

## A Vanguard in Montreal

On May 30th I traveled to Montreal, Quebec in Canada to participate in a conference unlike any I have ever attended. The three-day Vanguard Conference, sponsored by [Next City](#), is an experiential leadership assembly of 40 leaders whose work is dedicated to improving the quality of life in urban areas. The conference rotates locations each year; the 2017 host was [Concordia University](#) and the theme was "accessibility." Next City selected this topic because "21st century urbanism demands that all people enjoy access to the places, tools, and decision-making power necessary to fully participate in urban life and effect change in their community."

When I originally applied to become a Vanguard, I was working at [Philadelphia Corporation for Aging \(PCA\)](#), the Area Agency on Aging for the city and county, whose mission is to help older adults remain in their homes and communities for as long as possible. For 8 years I helped our city to become more supportive of people as they age, through influencing policies, plans and programs that increase access to safe and affordable housing, fresh foods, public transportation, and accessible public spaces. Upon transitioning to the Jefferson College of Population Health (JPCH) in January 2017, access was also central to my role, yet in a different way. Access to reliable, safe, and affordable health care that is attuned to the social and environmental determinants of health is a key component of population health.

Participants in the Montreal conference came from urban planning, community development, entrepreneurship, government, transportation, sustainability, design, and art. I felt honored to have been selected to participate in the conference, given that there were over 700 applicants from all over the world, and a special sense of responsibility because I was the

only person representing the healthcare sector.

The event organizers carefully curated the three-day schedule to allow the Vanguards to be exposed to intimate situations and places within the city of Montreal. We met community leaders fighting displacement; artists creating safe spaces for at-risk youth; social entrepreneurs who created co-working spaces in vacant churches; and public artists explaining their work. We went on an informal public art tour, ate lunch at a soup kitchen, and visited a park created by community members – our learning took place every other way except sitting in a classroom! Within the past couple of years, Next City added an additional dimension to the experience: the [Big Idea Challenge](#). On the third and final day, the Vanguards were divided into five teams of eight to work with a community partner and solve a real-life program related to the annual theme. The day then culminated with eight public presentations in a competition to determine which team would receive funds to implement the solution.

My team was composed of an architect, landscape architect, urban planner, government relations professional, transportation planner, two community organizers and myself; we were partnered with [The Montreal Urban Aboriginal Health Centre \(MUAHC\)](#). Montreal's Aboriginal (indigenous) population is growing rapidly, yet we quickly learned that the community lacks a culturally safe and holistic health service center that is accessible to all Aboriginal people.<sup>1</sup>

Aboriginal cultures have a different approach to wellness that involves unique rituals, from smudging (cleansing spaces through



*Kate Clark presenting with her team at the Big Idea Challenge, Next City Vanguard Conference*

burning sage) to chanting and singing songs, playing sacred instruments, and having elders teach healing practices to those who are ill, all of which are integral to the healing process. Other barriers to care include a lack of understanding of Aboriginal social and family structure, language, and perceived discrimination. A health services mobile bus serves [The Native Friendship Centre of Montreal](#) twice a week (an Aboriginal community center). It is the only care that many have access to and it does not fulfill their cultural needs. Our team's goal was to design a short-term solution that would be a step in the right direction towards MUAHC's need to build a fully functioning and independent health center dedicated to Montreal's Aboriginal population.

We began our collaborative process to design a Big Idea through participating in a "listening circle" at the Friendship Centre. MUAHC welcomed us into their culture through actively engaging us in several spiritual rituals, such as cleansing our hands with burnt sage smoke, which we did individually before we sat to discuss the project. Songs were sung and prayers were said. We then began to learn more about the challenges facing this community. We learned from firsthand accounts about historical traumatic events that led to economic and social inequities - unemployment, unsafe living conditions,

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social marginalization and poverty. We heard about the serious health disparities that led to unacceptable rates of suicide, infectious diseases, chronic conditions, mental health difficulties, and infant mortality.

On a more theoretical note, we learned about the essential components of a medicine wheel, which is the Aboriginal framework for wellness that comprises physical, emotional, spiritual, and mental health. It was during this discussion, when we began to talk about the inpatient hospital setting in Montreal and the need for a culturally welcoming space in that arena as well. This conversation gave rise to our Big Idea, which was to transform an existing room within a hospital into a Healing and Teaching Lodge, where Aboriginal patients and their family and friends could come together to focus on wellness. We chose nearby McGill University Health Centre's Glen Site as the proposed pilot site, which was undergoing construction and where our partners had very strong relationships with senior leadership. Not surprisingly, our designed

room was retrofitted into the shape of a medicine wheel, decorated with Aboriginal art, a sound system, instruments, and more.

Luckily, the judges received an anonymous donation during their deliberation that allowed them to fund not one but three projects! We were one of the three who won money to implement our project after our final presentation (which can be accessed on Jefferson Digital Commons along with supporting documents, such as photos). The decision to fund this small project made a profound impact on future of the MUAHC project because it was the first funding the effort received, and it allowed the MOAHC to get some well-deserved press coverage.

One of the most outstanding outcomes of this experience for me was learning about the effectiveness and flexibility of interprofessional teams, an essential component of population health. Each person lent their expertise and asked the right questions to make this project a reality in the 4 hours that we were given

to brainstorm and design this idea, create a presentation, and then publicly present it. I learned the weight that a project's first funder can give to a fledgling effort which, as a board member of a small foundation that funds similar work in Philadelphia (Union Benevolent Association), was an invaluable insight. I also experienced the intense desire to have this community be heard, a result of the group experience and making a friend from the Aboriginal community in the listening circle, with whom I still communicate. Lastly, it has made me look into the disparities that our own indigenous population is facing, learn about their untold history, and seek out innovative models, such as the Alaskan Nuka System of Care, that are being implemented to address health disparities through a population health lens.

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