

# Thunder Bay Multicultural Association

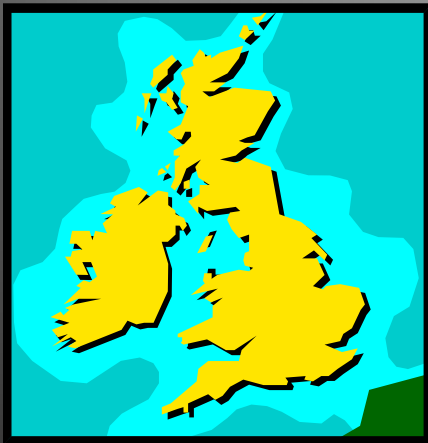
**Cathy Woodbeck, Executive Director**



*P2P Conference  
Edmonton, Alberta  
October 21, 2015*

# Quick Facts

Northwestern Ontario is larger than the combined size of the United Kingdom and France with a widely dispersed population of 250,000 in 36 communities.



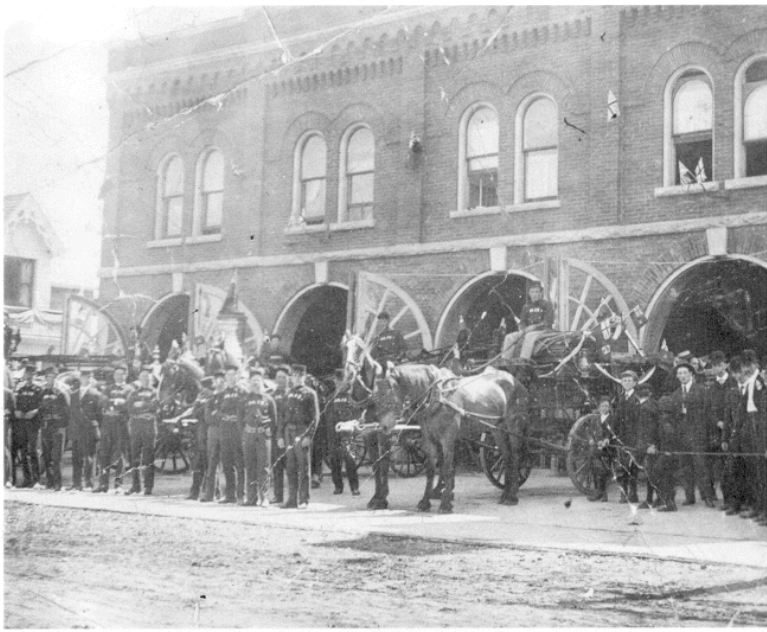
+



# Perspective







# Partnerships, Collaborations and Regional Immigration Partnership

**LIP** – 36 municipalities participate in our Immigration Partnership with representatives from municipal government, economic development, agencies or service providers in the community and a number of interested businesses and social service offices.

**Health Passport** – a collaboration of the Northern Ontario School of Medicine and Thunder Bay Multicultural Association.

**Developing Diversity in Policing** – a project with Thunder Bay Police

**City of Thunder Bay Anti-racism and Inclusion Committee**

**Northwestern Ontario Ring of Fire Mining Readiness Strategy**



# Programs and Funders

- ▣ Settlement Programs – Federal CIC
  - Information, Orientation and Referral (former Immigrant Settlement and Adaptation programs)
  - Language Instruction for Newcomers to Canada  
LINC classes, LINC assessment with CLBA and CLB LA etc. for all of Northern Ontario
  - Community Connections  
mentorship programs formerly HOST program, professional mentorship and youth groups
- Local Immigration Partnership
- Provincial Programs – MCIIT Ontario
- Newcomer settlement program and Language Interpreter Service
- Interpreter Service – providing interpretation and translation

We have a toll free telephone number, website, Face Time, Skype and email access for service to the region as well as a satellite office in Kenora to serve the western part of our catchment area. We have 36 contact points in the region.

# Who does what?

- ▣ What can you ask of people?
- ▣ How do you motivate them?
- ▣ Stakeholders vs participant
- ▣ Action or Advisory Committees

City of Thunder Bay

Anti-racism Committee – small working group  
– larger advisory

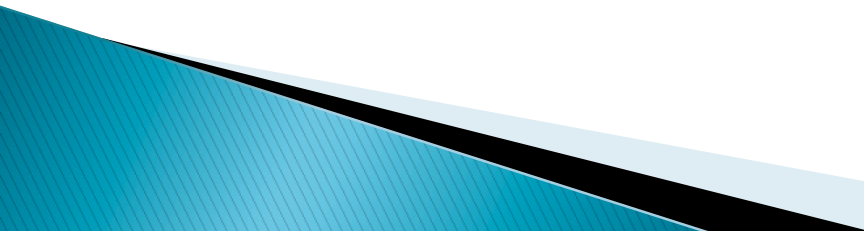
Immigration Portal – 5 person action committee  
– 356 municipality coalition

Quarter back, Conductor or Bus driver

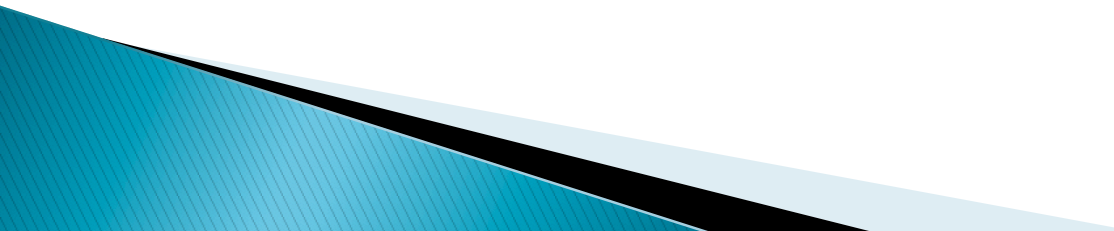
You need a coordinator and active participants on the small group.

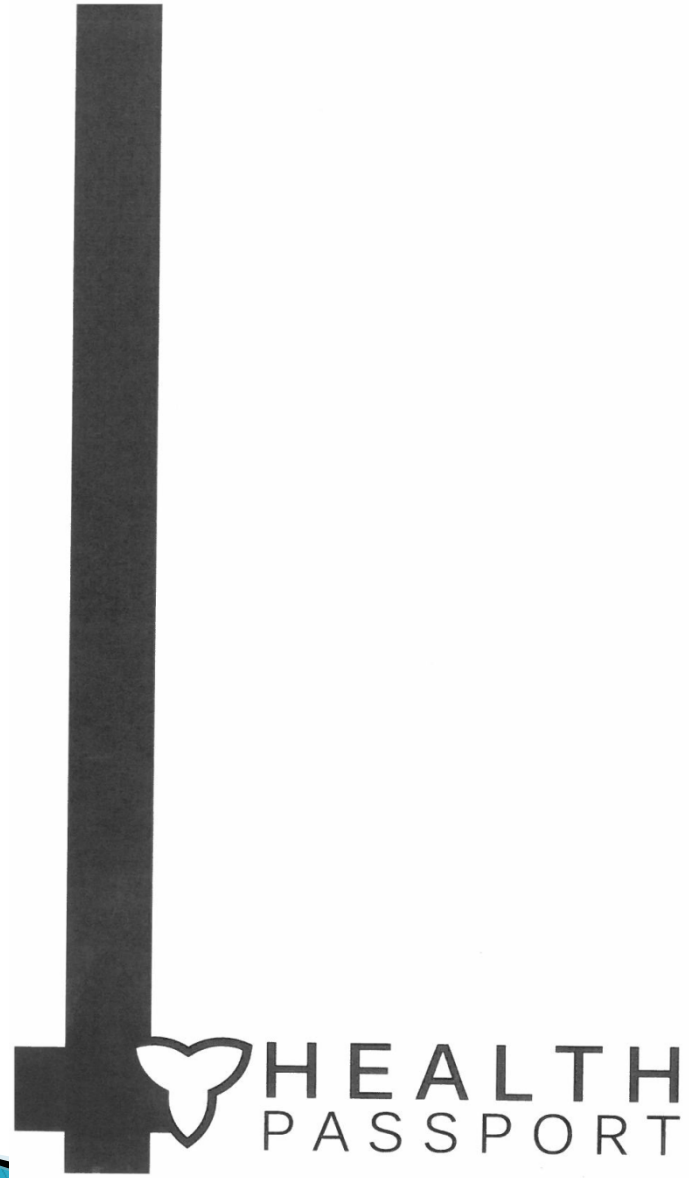


# Regional Partnerships and Technology

- ▶ \* large distances and remote communities
  - ▶ \* partners spread across the region we serve
  - ▶ \* technology is the key to connecting
  - ▶ \* Immigration Partnership made up of 36 municipalities and a variety of partners within those 36 communities. Meet via technology.
  - ▶ \* web ex, go to meeting
  - ▶ \* discussion boards
  - ▶ \* google docs
  - ▶ \* drop box
- 

# Successful Partnership Project with Northern Ontario School of Medicine

- ▶ Met as an advisory group with settlement agency, medical clinics, NOSM, refugee groups, dentists, health unit and Local Health Integration Network.
  - ▶ Issues identified, project proposed and Medical students took the initiative with the Thunder Bay Multicultural Association as a partner. Refugees and sponsorship groups evaluated and commented along the way.
- 

The logo features a stylized white heart shape with a notch at the bottom, set against a black cross-like background. To the right of this graphic, the words "HEALTH" and "PASSPORT" are stacked in a bold, sans-serif font. A thick black vertical bar is positioned to the left of the logo.

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
I like to be called: \_\_\_\_\_

Please return this passport to me before I leave.

**ATTENTION HEALTH CARE PROVIDER:**

This passport has important information so you can better support me when I visit/stay in your clinic or hospital.

This information is confidential.

If you would like to photocopy the information to keep it with my record, please ask my permission.

Please add important information about my health to keep this record up to date.

The Health Passport is a project led by students of the Global Health Interest Group at the Northern Ontario School of Medicine. For more information, contact the NOSM Student Society, nosmss@nosm.ca.

Thank you for support from:



Northern Ontario School of Medicine  
École de médecine du Nord de l'Ontario  
ᑭᓐᑎᓐᑎᓐ ᑎᓐᑎᓐᑎᓐ  
L'ᓐᑎᓐᑎᓐ ᑎᓐᑎᓐᑎᓐ



Northern Ontario School of Medicine  
**Student Society**

**Thunder Bay**



Multicultural Association

*The Fabric of our Community*



**GENERAL INFORMATION**

Given names: \_\_\_\_\_

Last names: \_\_\_\_\_

I like to be called: \_\_\_\_\_

Sex:  Female  Male

Date of birth: \_\_\_\_\_ Blood type: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Languages preferred: \_\_\_\_\_

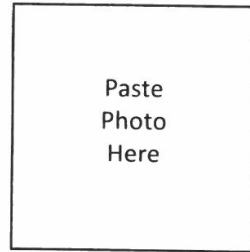
Able to speak: \_\_\_\_\_

I require an interpreter/translator:  Yes  No

If yes, how do we contact them?

Thunder Bay Multicultural Association 24h Interpreter Service 1-888-831-1144

Special needs:



**MY ADDRESS**

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

**MY ADDRESS (use this if you move or have a second address)**

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

## EMERGENCY CONTACTS

If I am in an emergency please contact:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

## MEDICAL INSURANCE

OHIP Number: \_\_\_\_\_

Trillium

Interim Federal Health Program

Ontario Drug Benefit program (ODB)

Persons receiving Ontario Works, ODSP, Trillium, or over 65 are eligible for ODB.

Other

Name of Company/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Other

Name of Company/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## ALLERGIES AND SENSITIVITIES

Do you wear a medical alert bracelet?  Yes  No

Do you carry an Epi-Pen?  Yes  No

Do you have any allergies to...

Medications

Food

Latex

Anaesthesia

Other substances

Please name the substance(s) you are allergic to and describe the reaction:

Name	Reaction

## MEDICAL CONDITIONS

I have been diagnosed with the following conditions...

- Active Tuberculosis (TB), Date: \_\_\_\_\_
- Alzheimer's/other dementia
- Asthma
- Cardiovascular Conditions:
- Atrial Fibrillation                       CHF
- DVT/PE     High Blood Pressure
- Previous MI     Stroke
- Chronic Renal Insufficiency
- COPD
- Diabetes
- Epilepsy
- G-6-PD deficiency\*
- \*If yes, I will become sick with hemolytic anemia and may develop jaundice if given aspirin, nitrofurantoin, antimalarial drugs, or fava beans.
- Hepatitis C
- HIV/AIDS
- Other medical conditions, list:

Date of onset	Diagnosis/Condition

## SURGERY

- Have you had any surgeries?  Yes  No
- Have you had any reactions to anaesthetic?  Yes  No
- Appendix Removal, Date: \_\_\_\_\_
- Caesarean Section, Date: \_\_\_\_\_
- Gallbladder, Date: \_\_\_\_\_
- Thyroid Surgery, Date: \_\_\_\_\_
- Tonsil Removal, Date: \_\_\_\_\_
- Others: \_\_\_\_\_

## MENTAL HEALTH

- Do you have, or have you had in the past, any mental health conditions?  Yes  No
- Anxiety                       Bipolar Disorder                       Depression
- Schizophrenia                       Substance Abuse
- Other: \_\_\_\_\_

## OBSTETRIC/GYNECOLOGY HISTORY (Women Only)

- Age of menarche: \_\_\_\_\_
- Menopause: age at symptom onset: \_\_\_\_\_
- age at final menses: \_\_\_\_\_
- G (pregnancy): \_\_\_\_\_
- T (term deliveries): \_\_\_\_\_
- P (preterm deliveries): \_\_\_\_\_
- A (abortions/miscarriages): \_\_\_\_\_
- L (living children): \_\_\_\_\_
- Have you had an abnormal PAP or gynecological disease or cancer?
- Yes  No
- Details: \_\_\_\_\_

## FAMILY MEDICAL HISTORY

Do you know if your parents, sisters and brothers, or children have any illnesses or diseases?  Yes  No

If yes, list:

Relationship	Illness/Disease	Comments (i.e. age of onset, severity etc.)

If applicable, do you know at what age your grandparents and/or parents died, and what was the cause of death?

Parents: \_\_\_\_\_  
 \_\_\_\_\_

Grandparents: \_\_\_\_\_  
 \_\_\_\_\_

## MEDICATIONS

Do you use any prescription medications?  Yes  No

Name	Dose	Date started	Discontinued

Any additional medications can be recorded in "Notes" on pg. 12.

Do you use any...

Vitamins?  Yes  No

Details: \_\_\_\_\_  
 \_\_\_\_\_

Over the counter medications?  Yes  No

Details: \_\_\_\_\_  
 \_\_\_\_\_

Herbal or traditional medicines?  Yes  No

Details: \_\_\_\_\_  
 \_\_\_\_\_

## SOCIAL HISTORY

Who do you currently live with? \_\_\_\_\_  
 \_\_\_\_\_

Do you use alcohol?  Yes  No  
 If yes, how much and how often? \_\_\_\_\_

Do you smoke cigarettes?  Yes  No  
 If yes, how many per day? \_\_\_\_\_  
 In what year did you start smoking? \_\_\_\_\_

What is the highest level of education you have obtained?

- None  Primary  
 Secondary  Technical  
 College  University  
 Other:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you work outside the home?

Yes, where? \_\_\_\_\_

No, is there a particular reason why not? \_\_\_\_\_  
 \_\_\_\_\_

What culture or ethnicity do you identify with? \_\_\_\_\_  
 \_\_\_\_\_

Are there specific religious/cultural needs that impact how you would like to receive health care? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## IMMUNIZATION RECORD

Keep a copy of your immunization record in the back pocket of this health passport, if available.

### Common Vaccinations:

Name	Date(s)	Comments (reactions, side effects)
Polio		
Diphtheria		
Tetanus		
Pertussis		
Hemophilus influenza type b (Hib)		
Meningitis		
Varicella		
Measles		
Mumps		
Rubella		
Hepatitis A		
Hepatitis B		
Typhoid		
Tuberculosis		
Human Papillomavirus (HPV)		
Seasonal Influenza (Flu shot)		

Have you received any other vaccinations?

Name	Date	Comments



## RESIDENCY/TRAVEL HISTORY

Where were you born? \_\_\_\_\_

When did you immigrate to Canada? \_\_\_\_\_

Where have you lived and/or travelled to in the past?

Date, Duration	Location (Country, Cities)	Comments*

\*Can include details about accommodation (i.e. house, adobe hut, tent, refugee camp, etc.) or local exposures that may be relevant.

## HEALTH CARE PROVIDERS

### DOCTOR/NURSE PRACTITIONER/USUAL WALK-IN CLINIC

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### SPECIALIST DOCTOR

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PHARMACY

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### DENTIST

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### COUNSELLOR

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### COMPLEMENTARY MEDICINE

Other providers, including spiritual/traditional/alternative medicine:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### OTHER HEALTH CARE PROVIDER

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NOTES**

Include date of visit/observation

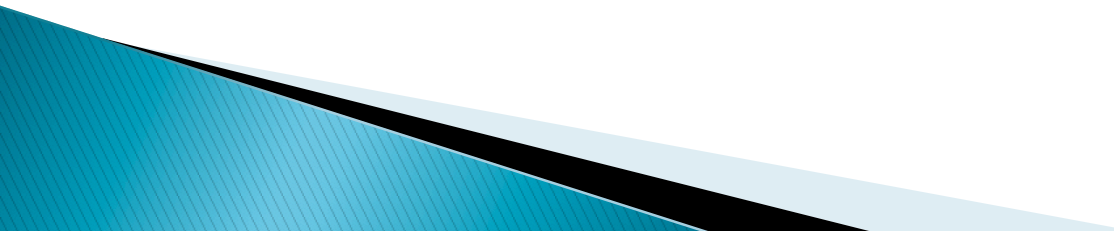
A series of horizontal lines for writing notes.

**Use this pocket to keep a copy of your immunization record and updated medication list.**

## Governance

- Rules of Engagement, Terms of Reference (Policing Project)
- multi-stakeholder meetings need an outside coordinator (Ring of Fire Mining Readiness Strategy)

## Strategic Planning

- for a region or a municipality
  - for a project
  - around a specific idea or sector
- 

# Ring of Fire Mining Readiness Strategy

The strategy consists of 56 key recommendations that fall into the following categories:

- Energy	- Housing	- People
- Transportation	- CEDC Economic Development	- Infrastructure
- Supply Chain	- FWFN Economic Development	

Of the 56 recommendations made in the Mining Readiness Strategy, 20 of the recommendations related specifically to “People”.

The MRS “People” sub-committee met three times in the spring of 2014 to review the recommendations and discuss outcomes and activity related to each recommendation. The sub-committee included:

Don Bernosky, Confederation College

Dr. Peter Hollings, Lakehead University

Madge Richardson, North Superior Workforce Planning Board

Cathy Woodbeck, Thunder Bay Multicultural Association

Walter Bannon, Fort William First Nation

Doug Murray and John, Thunder Bay Community Economic Development Commission

The recommendations have been broken into sub categories:

**Labour**

**Training/ Education**

**Immigration**

# Contact information

Cathy Woodbeck

TBMA

(807) 345-0551

[cathyw@thunderbay.org](mailto:cathyw@thunderbay.org)