



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

Odabiidamagewin (Governance & Leadership):

Developing a Governance & Leadership Model that Reflects, Complements and Supports Diversity Programming

Douglas Semple, MPA, *Advisor to Board and CEO*
Roger Walker, MPA, MHA, CHE, *President and CEO*

Meno Ya Win

“*Menoyawin*” is an Anishnabe term that connotes health, wellness, well-being – a state of wholeness in the spiritual, mental, emotional and physical makeup of the person.

The Sioux Lookout Meno Ya Win Health Centre (SLMCH) has a specific mandate among Ontario hospitals, to provide a broad set of services that address the health and cultural needs of a largely Aboriginal population. The comprehensive *menoyawin* model of care focuses on cross-cultural integration in five key aspects of all of our services:

- Odabiidamagewin (*governance and leadership*)
- Wiichi'iwewin (*patient and client supports*)
- Andaaw'iwewin (*traditional healing practices*)
- Mashkiki (*traditional medicines*)
- Miichim (*traditional foods*)

Odabiidamagewin

“Odabiidamagewin” is an Oji-Cree term which denotes “those who are our leaders.” Thus “Odabiidamagewin” is the approach to governance and leadership which SLMHC has adopted.

BOARD OF DIRECTORS

SLMHC is governed by a board of directors appointed on a “proportional representation” basis: 2/3 Anishnabe, 1/3 non-native. The board also includes two physician representatives and an elder/healer.

Representational Appointment: Board appointments are representational, and are not specifically “skill-based”. Appointments are made by the Board after consultation with First Nations or sponsoring organizations.

Blended Model: Board operates on a “blended model” versus a “governance model” or “management model” borrowing characteristics typical of both “chief and council” and conventional “hospital board” constructs.

Integrated Board: The board operates successfully as an “integrated” board versus the nominal representation, liaison, consultative, advisory, constituency, caucus, or similar approaches tried by other organizations across Canada which have a mix of Aboriginal and non-Aboriginal members.



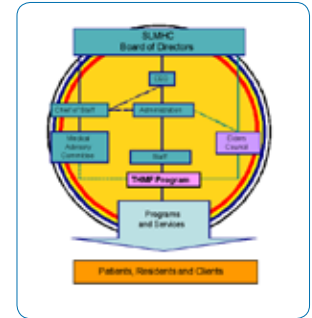
ELDERS COUNCIL

- Respect for elders, their teachings and their counsel is a fundamental value in our First Nations communities
- Community elders have been extensively consulted in the development of our *menoyawin* model of care and other key aspects of SLMHC planning, operations and issues management

Advice provided has been fundamentally valuable

The organization as a whole benefits from the normalization of elders' presence

- The elders' council is similar in many respects to a typical Medical Advisory Committee
- The elders' council will continue to advise on program development and management, communications and issues management, strategic planning, board processes, and other relevant issues
- Both Christian and traditional beliefs are represented to reflect the needs of our communities and our people



MANAGEMENT & LEADERSHIP

The Senior Management Team includes a Special Advisor for First Nations Health, and an Advisor to the Board and CEO. Both of these positions function at the Vice President level and are integral to the management and leadership of the organization. The communications and community development division of SLMHC also has strong First Nations leadership.

Awareness, understanding, sensitivity, acceptance and responsiveness to the cultural diversity and legacies of our patients, residents and client is imperative for everyone with management and leadership roles, who also serve as role models and mentors. They are helping embed organization-wide acceptance and normalization of diversity.

Increased opportunities for First Nations professional development, career and employment opportunities as part of the SLMHC management and leadership team are being mandated and aggressively pursued.

Conclusion

The Board now consistently achieves a quorum. Board self-evaluations show 100% of Board members feel that Board time is well spent. Decisions are made by consensus - only 2 decisions in 5 years have required a caucus, and only 1 has split along racial/ethnic lines: neither was problematic.

The Elders Council has shaped the development and implementation of several key programs, assisted with managing several crucial diversity issues. Elders now make regular visits to LTC residents and inpatients adding to their quality of life.

Celebrating diversity is an established value, Inclusiveness is a key measure of our success, Reflecting the cultures of our service population is a priority. Together, these define Meno Ya Win.

Meno Ya Win Service Area

Meno-Ya-Win services almost 1/3 of Ontario's geography – ie. about 385,000 square kilometers populated by less than 30,000 people



Only five communities have year-round road access. Our 28 northern First Nation communities are remote, inaccessible other than by air in most cases, and sparsely populated in comparison with southern Ontario.