NORTHERN POLICY INSTITUTE | INSTITUT DES POLITIQUES DU NORD

Briefing Note 2 | June 2015

# Northern Ontario health care priorities:

## Access to culturally appropriate care for physical and mental health

By Areej Al-Hamad and Laurel O'Gorman

northernpolicy.ca

Published by Northern Policy Institute
874 Tungsten St.
Thunder Bay, Ontario P7B 6T6

Telephone: (807) 343-8956
E-mail: northernpolicy@northernpolicy.ca
Website: www.northernpolicy.ca

This report was made possible through the support of our partners Lakehead University, Laurentian University and Northern Ontario Heritage Fund Corporation. Northern Policy Institute expresses great appreciation for their generous support but emphasizes the following:



Authors calcuations are based on data available at the time of publication and are therefore subject to change.

Edited by Doug Diaczuk

# Contents

# About Northern Policy Institute

Northern Policy Institute is Northern Ontario's independent think tank. We perform research, collect and disseminate evidence, and identify policy opportunities to support the growth of sustainable Northern Communities. Our operations are located in Thunder Bay and Sudbury. We seek to enhance Northern Ontario's capacity to take the lead position on socio-economic policy that impacts Northern Ontario, Ontario, and Canada as a whole.

# Vision

A growing, sustainable, and self-sufficient Northern Ontario. One with the ability to not only identify opportunities but to pursue them, either on its own or through intelligent partnerships. A Northern Ontario that contributes both to its own success and to the success of others.

# Mission

Northern Policy Institute is an independent policy institute. We exist for the purposes of:

- The development and promotion of proactive, evidence based and purpose driven policy options that deepen understanding about the unique challenges of Northern Ontario and ensure the sustainable development and long-term economic prosperity of Northern Ontario;
- The research and analysis of:
  - » Existing and emerging policies relevant to Northern Ontario;
  - » Economic, technological and social trends which affect Northern Ontario;
- The formulation and advocacy of policies that benefit all Northern Ontario communities that include Aboriginal, Francophone, remote/rural communities, and urban centres; and,
- Other complementary purposes not inconsistent with these objectives.

# Values

**Objectivity:** Northern Policy Institute is a non-partisan, not-for-profit incorporated body providing fair, balanced and objective assessments of policy issues in a pan-Northern Ontario context;

**Relevance:** Northern Policy Institute will support practical and applied research on current or emerging issues and implications relevant to Northern Ontario now and in the future in keeping with the themes and objectives of the Growth Plan for Northern Ontario, 2011;

**Collaboration:** Northern Policy Institute recognizes the value of multi-stakeholder, multi-disciplinary, and multicultural contributions to the collective advancement of Northern Ontario and works in a collaborative and inclusive approach to provide a full range of policy options for decision makers;

**Coordination:** Northern Policy Institute will complement the existing research efforts of Northern Ontario's post-secondary institutions and non government organizations and explore opportunities for coordinated efforts that contribute to the mandate of Northern Policy Institute; and

**Accessibility:** The work of Northern Policy Institute will be publicly accessible to stimulate public engagement and dialogue, promoting view points on the interests of Northern Ontario and its people.

# About the Authors

The co-authors of this briefing note are doctoral candidates at the School of Rural and Northern Health at Laurentian University. Northern Policy Institute is pleased to provide an opportunity for our next generation of thinkers to express their views to a public audience.

## Areej Al-Hamad

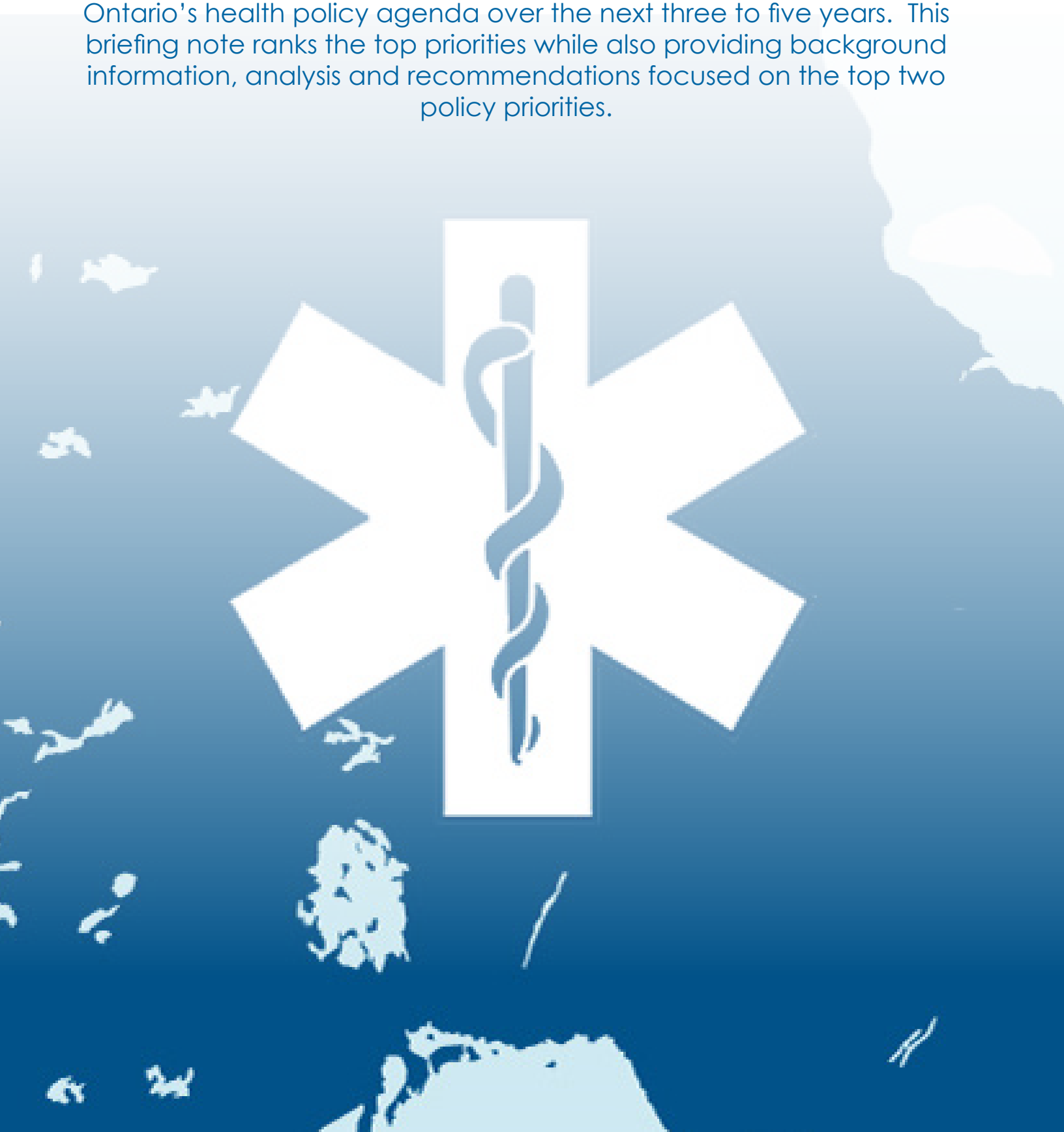
Areej Said Al-Hamad is an Interdisciplinary PhD student in Rural and Northern Health/Health Policy at Laurentian University. Areej has a Master's degree in Acute Care Nursing, and he has also served as a nursing educator and training department coordinator, as well as a lecturer in the Faculty of Nursing at Philadelphia University.

## Laurel O'Gorman

Laurel O'Gorman is a PhD student in the Interdisciplinary Rural and Northern Health program at Laurentian University. She is a research assistant at the Centre for Rural and Northern Health Research where she is currently working on understanding and improving access to virtual health care services in Northern, rural, and remote parts of Ontario. She also teaches in Women's Studies at Thorneloe University. She holds a Master of Arts from Laurentian University's Applied Social Research program.

# Purpose

The purpose of this briefing note is to identify top priorities for Northern Ontario's health policy agenda over the next three to five years. This briefing note ranks the top priorities while also providing background information, analysis and recommendations focused on the top two policy priorities.



# Background

Improving the health of Canadians is a priority at both the federal and provincial levels of government (Drummond, Firious, Pigott, & Stephenson, 2012; MOHLTC, 2012; HealthForceOntario [HFO], 2010). However, there is rarely agreement about the best ways in which this can be accomplished. Ontario's current health care strategies include a patient-centred approach to improving individual's health behaviors, improving access to family health care, and providing Ontarians with the "right care, at the right time, in the right place" (MOHLTC, 2010). These issues are still relevant in the north, however; the strategies to provide the right care for people at the right time and place will be different in northern and rural areas of the province than in the densely populated southern regions.

***Access to Health Care:*** One of the most challenging and persistent problems facing Canada's health care systems is the unequal geographic distribution of health care services (Minore, Boone, Katt, Kinch, & Birch, 2004; O'Neil, 1995;HFO, 2010). While most people in Canada live within five kilometres of a physician, some residents in rural areas are more than 100 kilometres from the closest physician (Pong & Pitblado, 2005) and specialists could be much further away. In Ontario, only 6 percent of physicians practice in the north; of which, 71 percent practice in cities (Wenghofer, Timony, & Pong, 2011). This creates geographic barriers to accessing care for residents of northern and rural areas in Ontario.

***Culturally appropriate health services:*** Health and social policies pertaining to Aboriginal people in Canada have systematically undermined the capacity of Indigenous communities to develop their own health care systems (Gibson et al., 2011; Hampton et al., 2010; O'Neil, 1995). Further barriers are created by a lack of clear jurisdiction surrounding health care policy for Aboriginal peoples throughout Canada (Lavoie, 2013). Concerns about health services, as expressed by Aboriginal peoples, describe a need for a culturally appropriate approach to healing in Aboriginal communities that is developed by Aboriginal peoples and promotes traditional conceptions of health, culture, and spirituality (Bucharski, Reutter, & Ogilvie, 2006; Chiarelli & Edwards, 2006; Hotson, Macdonald, & Martin, 2004).

***Mental health challenges:*** Residents in the northern parts of Canada, including Northern Ontario, face increased mental health challenges related to geographic isolation, historical and intergenerational trauma, and economic issues (Hartford, Schrecker, Wiktorowicz, Hoch, & Sharp, 2003; Kirmayer, Brass, & Tait, 2000; Mulvale, Abelson, & Goering, 2007). Access to mental health services for northern residents is especially problematic due to geographic distance, lack of culturally appropriate care, and the cost of accessing services (Cheng, deRuiter, Howlett, Hanson, & Dewa, 2013; L. O'Neill, George, & Sebok, 2013; L. K. O'Neill, 2010). This has resulted in an increased reliance on informal mental health supports (Callaghan, Tavares, & Taylor, 2007; Hartford et al., 2003). Mental health challenges in the north intersect with culturally appropriate care, as the legacy of colonization, oppression and cultural discontinuity have been linked to increased rates of mental illness in many Aboriginal communities (Cheng et al., 2013; Gibson et al., 2011; L. O'Neill et al., 2013; L. K. O'Neill, 2010).

# Analysis

***Access to Health Care:*** Access to services is the most important issue facing residents of Northern Ontario, especially in rural communities. If people do not know about the services, are not able to afford them, or cannot get to the geographic location, then they will not receive care. Telecommunication technology is sometimes used as a means of overcoming barriers caused by geography (Brown, 2013; Fortney, Burgess, Bosworth, Booth, & Kaboli, 2011; Ontario Telemedicine Network [2015a). The Ontario Telemedicine Network (OTN) is the network through which telemedicine services are delivered throughout Northern Ontario (Brown, 2013). Telemedicine sites are located in health centres such as hospitals, clinics, nursing stations and long term care facilities (OTN, 2015a, 2015b), and can connect patients with physicians and specialist across geographical distances. Kewaytinook Okimakanak Telemedicine (KOTM) provides culturally competent services and training to Aboriginal peoples in 26 northern First Nations communities, but does face challenges regarding patient and community utilization, jurisdictional issues, and resources (KOTM, 2014). Virtual care cannot replace in-person visits with health care professionals all of the time. Telemedicine should be viewed as one option to provide the right care, at the right time, in the right place, but not as the only way for northern residents to access care from health professionals. Further research is needed to establish best practices for telemedicine use across a variety of areas of care (Brown, 2013; Gibson et al., 2011; Hjelm, 2005).

***Culturally appropriate health services:*** There is a need for culturally sensitive services and supports along with a community-based approach to service delivery in northern and rural communities (Minore et al., 2004; Minore, Katt, & Hill, 2009). This can be achieved by using already available resources in a more effective way (Bucharski et al., 2006; Chiarelli & Edwards, 2006; Kelly et al., 2009; O'Neil, 1995). Recent studies have shown that Aboriginal Peoples experience racism from within the health care system (Bucharski et al., 2006; Goldman, 2014). The fear of being judged and the need for sensitivity to the historical and current context of Aboriginal life experiences are pervasive issues that affect the health seeking behaviours of Aboriginal peoples (Bucharski et al., 2006; Hampton et al., 2010; Minore et al., 2009). Training in cultural competency should be required for all health care professionals (Bucharski et al., 2006; North West Local Health Integration Network [NW LHIN], 2013; O'Neil, 1995).

Aboriginal peoples face increased health risks compared to non-Aboriginal Canadians (Crown et al., 1993; Hotson et al., 2004; Kelly et al., 2009; O'Neil, 1995). Barriers to accessing services, especially for people in fly-in communities, and lack of culturally appropriate care contribute to increased risks and decreased health seeking behaviors amongst Aboriginal peoples (Bucharski et al., 2006; Higginbottom et al., 2011; Minore et al., 2009; Newman, Woodford, & Logie, 2012; NW LHIN, 2013). The small size of northern communities can also lead to a lack of boundaries between service providers, family caregivers, and clients, which would not exist in larger urban settings (Bucharski et al., 2006; Chiarelli & Edwards, 2006; Gibson et al., 2011; Hampton et al., 2010; Kelly et al., 2009; O'Neil, 1995).

In order to address some of these issues, the Northwest Territories initiated key strategies to promote health and prevent diseaeses, (Bucharski et al., 2006; Newman et al., 2012; L. O'Neill et al., 2013) including decentralizing services using regional health boards and the conversion of educational materials into Aboriginal languages (Callaghan et al., 2007; Gray, Saggers, Drandich, Wallam, & Plowright, 1995; Hotson et al., 2004; Minore et al., 2004; O'Neil, 1995). In Northern Ontario, some of these issues could be addressed by supporting First Nations communities in the development and implementation of Aboriginal people's health strategies which ensure that Indigenous people have the capacity, resources and political environment necessary to implement community-specific healing strategies (Hampton et al., 2010; Kelly et al., 2009; KOTM, 2014; Minore et al., 2009).

"Virtual care cannot replace in-person visits with health care professionals all of the time. Telemedicine should be viewed as one option to provide the right care, at the right time, in the right place, but not as the only way for northern residents to access care from health professionals.".

***Mental health challenges:*** Treatment options for mental health issues are sometimes limited in rural areas, often requiring residents to travel in order to receive care (Canadian Mental Health Association [CMHA], 2009; Sherman et al., 2010). This is especially true if they cannot afford private mental health services, as many services are not covered by Ontario Health Insurance Plan (OHIP) (CMHA, 2009). This is particularly challenging for patients with complex cases, which

require coordinated efforts between various health care professionals (CMHA, 2009; Sherman et al., 2010). Tensions between organizations in rural areas can create further challenges to collaboration, especially when they must compete for very limited amounts of funding (Durbin, Durbin, Hensel, & Deber, 2013; Rebeiro Gruhl, Kauppi, Montgomery, & James, 2012; van Draanen et al., 2013; Winters, Magalhaes, & Kinsella, 2015). In order to improve mental health services, collaboration needs to become sustainable across a variety of health care teams (Durbin et al., 2013; L. O'Neill et al., 2013; Rush, McPherson-Doe, Behrooz, & Cudmore, 2013). Responses to mental health concerns must occur within a system of services, rather than independent sectors and organizations (Cheng, Dewa, Langill, Fata, & Loong, 2014; Lee & Kealy, 2014; Rush et al., 2013; Stuart et al., 2014). However, merging distinct services, especially at times of conflicting interest, will require deliberate and concerted efforts by all of the stakeholders involved in mental health care in northern communities (Cheng et al., 2013; Cunsolo Willox et al., 2012; Durbin et al., 2013; Sherman et al., 2010; Stuart et al., 2014).

We recommend implementing a collaborative group approach within mental health care in Northern Ontario (Cunsolo Willox et al., 2012; Durbin et al., 2013; Gibson et al., 2011). Improving our understanding of best practices in anti-stigma mental health programming in Northern Ontario is another crucial issue (Cheng et al., 2014; Lee & Kealy, 2014; Rush et al., 2013). This can be done by building partnerships with existing community programs and by promoting research and systematic evaluations of these programs (Cheng et al., 2014; Durbin et al., 2013; L. K. O'Neill, 2010; Vukic, Rudderham, & Misener, 2009).

Research and policy revisions are needed to identify the factors that promote wellness (CMHA, 2009; Durbin et al., 2013), to make strategic changes to mental health services and health promotion strategies based on the needs of northern and rural communities (Mulvale et al., 2007; L. O'Neill et al., 2013; L. K. O'Neill, 2010; Vukic et al., 2009) and to explore how an inter-professional approach can enhance patient care, contribute to care providers' professional development, and build community capacity (Chiarelli & Edwards, 2006; Minore et al., 2009; Mulvale et al., 2007; Vukic et al., 2009). This approach can explore differences between rural and urban mental health services in order to provide quality mental health care to rural and remote populations (Lee & Kealy, 2014; Rush et al., 2013; Stuart et al., 2014; van Draanen et al., 2013; Winters et al., 2015).

# Recommendation

The top health priority for people in Northern Ontario is access to health care services. Access to culturally sensitive care for physical and mental health is required. In order to provide access to specialist services at the right time and place, alternatives to traditional doctor patient visits are required, such as the use of virtual health care services. As such, access can be seen as an umbrella issue that will cover inter-professional teams working together to provide culturally competent services (right care), when it is needed (right time) and without having to travel, when possible (right place). More research and policy development is needed to ensure that the care provided is appropriate for each patient's particular set of circumstances.

# References

Brown, E. M. (2013). The Ontario Telemedicine Network: a case report. *Telemedicine Journal & E-Health, 19*(5), 373-376. doi: http://dx.doi.org/10.1089/tmj.2012.0299

Bucharski, D., Reutter, L. I., & Ogilvie, L. D. (2006). "You need to know where we're coming from": Canadian Aboriginal women's perspectives on culturally appropriate HIV counseling and testing. *Health Care Women Int, 27*(8), 723-747. doi: 10.1080/07399330600817808

Callaghan, R. C., Tavares, J., & Taylor, L. (2007). Mobility patterns of Aboriginal injection drug users between on- and off-reserve settings in northern British Columbia, Canada. *Int J Circumpolar Health*, 66(3), 241-247.

Cheng, C., deRuiter, W. K., Howlett, A., Hanson, M. D., & Dewa, C. S. (2013). Psychosis 101: evaluating a training programme for northern and remote youth mental health service providers. *Early Interv Psychiatry, 7*(4), 442-450. doi: 10.1111/eip.12044

Cheng, C., Dewa, C. S., Langill, G., Fata, M., & Loong, D. (2014). Rural and remote early psychosis intervention services: the Gordian knot of early intervention. *Early Interv Psychiatry, 8*(4), 396-405. doi: 10.1111/eip.12076

Chiarelli, L., & Edwards, P. (2006). Building healthy public policy. *Can J Public Health, 97 Suppl* 2, S37-42.

Canadian Mental Health Association. (2009). *Backgrounder: Rural and northern community issues in mental health*. Toronto: Canadian Mental Health Association.

Crown, M., Duncan, K., Hurrell, M., Ootoova, R., Tremblay, R., & Yazdanmehr, S. (1993). Making HIV prevention work in the North. *Can J Public Health, 84 Suppl 1*, S55-58.

Cunsolo Willox, A., Harper, S. L., Ford, J. D., Landman, K., Houle, K., & Edge, V. L. (2012). "From this place and of this place:" climate change, sense of place, and health in Nunatsiavut, Canada. *Soc Sci Med, 75(3)*, 538-547. doi: 10.1016/j.socscimed.2012.03.043

Drummond, D., Firious, D., Pigott, S., & Stephenson, C. (2012). *Commission on the reform of Ontario's public services*. Toronto: Queen's Printer for Ontario.

Durbin, A., Durbin, J., Hensel, J. M., & Deber, R. (2013). Barriers and enablers to integrating mental health into primary care: a policy analysis. *J Behav Health Serv Res*. doi: 10.1007/s11414-013-9359-6

Fortney, J. C., Burgess, J. F., Jr., Bosworth, H. B., Booth, B. M., & Kaboli, P. J. (2011). A re-conceptualization of access for 21st century healthcare. *J Gen Intern Med, 26 Suppl* 2, 639-647. doi: 10.1007/s11606-011-1806-6

Gibson, K. L., Coulson, H., Miles, R., Kakekakekung, C., Daniels, E., & O'Donnell, S. (2011). Conversations on telemental health: listening to remote and rural First Nations communities. *Rural Remote Health*, 11(2), 1656.

Goldman, B. D. (2013, October 4). First Nations, second-class care. *White coat, black art*. Podcast retrieved from http://www.cbc.ca/radio/whitecoat/first-nations-second-class-care-1.2794277

Gray, D., Saggers, S., Drandich, M., Wallam, D., & Plowright, P. (1995). Evaluating government health and substance abuse programs for indigenous peoples: a comparative review. *Aust J Public Health, 19*(6), 567-572.

Hampton, M., Baydala, A., Bourassa, C., McKay-McNabb, K., Placsko, C., Goodwill, K., . . . Boekelder, R. (2010). Completing the circle: elders speak about end-of-life care with aboriginal families in Canada. *J Palliat Care, 26*(1), 6-14.

Hartford, K., Schrecker, T., Wiktorowicz, M., Hoch, J. S., & Sharp, C. (2003). Four decades of mental health policy in Ontario, Canada. *Adm Policy Ment Health, 31*(1), 65-73.

Higginbottom, G. M., Vallianatos, H., Forgeron, J., Gibbons, D., Malhi, R., & Mamede, F. (2011). Food choices and practices during pregnancy of immigrant and Aboriginal women in Canada: a study protocol. *BMC Pregnancy Childbirth, 11*, 100. doi: 10.1186/1471-2393-11-100

Hjelm, N. M. (2005). Benefits and drawbacks of telemedicine. *Journal of Telemedicine & Telecare, 11*(2), 60-70. doi: 10.1258/1357633053499886

Hotson, K. E., Macdonald, S. M., & Martin, B. D. (2004). Understanding death and dying in select First Nations communities in Northern Manitoba: issues of culture and remote service delivery in palliative care. *Int J Circumpolar Health, 63*(1), 25-38.

Kelly, L., Linkewich, B., Cromarty, H., St Pierre-Hansen, N., Antone, I., & Giles, C. (2009). Palliative care of First Nations people: a qualitative study of bereaved family members. Can Fam Physician, 55(4), 394-395 e397.

Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: transformations of identity and community. *Can J Psychiatry, 45*(7), 607-616.

Keewaytinook Okimakanak Telemedicine (KOTM). (2014). About KO Telemedicine. Retrieved from http://telemedicine.knet.ca/?q=node/2559

Lavoie, J. G. (2013). Policy silences: why Canada needs a national First Nations, Inuit and Metis health policy. *Int J Circumpolar Health*, 72.

Lee, E., & Kealy, D. (2014). Revisiting Balint's innovation: enhancing capacity in collaborative mental health care. *J Interprof Care, 28*(5), 466-470. doi: 10.3109/13561820.2014.902369

Minore, B., Boone, M., Katt, M., Kinch, P., & Birch, S. (2004). Addressing the realities [correction of realties] of health care in northern Aboriginal communities through participatory action research. *J Interprof Care, 18*(4), 360-368.

Minore, B., Katt, M., & Hill, M. E. (2009). Planning without facts: Ontario's Aboriginal health information challenge. *J Agromedicine, 14*(2), 90-96. doi: 10.1080/10599240902739802

Ministry of Health and Long-Term Care. (2010). Excellent care for all act, 2010. Retrieved from http://www.ontario.ca/laws/statute/10e14

Mulvale, G., Abelson, J., & Goering, P. (2007). Mental health service delivery in Ontario, Canada: how do policy legacies shape prospects for reform? *Health Econ Policy Law, 2*(Pt 4), 363-389. doi: 10.1017/s1744133107004318

Newman, P. A., Woodford, M. R., & Logie, C. (2012). HIV vaccine acceptability and culturally appropriate dissemination among sexually diverse Aboriginal peoples in Canada. *Glob Public Health, 7*(1), 87-100. doi: 10.1080/17441692.2010.549139

North West Local Health Integration Network. (2013). *Creating healthy change. 2012-2013 Annual Report*. Retrieved from http://www.northwestlhin.on.ca/accountability/~/media/sites/nw/uploadedfiles/Home_Page/Report_and_Publications/Annual_Reports/20131210-Creating-Healthy-Change-2012-2013-Annual-Report%20ENGLISH.pdf

O'Neil, J. D. (1995). Issues in health policy for indigenous peoples in Canada. *Aust J Public Health, 19*(6), 559-566.

O'Neill, L., George, S., & Sebok, S. (2013). Survey of northern informal and formal mental health practitioners. *Int J Circumpolar Health, 72*. doi: 10.3402/ijch.v72i0.20962

O'Neill, L. K. (2010). Mental health support in northern communities: reviewing issues on isolated practice and secondary trauma. *Rural Remote Health, 10*(2), 1369.

HealthForceOntario (2010). *Policy in action across Ontario: HealthForceOntario year-end report 2009/2010*. Retrieved from https://www.healthforceontario.ca/UserFiles/file/Floating/Publications/hfo-year-end-report-jan-2011-en.pdf

Ministry of Health and Long-Term Care. (2012). *Ontario's action plan for health care*. Retrieved from http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf

Ontario Telemedicine Network. (2015a). *Patients and families*. Retrieved from https://otn.ca/en/acute-care/patients

Ontario Telemedicine Network. (2015b). *OTN site finder*. Retrieved from https://otn.ca/en/otn-site-finder Pong, R. W., &

Pitblado, J. R. (2005). Geographic distribution of physicians in Canada: beyond how many and where. Ottawa, Ontario: Canadian Institute for Health Information.

Rebeiro Gruhl, K. L., Kauppi, C., Montgomery, P., & James, S. (2012). Employment services for persons with serious mental illness in Northeastern Ontario: the case for partnerships. *Work, 43*(1), 77-89. doi: 10.3233/wor-2012-1449

Rush, B., McPherson-Doe, C., Behrooz, R. C., & Cudmore, A. (2013). Exploring core competencies for mental health and addictions work within a Family Health Team setting. *Ment Health Fam Med, 10*(2), 89-100.

Sherman, J., Pong, R. W., Swenson, J. R., Delmege, M. G., Rudnick, A., Cooke, R., . . . Montgomery, P. (2010). Mental health services in smaller Northern Ontario Communities: A survey of family health teams. Sudbury, On.: CRaNHR and the Ontario Psychiatric Outreach Program (OPOP).

Stuart, H., Chen, S. P., Christie, R., Dobson, K., Kirsh, B., Knaak, S., . . . Whitley, R. (2014). Opening minds in Canada: targeting change. *Can J Psychiatry, 59*(10 Suppl 1), S13-18.

van Draanen, J., Jeyaratnam, J., O'Campo, P., Hwang, S., Harriott, D., Koo, M., & Stergiopoulos, V. (2013). Meaningful inclusion of consumers in research and service delivery. *Psychiatr Rehabil J, 36*(3), 180-186. doi: 10.1037/prj0000014

Vukic, A., Rudderham, S., & Misener, R. M. (2009). A community partnership to explore mental health services in First Nations communities in Nova Scotia. *Can J Public Health, 100*(6), 432-435.

Wenghofer, E. F., Timony, P. E., & Pong, R. W. (2011). A closer look at Ontario's northern and southern rural physician demographics. *Rural & Remote Health, 11*(2), 1591.

Winters, S., Magalhaes, L., & Kinsella, E. A. (2015). Interprofessional collaboration in mental health crisis response systems: a scoping review. *Disabil Rehabil, 1-13*. doi: 10.3109/09638288.2014.1002576

# Who We Are

Internally, Northern Policy Institute seeks to be as "flat" as possible with much of the work contracted out to experts in the fields under consideration. This approach avoids the risks associated with large bureaucratic organizations. It also allows Northern Policy Institute to flexibly respond across a wide range of issues while also building up in house and regional expertise by matching bright young minds on temporary placements and project specific work with talented experts who can supply guidance and coaching.

**Some of the key players in this model, and their roles, are as follows:**

**Board:** The Board of Directors sets strategic direction for Northern Policy Institute. Directors serve on operational committees dealing with finance, fundraising and governance, and collectively the Board holds the CEO accountable for achieving our Strategic Plan goals. The Board's principal responsibility is to protect and promote the interests, reputation, and stature of Northern Policy Institute.

**CEO:** Recommends strategic direction, develops plans and processes, and secures and allocates resources to achieve it.

**Advisory Council:** A group of committed individuals interested in supporting, but not directing, the work of Northern Policy Institute. Leaders in their fields, they provide advice on potential researchers or points of contact in the wider community.

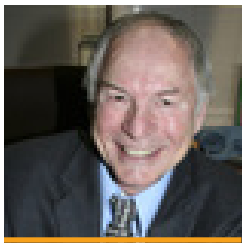
**Research Advisory Board:** A group of academic researchers who provide guidance and input on potential research directions, potential authors, and draft studies and commentaries. They are Northern Policy Institute's formal link to the academic community.

**Peer Reviewers:** Ensure specific papers are factual, relevant and publishable.

**Authors and Research Fellows:** Provide independent expertise on specific policy areas as and when needed.

**Standing engagement tools (general public, government stakeholders, community stakeholders):** Ensure Northern Policy Institute remains responsive to the community and reflects THEIR priorities and concerns in project selection.

# Board of Directors

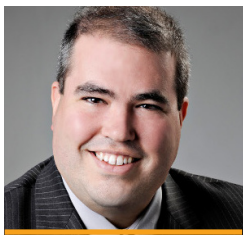

Ron Arnold


Pierre Bélanger

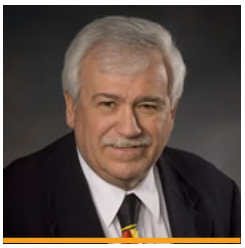

Martin Bayer


Thérèse Bergeron-Hopson


Dr. Harley d'Entremont


Dominic Giroux


Jean Paul Gladu

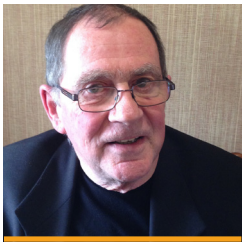

Dr. George C. Macey


Dawn Madahbee


Hal J. McGonigal


Doug Murray


Madge Richardson


Ray Riley


Brian Tucker

## CEO


Charles Cirtwill

## Research Advisory Board

Dr. John Allison
Dr. Randy Battochio
Dr. Robert Campbell
Jonathan Dewar
Dr. Livio Di Matteo
Dr. Morley Gunderson
Dr. Anne-Marie Mawhiney
Leata Ann Rigg
S. Brenda Small
Dr. Lindsay Tedds

## Advisory Council

Murray Coolican
Barbara Courte Elinesky
Brian Davey
Tony Dean
Don Drummond
John Fior
Ronald Garbutt
Frank Kallonen
Kathryn Poling

NORTHERN POLICY INSTITUTE | INSTITUT DES POLITIQUES DU NORD

northernpolicy.ca