

# Giga Mino Ganawenimaag Anishinaabeg Training:

Theory of Change and Implementation Strategy



Giga Mino Ganawenimaag Anishinaabeg:  
"We will take good care of the people."

This name was given to us by Elder and  
Honorary Doctor Margaret Lavallee.

**“An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.”**

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# Background

In the Rady Faculty of Health Sciences' (RFHS) Disruption of All Forms of Racism policy the Honorable Murray Sinclair's definition of systemic racism is quoted as:

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**“When the system itself is based upon and founded upon racist beliefs and philosophies and thinking that has put in place policies and practices.”**

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This is true across systems, including education and health care systems. There is abundant evidence, including our own racial climate surveys, which point to the pervasiveness and system-wide experiences of racism and lack of cultural safety. In this way, and according to that definition we might understand systemic racism as one of the paradigms of the health care system. A simple definition of a paradigm is a standard, perspective or set of ideas.

It would be reasonable for the average person to assume that health care for Indigenous peoples evolved with the same positive intentions and concern as it did for other people in Canada, but that would be incorrect. As described by Maureen Lux:

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**“Indian hospitals emerged from deep anxieties about Aboriginal people and their perceived threat to the public's health.”<sup>1</sup>**

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This is an example of how systemic anti-Indigenous racism was a founding paradigm of health care in Canada, and provides important context when considering culturally safe change.

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<sup>1</sup> Marlene Lux. *Separate Beds: A History of Indian Hospitals in Canada, 1920s- 1980s*. University of Toronto Press. 2016.



## “Culture eats strategy for breakfast.”

Peter Drucker

The First Nations Health Authority defines cultural safety as:

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**“An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.”<sup>2</sup>**

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Cultural safety also requires a recognition of structural threats to safety within the system as a whole.<sup>3</sup> Action on cultural safety is aligned with two of the priority pathways identified by the Canadian Academy of Health Sciences in their recent health workforce assessment<sup>4</sup> and a necessary component of improving psychological health and safety in this workplace.<sup>5</sup> However statistics, inquests, inquiries

and personal experiences confirm that lack of cultural safety and anti-Indigenous racism continue to be prevalent in learning and clinical spaces. The outcomes we hoped for with prior cultural safety training, commitments to anti-racism, reconciliation action plans, antiracism policies and other educational or strategic interventions have not yet been achieved. This requires us to re-examine our theory of change and change management model.

Previous strategic and structural interventions have played and continue to play an important role, but on their own are not sufficient to bring about the change we need. In part, this may be because we have underrecognized that the change project actually involves challenging an underlying paradigm of the health care system. As Gerry Johnson has noted:

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**“When it comes to major strategic change, paradigm shifts are likely to be important and they are obviously the most difficult to achieve.”<sup>6</sup>**

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<sup>2</sup> First Nations Health Authority. Framework for Cultural Safety and Humility. Available at: <https://www.fnhaca/what-we-do/cultural-safety-and-humility>

<sup>3</sup> Sharon Yeung. Conceptualizing Cultural Safety: Definitions and Applications of Safety in Health Care for Indigenous Mothers in Canada. Journal for Social Thought. July 2016 vol 1(1). Available at: <https://ojs.lib.uwo.ca/index.php/jst/article/view/498/285>

<sup>4</sup> Canadian Academy of Health Sciences. (2023). Canada’s health workforce: Pathways forward. <https://cahs-acss.ca/assement-on-health-human-resources-hhr/>.

<sup>5</sup> Mental Health Commission of Canada. (2013). National Standard for Psychological Health and Safety in the Workplace. <https://menta.healthcommission.ca/national-standard/>.

<sup>6</sup> Gerry Johnson. Managing Strategic Change- Strategy, Culture and Action. Long Range Planning. Feb 1992. Vol 25(1). Available at: <https://www.sciencedirect.com/science/article/abs/pii/002463019290307N>

# Technical vs. Adaptive Challenges and Solutions

For a variety of understandable reasons, leaders are often more comfortable with technical challenges than adaptive challenges, and so may default to a technical understanding of a complex challenge and therefore only look for technical solutions.

**“The most common leadership failure stems from trying to apply technical solutions to adaptive challenges.”**

Ronald A. Heifetz

Reframing our understanding of advancing cultural safety and disrupting anti-Indigenous racism as an adaptive challenge is important so that we add adaptive solutions to our current technical solutions. Adaptive solutions seek to address challenges that require a change in attitudes, beliefs and behaviors and require organization wide cultural adjustments. Academic and SDO leaders will need to increase their confidence in using both technical and adaptive solutions as they support these organization wide cultural adjustments. The table below provides some insight into the differences between technical and adaptive challenges.

Technical Challenges	Adaptive Challenges
Root causes are easy to identify	Root causes are difficult to identify ( easy to deny)
Often lend themselves to cut and dried solutions	Requires changes in beliefs, values, roles, relationships, and approaches to work
Often can be solved by authority or expert	People most impacted by the problem need to do the work of solving it
Requires changed in just one of a few places; often contained within organiational boundaries	Requires change in numerous places; usually across organizational boundaries
People are generally receptive to the technical solution	People often resist even acknowledging adaptive challenges
Solutions can be implemented quickly, even by edict	“Solutions” require experiments and new discoveries; they can take a long time to implement and can’t be implemented by edict

**Table 1:** Understanding the differences between technical and adaptive challenges as it relates to organizational anti-racism work.<sup>7</sup>

<sup>7</sup> John Gilvar. Accelerating Organizational Anti-Racism Work with Adaptive Leadership and Mindful Communication Practices. April 2021. Available at: <https://gilvarconsulting.com/accelerating-organizational-anti-racism-work-with-adaptive-leadership-and-mindful-communication-practices/>

# Anti-Racist Change

In his book *Stamped From the Beginning: The Definitive History of Racist Ideas in America*, Ibram X. Kendi describes racism and anti-racism as “dual and duelling forces” that are present continually.<sup>8</sup> Thus, anti-racism work has to be understood as an enduring commitment that strategically understands and opposes the counterforces of evolving forms of racism. In his book, Kendi provides examples of the evolution of anti-Black racism in the US including the abolishment of slavery being immediately followed by the enactment of Jim Crow laws.

An example of this in health care is the resistance to efforts to increasingly diversify the health workforce. Progress has been made on increasing the diversity of the health workforce with evidence that shows this improves health care quality.<sup>9</sup> Despite this, we see uninformed narratives around how diversity is weakening the profession not just in the United States but in Canada too.<sup>10</sup> Organizations need to be mindful of how these discourses reflect internal resistance to anti-racist change.

Resistance to anti-racist change in organizations occurs at both the individual level, team level and system level. When we think about organizational culture, racism and anti-racism, the iceberg model of visible and invisible organizational culture can be helpful. One such example of this is included below.



<sup>8</sup> Ibram X. Kendi. *Stamped From the Beginning: The Definitive History of Racist Ideas in America*. Bold Type Books. 2016.

<sup>9</sup> Gomez L and Bernet P. Diversity improves performance and outcomes. *J Natl Med Assoc*. 2019 Aug; 11(4): 383-392. <https://pubmed.ncbi.nlm.nih.gov/30765101/>.

<sup>10</sup> Leigh Revers. Medical school wokeness is threatening Canada’s precarious Jenga tower of health care. *National Post*; Jun 24, 2024. <https://nationalpost.com/opinion/medical-school-wokeness-is-threatening-canadas-precarious-jenga-tower-of-health-care>.

# Organisational Culture



## Visible

The way we say we get things done



Vision



Goals



Strategy



Procedures



Shared values



Policies



Structures

## Invisible

The way we really get things done



Beliefs



Shared Assumptions



Values



Traditions



Norms



Unwritten Rules



Perceptions



Stories



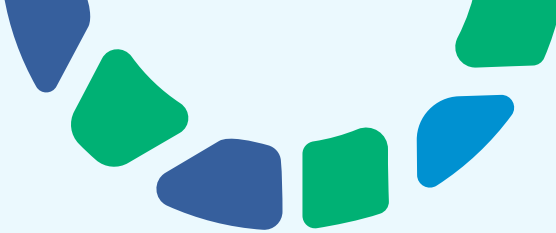
Feelings

**Figure 1:**

**One model of visible and invisible organizational culture.**

Structural racism means that there are expressions of racism that have been embedded in the visible culture. That is, there are elements in policies and procedures (e.g. in hiring or selection processes) that have created differential outcomes by race (e.g. a non-representative workforce). As identified above though, the RFHS and clinical service delivery organizations also all have stated commitments, strategic plans, and/or policies that are part of the effort to support anti-racism change.






In addition to operating in the “visible culture” realm, racism also operates in the invisible culture, and many reports and publications describe this. For example, the In Plain Sight Report identifies common anti-Indigenous stereotypes that interfere with equitable care.<sup>11</sup> Studies show how perceptions or unwritten rules may operate to result in lower triage scores and thus longer wait times in emergency rooms.<sup>12</sup>

An adaptive leadership approach that seeks to work below the surface, and makes the invisible more visible will be an important strategy for change. Adaptive leaders recognize the parts of problems that are technical and can employ known solutions, but also recognize when parts of the problem are adaptive and require leadership rather than authoritative management. Adaptive leaders honor the traditions and experience of the organization, and also create an environment of safety for experimenting with new ways of relating and doing to meet complex challenges and improve outcomes.<sup>13</sup>

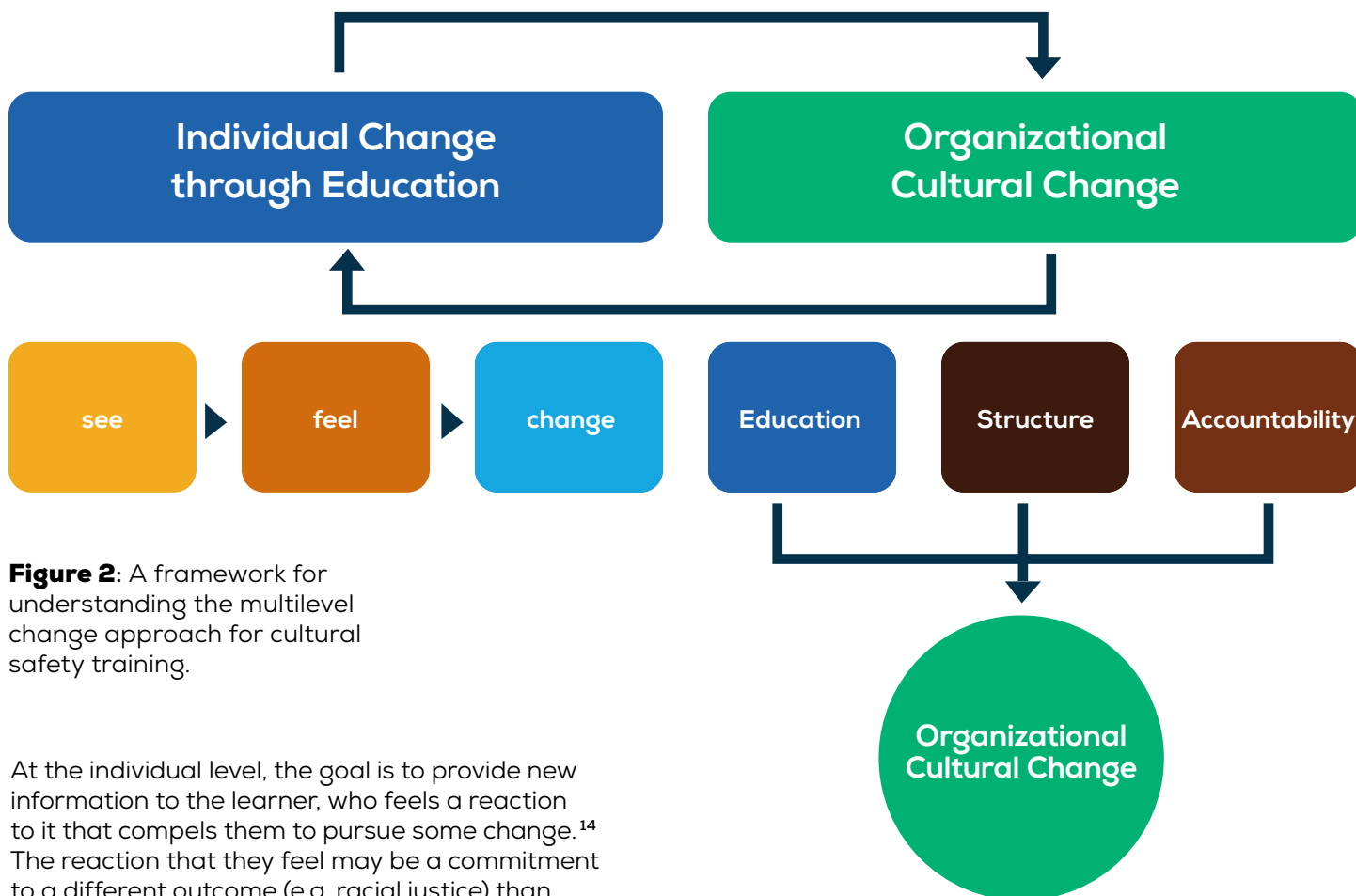
## The Role of the Team

Sometimes when we envision multilevel change, as we are in this cultural safety training project, we consider only the individual and the organization as shown below.



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- <sup>11</sup> Government BC and the Indigenous-led Team. In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care. 2020. Available at: <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>
- <sup>12</sup> McLane et al. First Nations status and emergency department triage scores in Alberta: a retrospective cohort study. CMAJ. 2022. Vol 194(2). Available at: <https://www.cmaj.ca/content/194/2/E37>
- <sup>13</sup> Ron Heifetz. Adaptive Leadership in 12 minutes. <https://www.youtube.com/watch?v=9kVxxfknuu4>

# Multilevel change



**Figure 2:** A framework for understanding the multilevel change approach for cultural safety training.

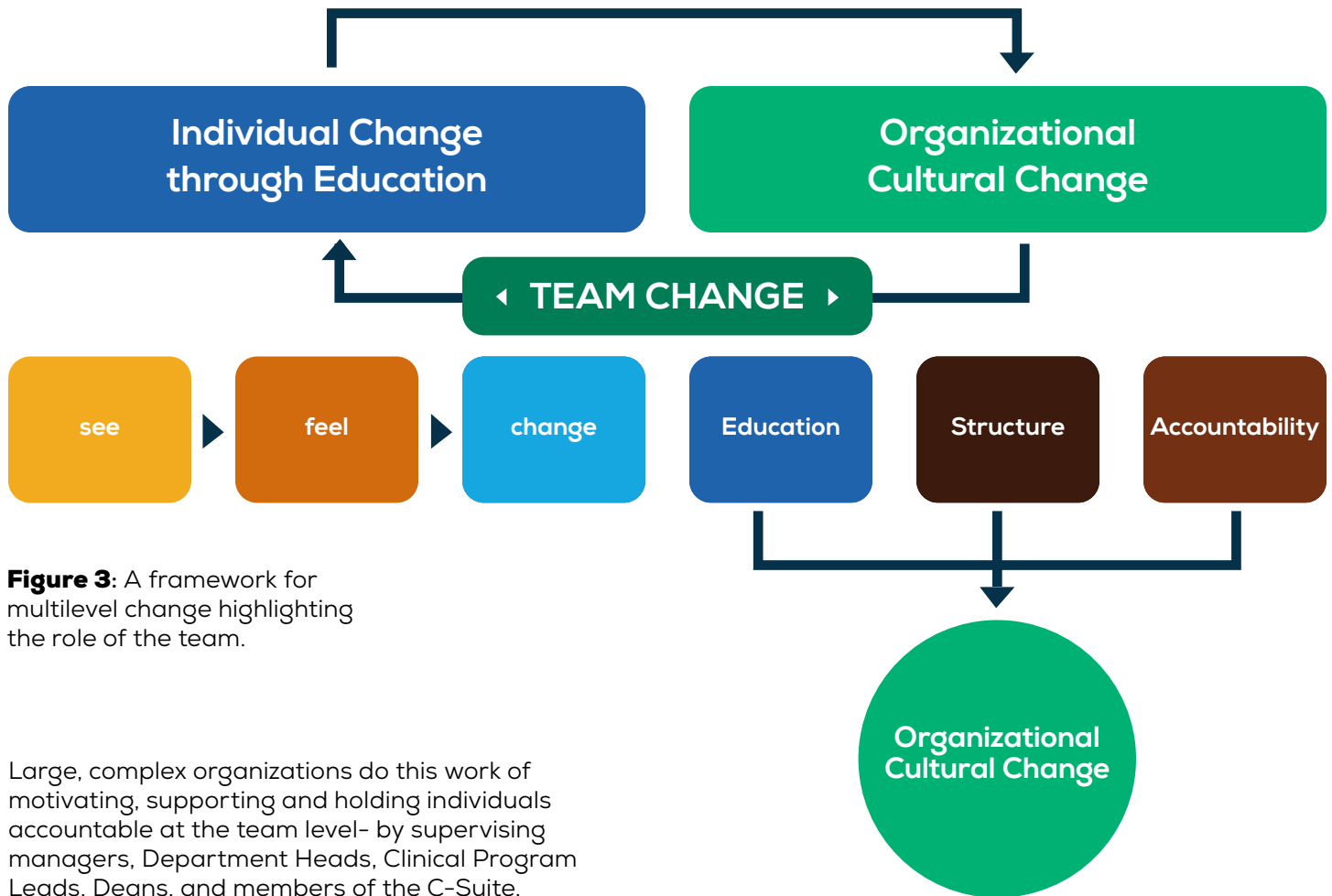
At the individual level, the goal is to provide new information to the learner, who feels a reaction to it that compels them to pursue some change.<sup>14</sup> The reaction that they feel may be a commitment to a different outcome (e.g. racial justice) than what they had before. Sometimes this individual change is necessary to drive organizational change. For example, an individual committed to anti-racism may develop new knowledge and skills in advocacy for anti-racism policies and work at the organizational level to pursue that structural change.

Similarly, organizational cultural change may occur that drives individual change. For organizational change, education itself is not sufficient. There does also have to be structural change- like strategic plan commitments and anti-racism policies- and people have to be supported, motivated and held accountable to those commitments and policies.

<sup>14</sup> John P. Kotter. *The Heart of Change: Real life stories of how people change their organizations.* 2002. Harvard Business Review Press.

# “What makes the difference is being willing to hold people accountable.”

Brenda Harrington <sup>15</sup>



**Figure 3:** A framework for multilevel change highlighting the role of the team.

Large, complex organizations do this work of motivating, supporting and holding individuals accountable at the team level- by supervising managers, Department Heads, Clinical Program Leads, Deans, and members of the C-Suite. Thus the team and its leaders become very important in shifting the stories that get told, in creating safe environments where assumptions or unwritten rules can be challenged, and where new norms of anti-racism and cultural safety are embedded.

This might be reflected in the above framework, which centers the role of the team in the change process.

<sup>15</sup> The Rethinking Leadership Podcast. S05E05: Leaders- Embracing Adaptive, diverse and inclusive leadership strategies. April 2023. Available at: <https://open.spotify.com/episode/0HQySyxcY1hL4P3xEiNvII?si=79e69e0f3c8b4de6>

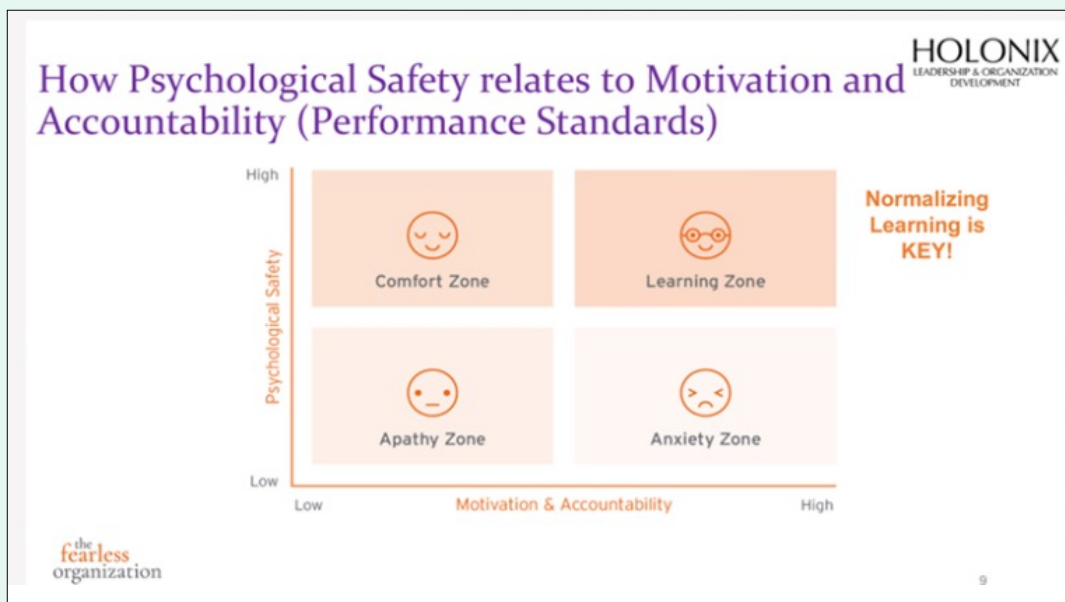
# Psychological Safety and Supportive Accountability

There are significant concerns with the lack of psychological safety of health care spaces contributing to the health workforce crisis, and creating healthy, safe (culturally, physically and psychologically), just and equitable environments is a key path forward to address the workforce crisis.<sup>16</sup>

Psychological Safety is defined by Amy Edmondson as “the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.”<sup>17</sup> Health professional education culture and health care culture can be understood as hierarchical cultures. This is not inherently bad, as graduated responsibilities for graduated levels of learning are reasonable and necessary for learner safety and patient safety alike. However, when the nature of the hierarchy becomes a toxic expression of “power over” more junior members, and is layered on structural axes of oppression such as by race

or gender, the hierarchical nature can become unsafe. This might result in junior team members being framed as insubordinate for disagreeing with a more senior member, or a racially marginalized team member who tries to disrupt racism becoming ostracised within the team.

Psychological safety is a characteristic of teams. Evidence shows that more psychologically safe teams have improved patient safety outcomes, as described in The Fearless Organization. In more psychologically safe spaces, people can enter a zone of learning—which is necessary for culturally safe and anti-racist change. As shown in the table below, people will be in the learning zone when both psychological safety and motivation and accountability are high.



**Figure 4:** Psychological Safety and Accountability.<sup>18</sup>

<sup>16</sup> Canadian Academy of Health Sciences. Canada’s health workforce: Pathways forward. 2023. Available at: [https://cahs-acss.ca/wp-content/uploads/2023/04/CAHS-Health-Workforce-Pathways-Forward-EN\\_Final\\_Apr-4.pdf](https://cahs-acss.ca/wp-content/uploads/2023/04/CAHS-Health-Workforce-Pathways-Forward-EN_Final_Apr-4.pdf)

<sup>17</sup> Amy Edmondson. The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation and Growth. Wiley Publishing. 2018.

<sup>18</sup> Holonix Leadership and Organizational Development. The Fearless Organization Scan Course Materials. 2023.

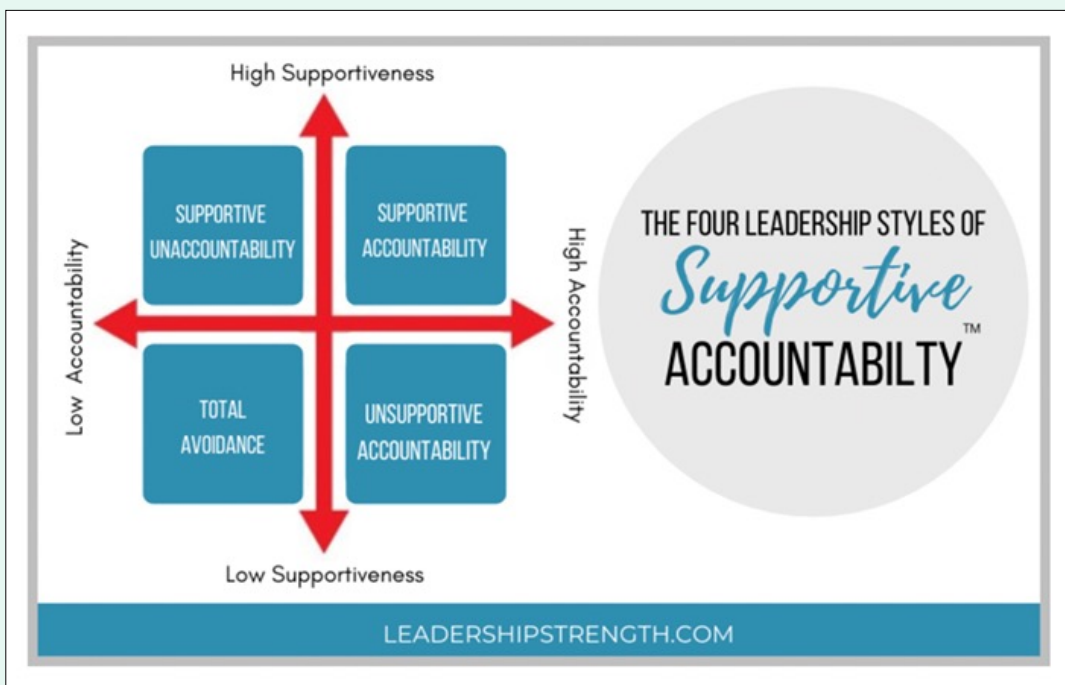
Both are necessary to avoid apathy, anxiety or comfort, all of which are barriers to learning and change.

Punitive accountability, especially in a setting of low psychological safety can become a barrier to learning and change. This is not to say that punitive accountability isn't necessary at times, however when it is the only form of accountability and especially if it is selectively applied, it can serve to do more damage than good to the change process.

Rather, we might aim for a more supportive accountability approach.<sup>19</sup> In this frame, we can combine accountability with supportiveness to move from total avoidance (a common approach to dealing with racism in complex organizations), to supportive accountability.

Other forms of accountability, such as through restorative processes, may help increase both accountability and psychological safety. Restorative justice approaches are grounded in Indigenous Knowledges, with diverse uses and groundings around the globe. In restorative justice, the key questions are around who was harmed, what are the needs and responsibilities or all affected, and how do the parties together address needs and repair harm. This is a healing practice, rather than a punitive practice.<sup>21</sup>

Restorative approaches are relational approaches, in line with many Indigenous teachings which emphasize kinship or relatedness. In his paper on relational accountability in Anishnaabeg Studies, Nicholas Reo quotes the Seven Generations Education Institute definition of *inawendiwin* (relating) as:



**Figure 5:** Psychological Safety and Accountability.<sup>20</sup>

<sup>19</sup> Sylvia Melena. Supportive Accountability: How to Inspire People and Improve Performance. Melena Consulting. 2018.  
<sup>20</sup> Leadership Strength. Available at: <https://leadershipstrength.com/supportive-accountability-leadership/#:~:text=The%20Supportive%20Accountability%20Leadership%20Model,promote%20accountability%2C%20and%20boost%20performance>.  
<sup>21</sup> Courtney Marsh. Honoring the Global Indigenous Roots of Restorative Justice: Potential Restorative Approaches for Child Welfare. 2019. Available at: <https://cssp.org/2019/11/honoring-the-global-indigenous-roots-of-restorative-justice/>

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**“our way of relating to each other and to all of Creation. It is an all-inclusive relationship that honours the interconnectedness of all our relations, and recognizes and honours the human place and responsibility within the family of Creation.”<sup>22</sup>**

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Reo describe the relational accountability in his research relationships thus being not just with the direct person he is involved with in the research project, but with the whole community. Similarly, we can understand our relational accountability not just being to our Indigenous colleague(s) or to each individual First Nations, Metis or Inuit patient we see, but to their communities and Nations. We can see each encounter as an opportunity to respect the equal right of Indigenous Peoples to the highest attainable standard of health, to honor the Treaties of the lands we work and live on, to make our organizations land acknowledgements more than words on a page, and to fulfill our individual and collective responsibilities to respond to the Calls to Action of the TRC and Calls for Justice of the MMIWG National Inquiry.



## Key Change Management Strategies

Anti-racism and culturally safe change is complex and needs to occur simultaneously in multiple complex organizations. This can be envisioned as a puzzle, with many pieces, with some key ones identified in the figure below.

Appendix A also includes a description of the alignment of this approach with the LEADS Framework, a framework for health leadership in Canada.<sup>23</sup>

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<sup>22</sup> Reo, Nicholas. Inanwendiwun and Relational Accountability in Anishinaabeg Studies: The Crux of the Biscuit. *Journal of Ethnobiology*, 39(1): 65-75. <https://journals.sagepub.com/doi/full/10.2993/0278-0771-39.1.65>

<sup>23</sup> Canadian College of Health Leaders. The LEADS Framework. Available at: <https://cchl-ccls.ca/pld-leads/the-leads-framework/>

## Strategies for Change Management: Giga Mino Ganawenimaag Anishinaabeg



**Figure 5:** Strategies for Change Management for Giga Mino Ganawenimaag Anishinaabeg.

### 1. Team based training:

As much as possible, **encourage teams to take training in roughly the same time period.** This can provide content for new conversations, and can be paired with adaptive leadership approaches that create psychologically safe spaces for anti-racist action.

As an incentive, teams could have team-specific in-person consolidation workshops that hold space for both individual action planning and team action planning for both ongoing learning and practice change.

Note that for individuals who participate in the training but not as part of a team cohort, in-person workshops will still be offered.

### 2. Coach facilitator model:

Coaching is a strengths-based model of support that is defined as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. The process of coaching often unlocks previously untapped sources of imagination, productivity and leadership.”<sup>24</sup>

A coaching approach holds the client/ person being coached able to integrate new perspectives, their own experience and knowledge into progress forward. By holding space for an individual to develop their own action plan, they become more likely and more responsible to implement the action plan through improved self-efficacy.

Team coaching recognizes that teams are the engines of organizations, bringing together skills to solve problems, innovate and execute. Teams are where the organizational culture is experienced. Team coaching shifts the focus from individual to collective impact, and encourages team members to build stronger relationships to create environments of agency and accountability.<sup>25</sup>

With these principles in mind, a coach facilitator model will be adapted to support individuals and teams to integrate their learning and move to action. Rather than unidirectional expert input into what individuals and teams should do, the responsibility will be on individuals and teams to design and commit to their own paths forward. Coaches will hold individuals and teams capable to make changes that result in increased cultural safety for Indigenous Peoples

<sup>24</sup> International Coaching Federation. What is Coaching? Available at: <https://coachingfederation.org/about/>

<sup>25</sup> Sanyin Siand and Michael Canning. Coaching Your Team as a Collective Makes it Stronger. Harvard Business Review. Feb 2023. Available at: <https://hbr.org/2023/02/coaching-your-team-as-a-collective-makes-it-stronger>

### 3. Support Team Leaders to Hold Teams Capable and Accountable

A range of technical and adaptive solutions are needed to support team leaders.

This can include **adding anti-racism and cultural safety competencies to leadership job descriptions**, and assessing the competencies throughout the hiring process. This will be an important reflection of organizational commitment to anti-racist and culturally safe change. Within the RFHS examples of these are available in the Social Justice and Anti-Racism Toolkit.<sup>26</sup>

Similarly, **performance review forms can include standards for anti-racism and cultural safety**. Annual performance conversations or similar processes can include recognition of participation in education, and evidence of positive action and behavior change, or note its absence and set expectations. This has been done for some performance review forms in RFHS, with guidance on how to utilize these sections available in the Social Justice and Anti-Racism Toolkit.

Consideration can be given to **investing in the Fearless Organization Scan for teams to assess and then build plans to increase psychological safety**. One member of the project leadership team (Dr. Anderson) is certified in administering the Fearless Organization Scan.

The RFHS continues to build our capacity to **implement restorative justice approaches**. We have worked with Dr. Pedro Flores to offer restorative leadership training for leaders as well as restorative circle training for practitioners. RFHS will be moving forward with community building circles, as well as policy and procedure review to being offering restorative justice options where conflicts or complaints occur. Consideration can be given in our partner organizations to invest in similar approaches.

The RFHS offers a **group coaching program for Social Justice and Anti-Racism Leadership**. The goal of this is to support leaders responsible for implementing social justice and anti-racism change, including exploring the personal development necessary to carry out the professional roles. The concepts of adaptive challenges, adaptive solutions, and adaptive leadership are explored in this group coaching program. Group coaching support for leaders specific to cultural safety and anti-racism may be similarly beneficial across the organizations.

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<sup>26</sup> Office of Antiracism, Rady Faculty of Health Sciences, University of Manitoba. Social Justice and Anti-Racism Toolkit. Currently available on intranet at: <https://umanitoba.ca/health-sciences/office-anti-racism#anti-racism-and-social-justice-toolkit>



## Appendix A: Alignment of Key Change Management Approaches with the LEADS Framework

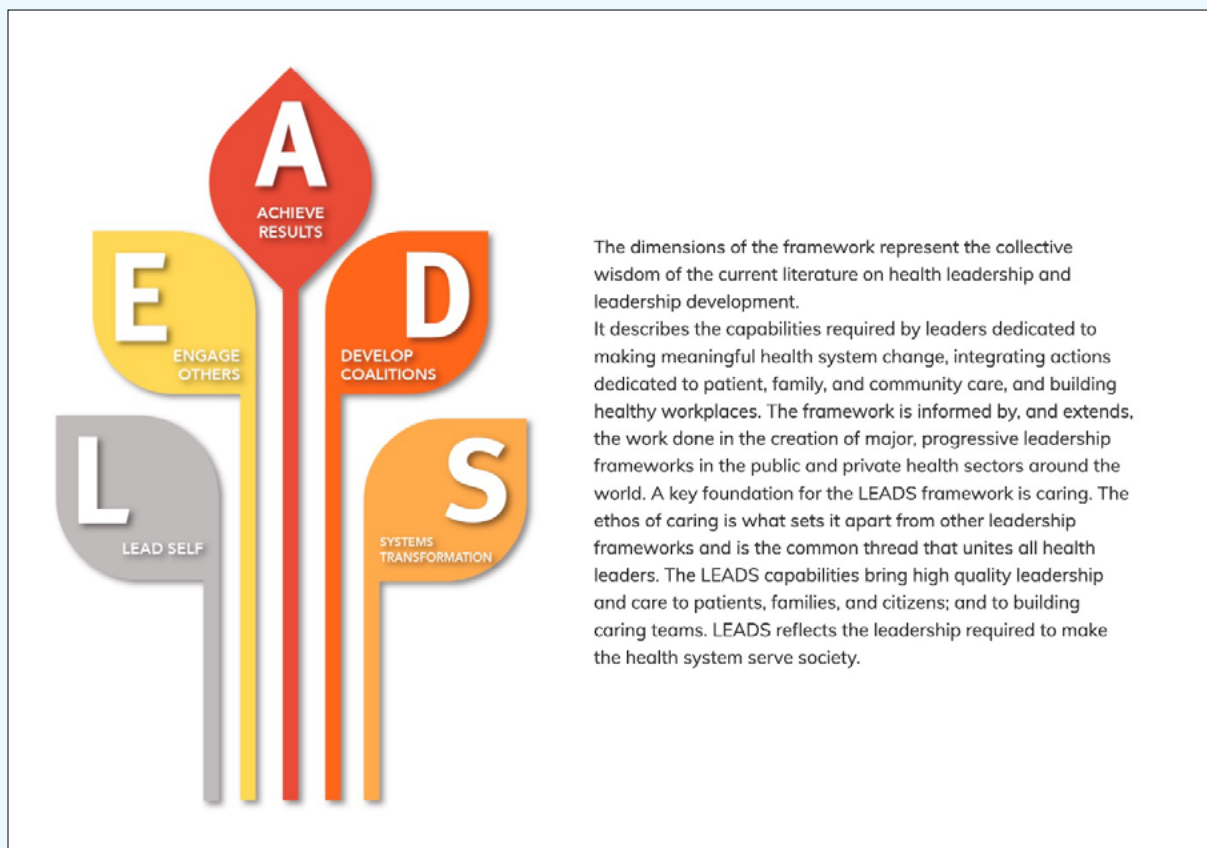


Figure 7: The LEADS Framework.

<b>LEADS Dimension</b>	<b>Change Management Strategy</b>	<b>Alignment</b>
<b>Lead Self</b>	Coach Facilitator Model	The “Connect with a Coach” and coach approach to facilitation model will support individuals to integrate and apply knowledge
	Group Coaching for Leaders	Support personal decolonization and anti-racism work of leaders
<b>Engage Others</b>	Fearless Organization Scan and Supports	Supports for Leaders and Teams to increase psychological safety and get into the Learning Zone
	Restorative Justice leadership and accountability processes	Shift to accountability processes that are grounded in Indigenous knowledges, focus on restoring relationships and wholeness, and are supportive
<b>Achieve Results</b>	Anti-Racism and Social Justice Core Competencies	Hire with the excellence needed for this change centered
	Anti-Racism and Social Justice components on performance review form	Support communication of expectations and accountability for anti-racism and social justice
<b>Develop Coalitions</b>	Team-Based Training	Establish individual and team continuous learning and action plans
	In-person consolidation workshops	Whether participating as a team or individual, build connections with other actors in the RFHS and health system committed to change
<b>System Transformation</b>	All of the above	Reinforcing goal of fundamental paradigm shift, the above approaches are designed to get below the surface of the organizational culture iceberg