

## Transcript of Interview with Carol Fancott

[00:05]

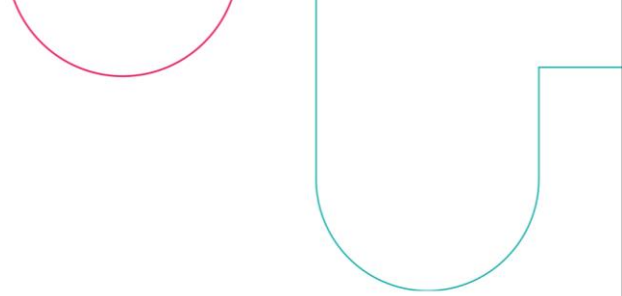
So, I was a relatively new director, having just started at CFHI, the legacy organization of CFHI, at the time. And I recall that the previous director of Northern and Indigenous Health had recently left the organization. And within her portfolio, we have a network that we support called the Canadian Northern and Remote Health Network. And this is a network of health care leaders and administrators across the north of provinces and the three territories. And we bring them together every year for a knowledge exchange type of event where they can really connect on issues that are unique to northern and remote regions of the country. And in one of these sessions, they had identified the issue of suicide prevention to be a common priority across their regions. And it was something that they really wanted to explore. And we had begun conversations with them that CFHI, who had some knowledge and experience in doing learning collaboratives and bringing organizations together to learn and to implement novel innovations in specific areas. And so the Northern Network had decided that this area of suicide prevention in the North was important to them, was of shared concern, and had asked CFHI if we would be able to support them in a learning collaborative.

[02:07]

As a new director coming into a different portfolio, I was then asked to step in to see if we would be able to get something like this off the ground. As we had further discussions with the Northern Network members, so, again, these are primarily mainstream health authorities or the government agencies that are running the health systems in these northern regions. And through these conversations that we were having with these networks, or these members, they were telling us they actually really wanted to focus their efforts in Indigenous communities that they served in these northern regions. And so as we had these conversations, I think there was a real realization within the very small Northern and Indigenous Health Team that was currently existing within CFHI at the time, that in order for us to do this work, we actually needed to be able to partner with Indigenous organizations that had expertise in suicide prevention, in mental health and wellness. We knew previously that there had been some work done within CFHI with some Indigenous leaders and organizations. And so we started to take a look at who would we be able to reach out to that may be able to work with us and to partner with us on delivering a program that would focus on suicide prevention in the North within Indigenous communities.

[03:50]

And so there was an initial reach-out to particular individuals that had worked with us in the past, knowing that there had been some issues and, previously, and that we were really looking to restart and to redevelop these relationships. So that is where we started. There was initial



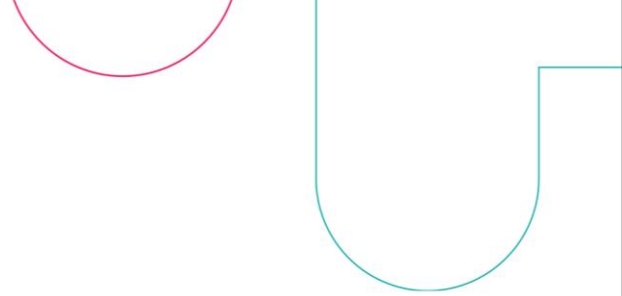
email exchanges and then some initial conversations. And so, as Carol, as you had referred to previously, you know, I do recall those very early conversations with you, with a VP from CFHI at the time, to really understand what had happened in the past, to certainly express our apologies for anything that we may have done, any missteps that may have occurred, and really a desire to start fresh, knowing that there was a focused area of work and that we really wanted to be able to support this Northern Network, but we wanted to do so in a way that was really going to bring in new partnerships and to work in a very different way.

[05:17]

So, I was quite new to the organization and admittedly very new to the area of Indigenous health, new to the area of mental health, suicide prevention. But what I did come in with and what I was hired initially was as director of patient engagement and citizen engagement. And so I had spent a lot of my career working in the space of engagement, but specifically with patients, families and caregivers. And so as I reflect on why I, as someone so new in the organization, was asked to take this on, I do think partly it was as a result of my engagement background. I will admit trepidation in developing and starting new relationships and feeling a little bit like a fish out of water as I was starting out. But I recall one meeting in particular, and it was probably a bit further along as we were starting the guidance group in particular, and just so pleased that Carol Hopkins had agreed to co-chair this group with me. But going into our first guidance group meeting, we were all gathering in person, it was a two-day meeting. I remember as I was turning the corner to come into the meeting area, I could hear Carol Hopkins laughing, and I remember that totally diffused any nerves that I had. And I just remember thinking, we're going to be okay. This is going to be okay. And I just remember Carol's laughter and her openness and just wanting to be there. And, you know, a genuine desire, I think, by all parties that had come together to want to work together in a very respectful and authentic way and an openness to be able to learn from and with each other and to really do work together in a collaborative way.

[07:33]

And so, yes, it was daunting. The subject matter is very difficult, and feeling— we want to make a difference in this area. And it matters. And it matters to our partners, our Northern Network partners. But it also matters to all of us within CFHI and to the Indigenous partners that we were forming new relationships with. So, yeah, it was— and sometimes I think maybe it was the newness that was actually quite helpful. I was new to CFHI, I was new to this area, and I was very open to wanting to learn. And I didn't have any preconceived ideas about how we run collaboratives, how we run programming. It was truly, and I think our entire team, the Northern and Indigenous Health Team, was very open because this was the first collaborative that we were doing as a group in this area. And so, again, going in without preconceived ways that we had to work, I think there was an element of freedom in that. And as we were learning as an organization, there was an openness to be able to go back and say, you know, the way that we



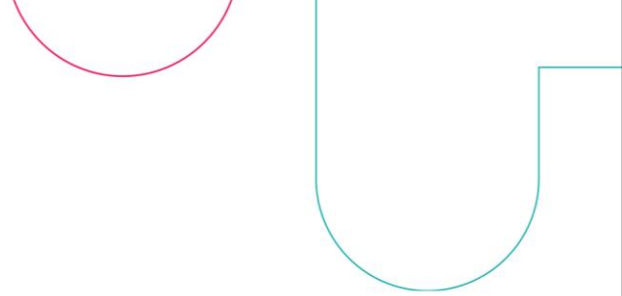
do things, you know, in a different kind of collaborative, that's not going to work for us here, and that there was an openness to say, okay, go ahead and try. And if this is what the guidance group is saying, if this is what you feel you need to do, then, you know, we were, I think, given a lot of openness to try things in a very different way, which is how the collaborative unfolded.

[09:26]

So, as Brenda was speaking, it was really making me think of some “aha” moments that we had. And Brenda was part of the very first workshop. It was an orientation workshop where we had brought together the teams from these northern regions across Canada. And it was sort of that introductory workshop to what this collaborative could be. And I remember Brenda presenting the First Nations Mental Wellness Continuum Framework. And it was like the lightbulbs all started to go off, and those “aha” moments, and really that shift, because we had started this collaborative as a suicide prevention collaborative, that is what the Northern Network had talked about. We were there to support. And as Brenda was speaking about the framework and concepts of hope, purpose, meaning and belonging, that just resonated with all of the teams and really helped us make that paradigm shift that I think the collaborative needed to take if these teams truly wanted to work together in Indigenous communities, and to move us from more of that deficit-based to much more of a strengths-based approach to life promotion. It truly was that “aha” moment. And I think it was at that moment that all of a sudden we realized this paradigm shift that needed to happen for the collaborative, moving us from suicide to promoting life, and to really acknowledge and embrace Indigenous knowledge and First Nations knowledge as we were learning through the First Nation's Mental Wellness Continuum Framework.

[11:35]

So to me, that was a pivotal moment very early on in the collaborative, because it was after that that we started to shift the language and then fully embraced, you know, and became the Promoting Life Together Collaborative. That was one key moment. The other one, as Despina was chatting, it was really making me think of, I think, a significant shift that we made as a mainstream organization, and especially one that had done learning collaboratives in the past. And evaluation is a big part of those learning collaboratives, and in particular, outcome evaluation. And I remember there was a point relatively early on as we were working with the guidance group, having these conversations and understanding the foundation of relationships in not only the work that we were doing as an organization, but that the teams needed to do in developing those relationships between these mainstream health authorities and the First Nations or Métis communities that they wanted to be working with. And it, again, was one of those moments of understanding that relationships is really one of the outcomes that we need to focus on and that ability to work in relational ways. And what did that mean, not only for us as an organization, but what was it going to mean for teams, and the notion of working in



relationship, and how that is a key element of sustainability. So whatever other health issue that these mainstream health authorities might be thinking about, but to have those relationships with the communities that they were now working with, would enable them to continue on in working in partnership and having communities lead what the priorities were going to be, and the foundation of that would be the relationship.

[13:59]

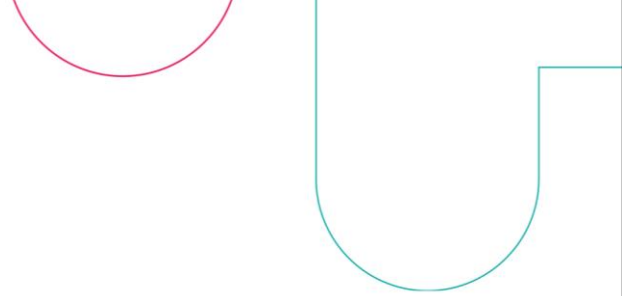
And it was, again, one of those “aha” moments: we need to focus on relationships here in this collaborative. And in order to do that, it's shifting us, well, one, relationships was an outcome, but really focusing then on the process by which relationships were being built not only within our work together with the guidance group, but also the work of the teams. Again, mainstream health authorities working together with First Nations communities, and what does that look like, and following sort of or understanding the process of developing those relationships. And that was the real key learning for us to let go of some of those traditional indicators that we would always look at as part of our collaboratives, and to be able to open ourselves up much more to be thinking about, sort of, the importance of relationship in this work. And that was a very valid outcome that we needed to understand. And that the only way we would understand it was actually through a process evaluation. So, again, some of the key learnings that I think we have taken out from this.

[15:19]

It's the reminder of, you know, we started this work three years ago, and we didn't know what we were getting into at the time, and we didn't know what we didn't know, as Despina had said. But, you know, just in Ed's final comments around, you know, acts of reconciliation, and truth and reconciliation, just the work of this collaborative, and how it has helped us as an organization, certainly have, I think, a much better understanding of what it means to work in this way and to be an organization that is committed to truth and reconciliation. And it has put us on this whole other path now as an organization and our commitment in our work to be guided by First Nations, Inuit and Métis people as part of our own journey for truth and reconciliation. So, just some reflections, as I was listening to everyone this evening. There's been a lot of learning, as you can tell. So thank you.

[16:46]

The experience of being part of the Promoting Life Together Collaborative has been incredibly profound in so many ways. I can honestly say on a personal level, it has been deeply, it has been deeply personal learning, for sure, in terms of thinking of who am I, where am I from, where am I going, and what is my purpose, and to really be reflective, and not only who I am as a person, but to really think of who I am within the broader world and how I show up, and being



cognizant, increasingly cognizant, of systems and structures around me that I may never have questioned previously, but am much more aware of and aware of what my role potentially could be in helping to break down some of those systems and structures. On a professional level, again, the deep, deep learning that has happened in the context of this work, and in creating an environment where we could work in a very different way, in a relational way, and to be deeply attentive to others, to their perspectives, to listen well, to be respectful, to be open, and to be kind to each other, to ourselves. Because I feel that the people that we have had the privilege of working with, our First Nations and Métis partners in this work, have been incredibly kind and gracious and generous in their teachings with us, which has helped us, me as a person, but I think also us as a team and us as an organization to move forward.

[19:20]

There are so many learnings that I don't even know where to start. But I'll go to a couple. I think one is what it means to work in relation to others and being relational, knowing someone, wanting to know someone, wanting to know myself, and what we bring to the table and how we communicate that, and come to shared understanding, shared decisions, shared power in how we move forward with work together. I think that has been deeply moving for me. And the second, I would say is, you know, what our coaches talk about, the head to heart journey, and that how many of us that work in health and health care know what we know and can think about things on a very cognitive level. But until we are learning by doing, and until we feel it, not just know things, but feel things, that it brings a whole new meaning to what we think we know on a cognitive level, but really how we will be and how we will act in the world because we feel it at that level. I think one of, another big learning that has come from this is the ability to be vulnerable, to realize you don't know everything, and you're not meant to know everything. And that that's why you continue to widen your circle, and why you bring others in, and why you listen and why you care.

[21:19]

And that— but putting yourself in a vulnerable place is also being able to live with a great amount of discomfort. And it is learning to be comfortable with the uncomfortable. And that's okay. And that maybe that's when the deepest learning actually happens, is when we put ourselves out there and we can go in with a sense of humility of what we know and what we don't know, and be open to, to hearing others, to learning from and with others. And that will then move us in new directions that we would have never thought were possible. And I think that's been, again, I mean, there's been so many impacts and so much learning, but you go in with you don't know what you don't know. And as that becomes uncovered, as you will embrace your vulnerability and your discomfort, it actually allows you to then know. And that's been a gift.

