for designated paid interpreters to be assigned to patients and families with limited English (LEP) or French (LFP) proficiency for interactions with their healthcare professionals

- Refs include HPH MED Task Force
- Covers translations, participation in research

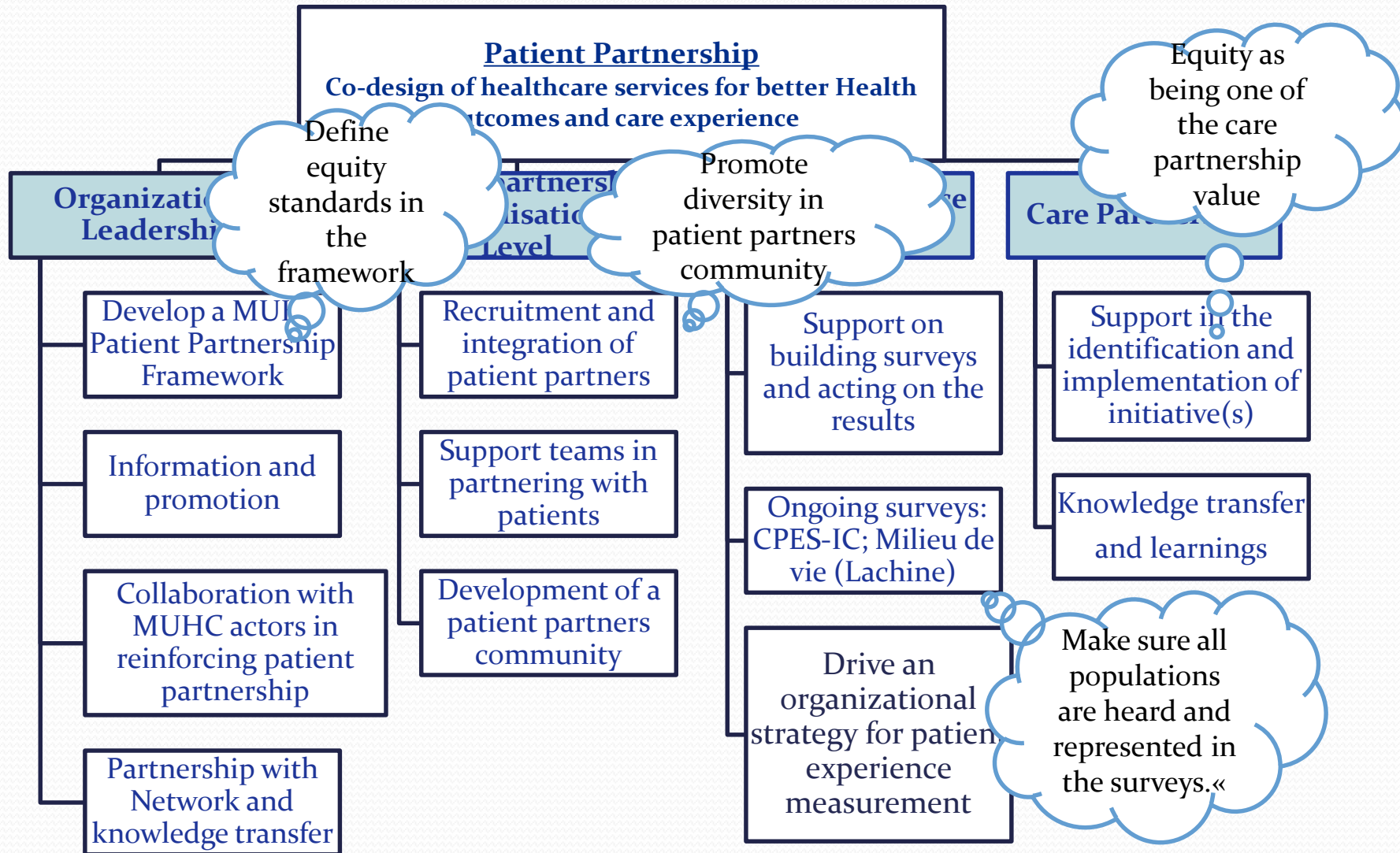
- **ADM PRO Interpreter Services MCH**

- Outline how to access the different kinds of Interpreters:
- International, Indigenous, ASL and LSQ
- Discusses budgeting for participation in research

Interpreter Development in Canada

- The Interpreter's Lab (B.C.) On line Healthcare Interpreting
<https://www.interpreterslab.org/>
- Ontario Council on Community Interpreting <https://www.occic.ca/>
- ALIA Language Industry Association Links to Community Interpreter training
<https://ailia.ca/>
- The Ordre des traducteurs et terminologues et interprètes agréés du Québec <https://ottiaq.org/en/future-member/certification-process/>
Certification
- Dawson College AEC in H&SS Interpretation
- Nova Scotia Interpreting Service ILSAT test required
<http://interpretingservices.ca/interpreter-training/>

Patient Partnership Program at the MUHC Overview



MUHC Reproductive Centre Partnerships

- Education: Staff and Public

CENTRE DE LA
REPRODUCTION
DU CUSM



**PORTES OUVERTES LGBT
LGBT OPEN HOUSE**

April 26 Avril
6 pm - 8 pm de 18h à 20h

**Information sur les options pour accéder à la parentalité
Information on family building options**

don de sperme et d'ovules • sperm and egg donation
maternité de substitution • surrogacy
congélation (sperme/ovules) prétransition • pretransition sperm/egg freezing

CONFÉRENCIERS • SPEAKERS

Dr William Buckett, MD
Directeur médical, Centre de la reproduction du CUSM

Janet Takefman, PhD
Psychologue clinique en santé de la reproduction

Mona Greenbaum
Directrice générale de la Coalition de familles LGBT

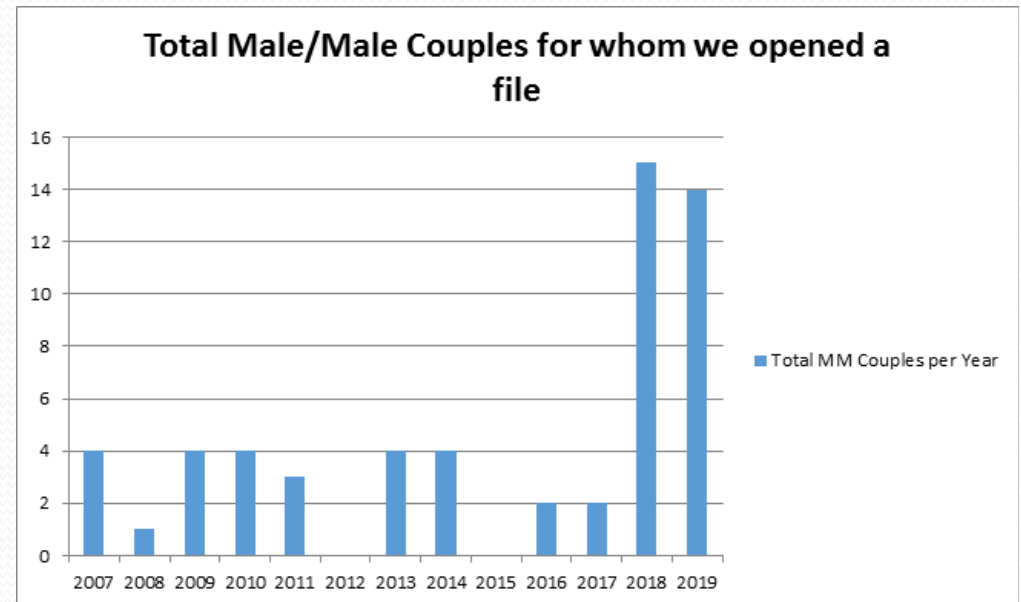
888 de Maisonneuve E, 2e étage
Métro Berri-UQAM
Environnement bilingue
mcgillivf.com

RSVP : 514 843-1650 | info@mcgillivf.com

Centre universitaire de santé McGill McGill University Health Centre

- On same-sex parenting and surrogacy

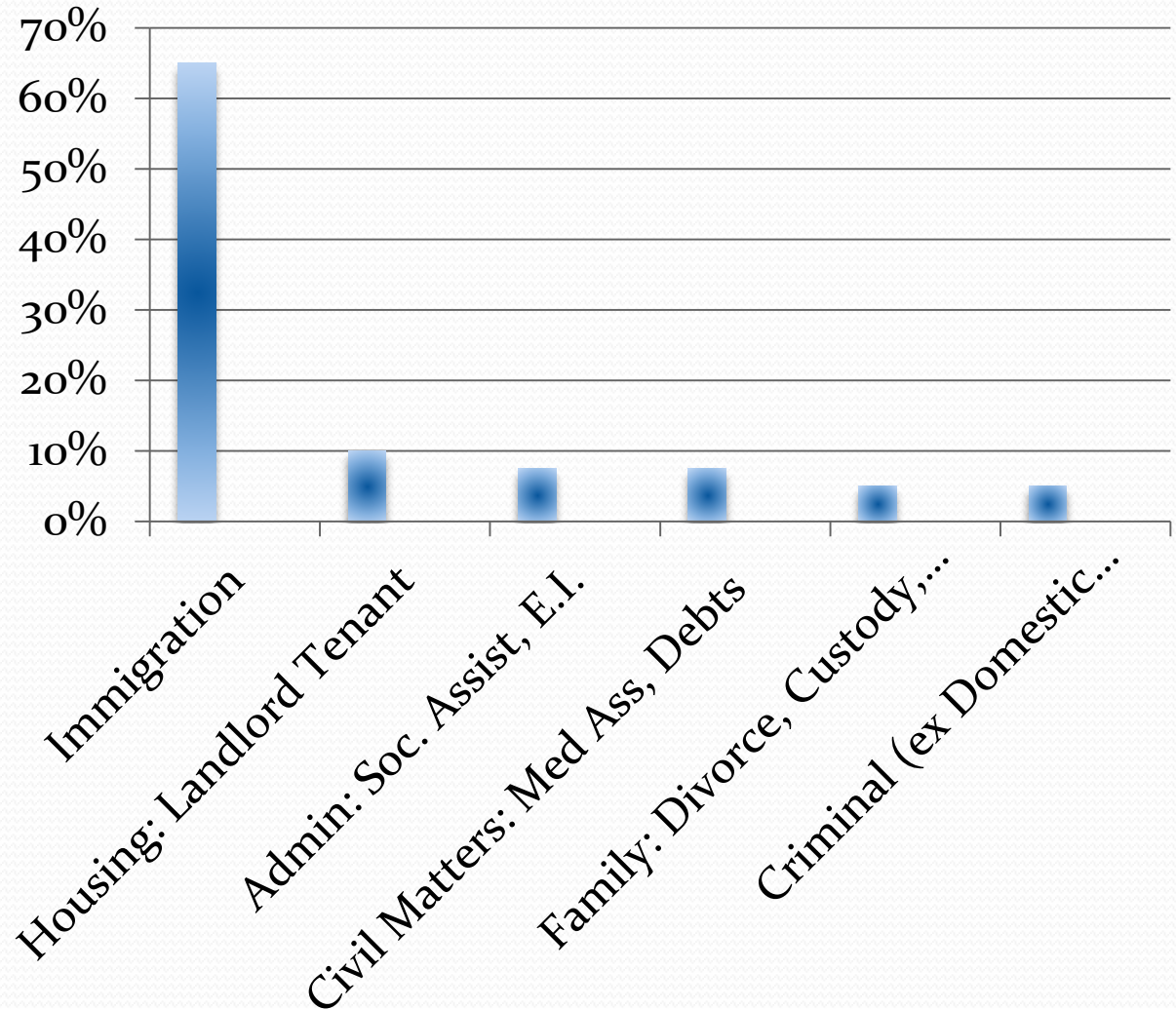
- On average, 38 female couples per year
- Increase in number of male couples



- Good legal information available from <https://www.educaloi.qc.ca/en/capsules/assisted-human-reproduction> on reproduction, same sex parenting, adoption

Medical legal Partnerships: Justice Pro Bono and MCH

- 60% of person's health determined by social factors*
- Initiated by Dr Zuckerman in US in 90s. Over 300 in US
- Others in Canada. First at Sick Kids
- MCH partnership first in QC
- 176 Cases (Feb 17 – Nov 19)
- Training for staff
- Advocacy
- <http://medical-legalpartnership.org/need/>



The Lens Tool

To help ensure the inclusion of all in programs, policies and practices, ask yourself the following questions:

- How are the needs of patients and families being identified and assumptions challenged?
- How are community groups being consulted in the planning, process and evaluation of this work?
- How are the needs of different religions, traditions or holidays being considered?
- How are the unique needs of women, girls, men and boys being considered?
- How may the program/policy be affected by or adapted for different cultures?
- How could the cost and logistics of travel impact the ability to participate?
- How can a supportive environment be created for an individual or couple who identify as GLBTI (gay, lesbian, bisexual, transgendered, intersex)?
- How are the needs of a family or patient who has recently immigrated being considered?
- How are potential barriers to your program, space or service being eliminated for individuals/families with physical accessibility needs and requirements?
- Is the program/service/treatment financially accessible to individuals/families belonging to any income range?
- How are the unique learning needs of patients/families being identified and addressed?
- Is the policy/program information written in easily understandable language?

For more information:

Primary Health, Diversity & Inclusion 470-6958



IWK Health Centre

Proposed guidelines for Indigenous inclusion

IWK Land Acknowledgement

- In Halifax, the IWK Health Centre sits on the traditional territory of the Mi'kmaq in the district of Sipekne'katik,
- Acknowledging Mi'kma'ki traditional territory shows respect and honours shared Treaty relationships.
- One of the steps towards reconciliation.

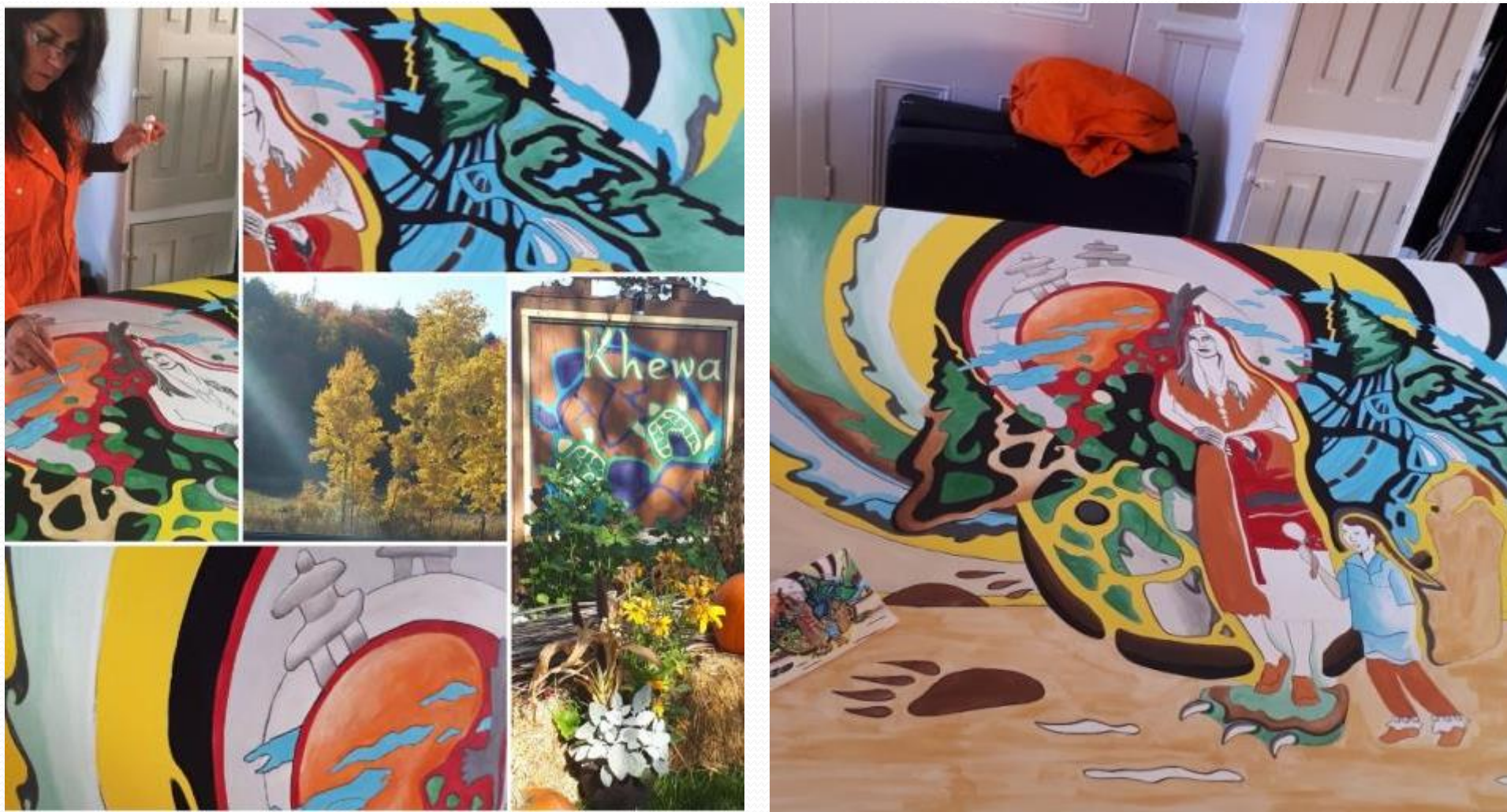
GUIDELINES

- A land acknowledgment at small and large events/meetings
- "...begin by acknowledging that we are in Mi'kma'ki (MEEG-MA-GEE), the traditional unceded territory of the Mi'kmaq."
- Welcome of elders, traditional prayers, smudging in an outdoor space

MCH Indigenous Inclusion Statement

- The MUHC acknowledges the Kanien'ke ha:ka (Mohawk) Nation as the original inhabitants and gatekeepers of the land on which the MUHC is located.
- In partial implementation due to partnerships, clinical and cultural work
- Smudging space ?
- "Wachiya" room for families in process
- Indigenous Inclusion Statement must come with a Health Equity Statement
- One compliments the other

Acknowledging Indigenous Culture: Work in progress



Merci, Danke Je, Thank you

- Nathalie Coutou, Artist, Khewa
- Aude Exertier, MLP, Pro Bono, MCH
- karine Frisou-Dugas, Network/Partnerships, MCH
- Sabrina Fung, Quality and Risk , MUHC
- Gilda Giancristafaro, SCIS, MCH
- Isabelle Hemlin, Banque Interrégionale d'interprètes
- Calvin Jacobs, Cultural Coordinator KMHC
- Nancy Lamothe, Reproductive Centre, MUHC
- Carole Lapierre, Partnerships, MUHC
- Isabel Latreille, Oncology, MUHC
- Amanda Leavitt, Interpreter, SCIS, MUHC
- Aisling O'Gorman, Northern and Native Health, MCH
- Kathy Psyrris, SCIS, MCH
- Seeta Ramdass, CHEO Navigator Network
- Louise- Anna Regnaud, Patient Partnerships, MUHC
- Kent Saylor, McGill Indigenous Professions
- SCIS Committee , MCH
- Tyro Setlhong, Diversity and Inclusion, IWK
- Patricia Tak Sam Li, Multicultural Clinic, MUHC
- Terri Ubaldi, Social Services, Dawson College
- Karen Wou, Obstetrics and Gynecology, MUHC