

AMS - CM - Ep 7 - Donna Duncan - Transcript

Helen 0:01

So welcome. I'm here with Donna Duncan, the CEO of the Ontario Long Term Care Association. That's your current job.

Donna 0:06

That's my current job.

Helen 0:07

You've had a number of other jobs. I've known you for quite a number of years through various parts of your career. But why don't you tell the listeners a little bit about your career trajectory so that we can situate you and then I'm going to ask a whole bunch of questions about your leadership experience.

Donna 0:23

Well, thank you, Helen. And I'm delighted to join you in, and I have to say that mine was an accidental career, I was going to do a PhD in English literature. So my, my undergrad was in French and German literature, and then a Master's in English. But along the way, I just found opportunities in around government and public service and public duty. It was a masterclass, quite honestly, working at first at the federal level with Joe Clark, when he was Minister of Foreign Affairs, working at Charlottetown. I was mentored by the President of the Council of ICAO, which is the International Civil Aviation Organization of Montreal, a UN agency, and ended up in Ontario and Ontario government and again, that mentorship from senior public servants, senior cabinet ministers, people who are dedicated to public service really set me on a very different path.

Helen 1:23

I kind of get that, we actually went to the same college at the University of Toronto, as it turns out, although I didn't know that when we first met. And I did a degree in French literature first as well. And I think the same thing that something about public service kind of grabs you and then doesn't really let go, and it becomes a calling for a lifetime of career, at least in my experience, does that have resonance?

Donna 1:45

It really does. And I think, you know, both of us coming out of St Hilda's, in Trinity College at the University of Toronto, as many former presidents have reminded me, I went to the University of Toronto, but there was this sense of community and at Trinity, where people really did gravitate to purpose. And if you look at so many of our colleagues in their careers, and no matter what year you went, I think that there was something that grabbed you and just brought you along, but also those relationships. And I, I would say that it was the relationships that got me on my path. It wasn't a plan. It was people.

Helen 2:22

Yeah, I never had a plan. And I'm a bit suspicious, sometimes when people do have plans, because they don't let other things happen. And careers evolve, and you evolve with opportunity. And it's the intersection of interest and opportunity and passion. I think that really kind of picks you.

Donna 2:39

I would agree, I really would agree in that. There were moments in time where I did have choices. And it's such a privilege to be able to have choice. And I don't regret any one of my choices. Would I have predicted that I would have run a children's mental health agency that is now part of Sick Kids. Would I have predicted that I now run one of the largest aging associations in Canada and be involved globally in aging? Absolutely not. That's just, none of those things were in my line of sight.

Helen 3:11

Yeah. Thinking about the roles that you've had, because you've worked in government, you've worked in a direct service organization, or, you know, multiple ones. And now responsible for an association. I've never worked in an association. So I'm kind of interested in what leadership skills do you bring to each of those roles? And is it different when you're in those different contexts?

Donna 3:32

I don't know that the overall leadership skills are different. The skills I learned in a more junior role really was the gift of curiosity, of continuous learning, of trusting asking for help, the value of the team, the notion that leadership is not a title necessarily, it can come from within. And you can lead in very different ways. No matter where you are in an organization. I

would say that they were different ways of using those tools. In government, what I really valued, especially in the provincial government, was how the theory actually goes into practice. We all learn in Elementary, in high school, takes three readings for a bill to become law, right? What they don't tell you about is the policy development process, that the personalities, the politics, the negotiation that goes into the stakeholder engagement, and how government works or doesn't work, but also how you can make it work. And, if you have a good sound idea, and you build and forge the right relationships, and engage in support others to come along, it's amazing what you can achieve. I would say that those were the skills that I really brought going into a publicly funded children's mental health organization.

I come from the Center for Addiction and Mental Health. I had the privilege of being there just as it had been created for large entities coming together merge together. And its creation, when I was there, nobody knew what CAMH was, they would say "cam ha". The stigma around mental health was significant. But again, that was a masterclass in watching a CEO like Paul Garfinkel, who had a vision, and developing a clarity of vision, bringing people along to shape and mold, a bigger vision, where everyone was committed to that destination, really, I think, was the thing that crystallized even the work I was doing inside government under the both federally and provincially, where I hadn't been part, in those days, of a policy development process of a campaign platform of what that bigger destination was. So doing that work within the auspices of CAMH, and when we think of it today, it's pretty remarkable that the the original vision held, and I took that with me into running a large children's mental health agency, what was then known as the Hincks-Dellcrest treatment centre. So U of T affiliate and College of Physicians and Surgeons accredited teaching site. All of our psychiatrists were on faculty, we ran from 13 different sites, we had partnerships in 109 different countries. And when I arrived there, it really was, What is our destination going to be? And having been part of a reimagining of adult mental health, really seen an opportunity to take the skills I had in government around how government works. And the work we've done at the Center for Addiction, Mental Health, to get government support to reimagine how mental health care could and should be developed. How could I take those skills that I've learned to mobilize the children's community? And what really mattered for me in that space, was knowing, taking the information I'd learned from CAMH, where 70% of adult mental illnesses begin in childhood and youth. So before you're 18, your

brain has now been impacted. And yet, from a public policy perspective, and understanding government, there are over 600 different children's mental health organizations in Ontario alone, highly fragmented, new real scale, a lot of what I would call, back in the day I used to evoke Lord of the Rings, was quite popular at the time. And the model of leadership where the Hobbits were actually the leader. So they were taking the ring. So long as we knew what our shared destination would be, we could get there if we asked for help. So, whether that was building our board, and looking for the skills and competencies, and those who wanted to build and share a vision and drive some change for children, whether that was within our team at all levels of the team. It was how do we transcend the "Gollum syndrome", as I used to call it, where, especially in nonprofits, we often protect what is ours? Right? But the art of the possible is what if we open it up, ask for help, and try to build something different in the accomplishment of a greater good.

I would say politics helped me on that path, working with public professional public servants, such as yourself and others, as well as the work at the Center for Addiction, Mental Health, where we really were trying to build around people, and what were the needs of people, I would say the same skills, but building on them, and trying to find my own pace. And then finding those who shared a vision and that was one of the hardest things was finding that sense of alignment, where we could put aside self-interest. And really think about Imagine if you could build a world class scaled children's research teaching treatment organization that brought children's health and mental health together, right to start really leveraging research. Thinking about the introduction at that time, we were just starting to do neuroimaging on children for research purposes, and which broke down ethical issues where the possibilities really opened up. Who do our friends need to be in this and we did a lot of "dating" . And ultimately, it was Sick Kids who came to be our partner. And so that's where the marriage ended, for me. But I would say, we had a longer term vision, which in 2020, as we were navigating the pandemic, an email from one of my friends at SickKids, that said, we just got a \$50 million gift for children's mental health, that will build the vision that we shared, amazing.

And that took a lot of faith of our Board of our frontline staff. Everybody was engaged at all levels. And I would say that that spirit of mobilization where people really wanted to be part of a greater purpose, they wanted to say that they did something that mattered and that they helped shaped it, whether that was on the Sick Kids side, whether that was in our programs,

and we closed a lot of programs. But people felt that even those sacrifices mattered, and that they were willing to do that and sacrifice their own jobs for greater purpose.

Helen 11:08

It's kind of a master class or master case study. And as you're talking, I'm thinking about orientation, that probably anybody who's had spent any time in public service has to being a servant leader, right, which I think is, you know, a particular relationship to people and to the public, and valuing service to the public, and that sort of defined servant leadership. But I'm also thinking of the NHS change model. But if you really want to drive change, you have to have at the core of everything, you've got a whole bunch of tools, but it really is about creating a shared vision. And if you can't, if you don't have a shared vision, and you can't build followership, and get people excited about an idea, you really don't have much hope. And it sounds like you were able to do that, which is quite remarkable. How did that come about?

Donna 11:53

It really was about building this strategy, engaging the staff, having everybody at every level of the organization validated, whether it was a maintenance worker, a social worker, a psychiatrist, and admin staffer, a board member. The easiest part was building the internal vision, the bigger struggles were external, right, other community providers who felt that it was against their interest as operators, organizations, government was a real challenge. We had a separate Ministry of Children and Youth Services. And I remember that help, Yeah, and I remember coming to you at one point saying, this is our vision, how can we affect this. And then working with your successor again, there were so many bumps because of the way funding worked, because of the structure of the ministries, how policy decisions were made. And so often, I heard many times, this is not part of our plan. This is, this is our money. And at the end of the day, we just kept bringing it back to what the people want it. And we engaged family members and kids at SickKids, who had three brain tumours, malignant brain tumours, and who said the thing that almost killed me was the fact I did not have access to mental health supports.

Helen 13:19

Yeah. It's has, as you're talking I'm thinking about, you know, the silos in government. And, you know, you get a few chances in a career to actually

work across effectively, across line ministries effectively, or policy domains. And I started my career trying to get housing and support services to work together in developing supportive housing, still ended up working on it again, later on as a deputy. Didn't quite crack that one. But there are other few examples of that. It sounds like you were remarkably successful in eventually getting support for that and working across the various ministries that had their finger, or a funding relationship in children's mental health.

Donna 14:02

Yeah, absolutely. And I would say that that actually built on the experience in the success of getting approvals for the CAMH redevelopment, right. So it started with adults, where mental health, our approach really was mental health isn't just this division in the Ministry of Health. It really is about housing. It's about workforce, it's about research. It's about higher education, the education of nurses and physicians and social workers. It's about community services and supports. It really is that intersection between social care and health care, as well as workforce planning. And in the case of that redevelopment, it was also about land use planning, and building communities, but also about advocacy, and how do you de-stigmatize? And so by sharing ownership across government, and really making it a collective of responsibility that actually helped drive it. And so taking a very similar approach with children really mattered, what I would say was different with children than adults was, by the time I was we were really trying to move this bigger vision, we had more advocates, right? What I'm finding now in the senior space, is that seniors are probably just as stigmatized as people with mental illness.

Helen 15:33

For sure. How did their time inside government , I've, I've long been an advocate of people who want to spend, you know, want to become a leader in the health system should at least understand some of the basics about how government works in order to be able to interact effectively with government and some time spent inside government is probably time well spent, doesn't have to be for forever, and some of us loved it, some people just want an experience of it. And that's fine. But clearly, you must have learned how to move a file inside government that really helped you navigate that terrain, both in the example of children's adult mental health, children's mental health, and I'm sure now, in the world of seniors.

Donna 16:17

The thing I learned at the outset, it is it's really about relationships, communication, forging trust, you never quite know where anybody's going to end up. You're an Associate Deputy when I when we first met. And there are many of our new deputies who I knew when they were ADMs, or directors back in the day. Again, if we've got an open and honest relationship and communicate them, people will tell you what's working, what's not working. One of my greatest lessons was from University of Toronto President Rob Pritchard. So, I was had the privilege of being the Chief of Staff to the Minister of Training Colleges and Universities. In 1999. When we were planning for in Ontario, what was the than double cohort where the province was phasing out grade 13. And we would have doubled the number of students moving into universities and colleges, we were also moving on a big research agenda. Rob Pritchard taught me the art of bringing a proposal in and starting, working within an organization to get individuals to touch a proposal to edit it to massage it, and then you take it up the next level, and they would then touch it and change it and edit it. And even the change of a word, attributed ownership. And just using that type of iterative process, to get support across government across ministries, was one of my greatest lessons learned. And it's certainly an approach I've always taken. Oh, never be afraid to ask for help.

Everybody wants to give advice and enjoys giving advice. And we don't have to have all the answers. And in fact, when you take that approach, including going across ministries, you end up with something far better, and far more implementable. It may not look wholly what you had originally imagined. But so long as you're still achieving the bigger vision, how you get there, and who you bring along, really doesn't matter. So long as it's durable. And it's viable, and that it will continue to have a life and evolve.

Helen 18:33

I'm smiling, for those of you who are listening, just because I think I've been on the receiving end of the Pritchard technique, maybe more than one occasion that it was highly effective, right. And you felt very, you know, somebody sitting on the government side, you felt very listened to and respected because you know, often stakeholders who aren't as perhaps adept and sophisticated, don't come in and tell you the poverty of your thinking as opposed to asking for help and engaging you. And certainly my interactions with you and with him and others who take that approach is much more likely to get a positive response just because it's more positive human response, right.

Donna 19:10

And what I found on the outside is, we should be driving change from within and without, it shouldn't just be one side driving the change, and you have a far better outcome if we all have the benefit of each other's wisdom. And I would agree that I highly recommend to everybody that they should do a tour of duty inside government, whether that's on the public service side or on the political side, but understanding the machinery of how it works or doesn't, or how the decision making process works and how those different influences of the structure of government really do come into play, but also the timing and the rhythm of it. I don't think it was a coincidence that we well, I know it wasn't a coincidence. Means that we got approvals for the CAMH development just prior to an election so that we could have a digger on site and a great photo op. Nor was it a coincidence that the approvals for the SickKids integration with the Hincks came just before an election. Yeah. So those understanding those milestones, but there were three to four years of work with government before those approvals.

Helen 20:29

Yeah, it's for the people that don't have an experience. Certainly my time in Cancer Care Ontario people say, well, it's irrational. Oh, no, no, no, you know, public servants behave rationally, your government behaves rationally in the context they find themselves in is where the rewards and what is top of mind for them. And how do you kind of twin your idea map your ideas on to, you know, some of their realities, right and compromise a little bit.

Donna 20:56

Absolutely, Helen. And but I would say to that one of the things that you learn inside government is patience. How to Ride that rhythm. Yeah, the cycle. I know from my various boards, including my current board, there's a why not now? We need it now. Now now. And yes, certainly, during the pandemic, we had a lot more urgency and a more real time. But part of the Art of Leading to is tilling that soil, bringing people along with within your organization, but also within government, finding out who your champions need to be, and then cultivating those relationships. So that when the time is right, it's not a question of you having a single minister at the cabinet table, but you've got cabinet.

Helen 21:46

Yeah. Yeah, this is very good advice, listeners. And some amazing interested, just pivot a little bit. So you go, I mean, you have a leadership role in the health sector. And we'll talk a little bit more about your work at the Ontario Long Term Care Association. But I was struck by how many organizations you've been involved in a governance relationship. And as somebody who's kind of newly retired issue from the public service, and now I can be on boards, I find it's quite challenging to be in management in one part of my life, and then in governance and the other part of my life, and I'm enjoying the combination, but it does draw on different skills when sort of, you know, the challenge function and all of that just interested in your experience, because you're if I get this right, you're on the board at Sunnybrooke, or you've been on the board of the Ontario Caregivers Association, on the kids Brain Health Network, children's mental health, Ontario and Seneca College and probably some others that I haven't itemized. That's a lot of interesting board work.

Donna 22:51

And I'm currently also on the global aging network board and the Canadian Long Term Care Association board. So there's a moral alignment between those two roles. I would say that the experience that I had first working in government was actually on the legislative side, I was Chief of Staff to the government House Leader. I worked closely with executive council office, a fellow named Gord Evans, and (I know Gord Evans well), a great mentor. That was a masterclass in governance. Yeah, drafting motions, understanding how the orders work, how meetings would run, I would script meetings for the chairs of the committees on the government side points of order, ways in means all of the financial reviews. And so that foundation was pretty key for me, moving into Seneca College, chairing the board at Seneca and the college employer council was a great foundation for me, and I would say made me a better CEO. And being a CEO made me a better board chair. It allowed me to appreciate that tension between the CEO and the board, seen boards that run really well about that balance between governance and operating and fingers out, while still managing risk, I think is the balance. I've been on bad boards, and wholly dysfunctional boards where I didn't stay. And I think it's important, as leaders that we know when there's not a fit, right. So 'No' also becomes a magical word in that space.

Helen 24:27

That's really interesting. I might, I might use that your thoughts to reframe my experiences of public accounts and standing committee on estimates which are kind of trial by fire? Exactly. Senior Public servants? Yeah, that's very helpful, interested in understanding and we both have a shared experience of the pandemic of different purchase but pretty close-up to some pretty tough times. Certainly, challenging time for all of us. For me, probably the most challenging time in my career scope, but also just duration and intensity and obvious The, you know, the impact on people? How did you approach your role during COVID? Was there anything that you had to draw on in particular during COVID? And certainly, from your perspective, did you see some examples of sort of exemplary leadership in action? From the long-term care perspective, that would be of interest?

Donna 25:19

I would say. So, coming from the long-term care sector in Ontario was one of the hardest hit jurisdictions. It was a global pandemic, that was a shapeshifter that was consistently evolving. One of the things that I would say that really was the most important thing from my vantage point was how do we keep people calm, and be thoughtful, there was a lot of anger, there was a lot of fear. There were a lot of new voices emerging that weren't based in fact, and there was a lot of media interest in numbers. I, it was very uncomfortable for me, I'm not I've never considered myself to be a media person. And yet, the eyes were watching us. So whether that was The Economist, The New York Times, The Boston Globe, The Washington Post, every news media outlet across Canada, whether it was radio, Canada, CBC, so that kind of scrutiny that we were under, really, I think, forced a different tone approach to leadership. So it was no longer about process. It was how do we stabilize in the moment today? How do we celebrate incrementalism, so get our members and really, we use a sweatshirt that says, let's get to Friday.

So we're gonna get through Tuesday, Wednesday, Thursday, Friday, and then we're gonna get to next Friday. So you couldn't take that long view, but at the same time, taking the information from your meetings, our daily calls, try to get a sense of directionally of where things are actually going. Well, making sure that we're supporting every long-term care home and get the help that they need. And what I would say that what was so remarkable in the pandemic, and I would say it's in Ontario, especially nationally, but globally, the spirit of sharing information, best practices, policies, what's happening here, what's happening there. And I would say that one of the

signature moments was when the Delta variant emerged in a long-term care home, Barrie, Ontario, Canada. And it just happened so quickly. It was a new variant, to see the soldiers hospital come together with the leadership of that particular home, David Jarlette, the Jarlette family, the entire family, including David, went into the home, he and his wife were nurses, they went in and worked in the home, the community supported them in that home. While at the same time, all of this noise and fear, David, your left and the president of CEO of soldiers stood and took questions, and showed the kind of leadership that we needed. And at the same time, their teams were trying to source PPE, personal protective equipment, trying to stabilize trying to move people around to prevent the spread of disease, how do you protect your staff, they were housing their staff in hotels, they weren't going home because they didn't know they'd been infected.

You know, that's a moment of chaos, to see all of us working together to think about how do we stabilize that home in that community, while keeping people calm and working very hard to demonstrate that there's real leadership happening here, that we're doing the best we can. And that yes, there is better. But we're going to get this and we're going to get it together. So my lesson learned was so much of it was about communities. I'm in the first communities hit was just outside of Peterborough, and was, in a place called Bob Cajun. Yep. And the community college was stepping up to help with the students and nurses, the restaurants were providing food, everybody - There was a wraparound in that small community because everybody knew everybody. And everybody wanted to protect and help each other within the context of that community. I would also say that one of the great things about leadership and trust, though one of the great innovations was regardless of what country you were in, almost every country suspended their legislation, suspended their collective agreements, and allowed for hospitals and primary care providers and pharmacies and others to come in, in whatever the venue to help one another. And despite the fear, and in some cases, there was judgement. People did what they had to. And I don't think in my lifetime I've ever, and we'll ever have, again, I hope not an opportunity where you had that kind of singular mobilization, notwithstanding the unknown to help.

Helen 30:30

I would say that, not as many of those stories have been told us probably should have been or should be. I do hope that there's a bit of residual from

that in terms of collaboration, because I think some of the other issues that remain, you know, in the post - pandemic period require that kind of collaboration, maybe not as intensively as you described, but the relationships that have been formed, have some durability to them.

Donna 30:55

I would say that a lot of the new relationships that were forged are still there, so long as it's tied to the leaders who were there in the time, and we've had enormous turnover, inside government. Losing you was a big a big loss for us, losing Christine Elliot, we've had a lot of turnover, and many individuals don't remember, because they weren't necessarily there or weren't there enrolls. And the default in many cases, not only in Ontario, but in Canada and the United Kingdom, Australia, United States. We went back to the rules and the regulations, the way there were before the pandemic, without thinking and using that as an opportunity to really reimagine how could system leadership actually work to overcome some of the issues that actually did result in the loss of life in different settings, whether that was in Home and Community Care, long term care group homes. So we lost that flexibility, and devolved back to those rigid structures of funding, regulation, collective agreements, which are not bad things. But if only we could have kept the best.

Helen 32:13

Yeah. Well, I would agree with that. So thinking about the future, you're doing the podcast on what tech and aging and kind of interested in as chorus AMS, we have a whole program in Compassion and AI. And you're starting to sort of think about that in the context of aging, and maybe just a little sneak peek on what your thoughts are about where that's going?

Donna 32:41

Well, we're very proud of our little podcast that could. It's called Coming of Age, Meeting the Needs of Our Aging Population. We talk to global leaders from around the world. We've had guests from Australia, New Zealand, the United Kingdom, United States, students from the Philippines, really, to dig into what are the innovations in aged care that are going to make the art of the possible. So generally, no jurisdiction that I know of in the world has actually figured this out. And I would say Ontario's done more in terms of investing in aged care than any other jurisdiction, following on the heels of what happened in the pandemic. And we now have this opportunity, as we think in the context of this massive demographic coming from the aging

baby boomers, a huge global workforce shortage. We are fishing in a global pool for nurses and physicians. So how can we use technology in more innovative ways. We have long term care homes in Ontario who are using robots for telepresence where the residents are actually naming programming robots who are engaging with them, but also monitoring them while still allowing human staff to have the warm touch. We're using technology to develop predictive algorithms to avoid long term care, but also avoid hospitalizations, but also to think about how do we keep people well and at home longer and better?

But also, how can we bridge between community care and long-term care and hospital care? For quality of living in life? We're at such a pivot point. We look to Japan for some who's far more advanced in how technology is being used, especially for companions, but also how can we think about how diagnostics are used and smart diagnostics. When we have smart cuffs we were using Apple watches in our homes and air tags to monitor wonders. We can check heart rates and oxygen levels and blood So is there a different way to use technology? We think about virtually emergency departments and avoid people going into a merge keeping people at home, how monitoring is done. And maybe it's not even just looking at how somebody in Toronto could be monitoring somebody in a rural community in Ontario. And as you know, in mental health, we were doing tele mental health 25 years ago. But maybe it's even a national pool of experts who could be informing it so that we're sharing collectively from an HR perspective, could we be looking globally? I know from Sunnybrooke Hospital for some of the groundbreaking initiatives that they're doing around focused ultrasound to address mental illness or addiction or essential tremors that they have guests from Germany observing. So the boundaries are disappearing and evolving. And I think there's so many interesting conversations we can have about how technology can support us, collectively, and actually bring us together instead of pushing us apart.

Helen 36:11

I love that will continue the conversation on another day and explore that and I'm looking at my team here be great to make sure that we link to your terrific work. Thank you so much.

Donna 36:23

Thanks, Helen. Pleasure. It's a delight always to be able to speak with you again and delighted to share with your listeners.

Helen 36:30
Thank you