



Thunder Bay Regional Health Sciences Centre

Response to the Truth and Reconciliation Calls to Action



Thunder Bay Regional
Health Sciences
Centre

Exceptional **care** for
every patient, every time.



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Cover Art: The art piece is titled Mijiim and it hangs outside of our cafeteria. Artist: Ryan Pooman.

Acknowledgements

The Thunder Bay Regional Health Sciences Centre (TBRHSC) is located on the ancestral lands of Fort William First Nation, signatories of the Robinson-Superior Treaty of 1850. We thank them for their respect and stewardship of the land that have allowed us to gather here for time immemorial. We also acknowledge all the other Indigenous Peoples that come for health care from other ancestral lands and/or territories. The Miskwaa Biidaaban Indigenous Collaboration team understands that the Members

of Fort William First Nation and other Indigenous Peoples are grounded in reciprocal relationships as many of us follow these relationship protocols in our personal and professional lives.

Therefore, we take this opportunity to acknowledge and respect all our relationships.

The relationship to each other as two-legged beings working and partnering to improve the health outcomes for our families, friends, and communities.

The relationship to the Land, including the water, rocks, and plants, as they sustain our lives with nourishment and medicine.

The relationship to ALL of our relations part of creation, including the four-legged, hooved, winged, walkers, swimmers, crawlers and the universe.

The relationship to our Ancestors who have demonstrated how to live in a good way and continue to influence our lives and families.

Miigwech, miigwech, miigwech, miigwech.

Dr. Rhonda Crocker Ellacott



Hello, Boozhoo,

I am pleased to present our inaugural report on the work we have completed to implement the principles of the Truth and Reconciliation Calls to Action.

Reconciliation begins with acknowledging the truth. As part of our commitment to Truth and Reconciliation, Thunder Bay Regional Health Sciences Centre (TBRHSC) acknowledges the 94 Calls to Action from the Truth and Reconciliation Commission and applies them as a lens to every decision we make as an institution. In doing so, we will deliver the highest levels of compassion, inclusion, and health care to every patient and person we see and care for,

something that is ingrained in our *Strategic Plan 2026*.

A key aspect of our plan is enhancing the health care experience at TBRHSC for Indigenous Peoples — something we have already started. We have set out on a journey to ensure that anyone accessing our Hospital feels safe and supported.

We acknowledge that Indigenous Peoples face inequities in health care access and experience a higher rate of chronic disease and injury when compared to non-Indigenous people. We have heard stories where we have failed, and we have the opportunity to do better. Our goal is to guarantee that everyone has a better high quality of care and by working with our staff and professional staff, TBRHSC will be a safe place to receive care.

As part of our commitment to Truth and Reconciliation and the seven Calls to Action under health, we are continually working towards creating an

environment of inclusion, equity, and compassion at our Hospital. These steps are being completed as a part of our Strategic Plan 2026 pillar — Equity, Diversity, and Inclusion. Through this journey, we will strive to improve to ensure people can feel safe while receiving care in a way that resonates with them. We will be respectful of the ways they expect care, while integrating their needs into their care. The goal of our organization is to be supportive of these cultural changes, maximize cultural safety, and be transparent.

We look forward to providing more updates on this very important work.

Dr. Rhonda Crocker Ellacott
HBScN, M.A., Ed.D

President and CEO, Thunder Bay Regional Health Sciences Centre
 CEO, Thunder Bay Regional Health Research Institute

(L-R): Dr. Bradley Jacobson, Chief of Staff, TBRHSC; Dr. Rhonda Crocker Ellacott, President and CEO of TBRHSC and CEO of Thunder Bay Regional Health Research Institute; Dr. Miranda Lesperance, Vice President of Indigenous Collaboration, Equity and Inclusion, TBRHSC; and Elder Emma Boshkaygan.



Dr. Miranda Lesperance



Boozhoo, hello,

Miranda Lesperance nindizhnikaa, Ojiichaagobishinkwe nindigoo, mukwa nindoodem, Opwaaganisiniing nindoonjiibaa, Neebing nindaa. Aligning with First Nations protocol, I introduced myself in my language, Anishinaabemowin. To translate into English, I gave my legal name and spirit name. I belong to the bear clan. I come from the “land with the pipestone” and currently live in Neebing, ON. I was born in Thunder Bay and raised in my community of Lake Helen Reserve, home to the Red Rock Indian Band. My mother is Connie Lesperance, of the Morriseau and Wawia families of Lake Helen, and my father is Conway Lesperance, of the Potan family of Lake Helen and Lesperance family from Biinjitiwaabik Zaaging Anishinaabek (Rocky Bay First Nation). My grandparents are Dolores (Dil) and Richard Morriseau; and Shirley and Albert (Buggs) Lesperance. I am a mother to Nodin and Waseya.

I am the Vice President of Indigenous Collaboration, Equity, and Inclusion at Thunder Bay Health Sciences Centre (TBRHSC). I am also an Indigenous Health professor, holding a Ph.D. in Social and Behavioural Health Sciences from the Dalla Lana School of Public Health, University of Toronto. The VP of Indigenous Collaboration, Equity, and Inclusion is a relatively new role at TBRHSC.

It is a vital role as a strength-based approach to population healthcare and is much needed to address the needs and service gaps that affect Indigenous Peoples in the hospital system. The team is growing, and it now consists of a Cultural Safety Educator, Spiritual Care Providers, and multiple Indigenous Care Coordinators. The Cultural Safety Educator helps our staff create a culturally safe space when delivering healthcare to Indigenous patients and families. The Spiritual Care Providers are available to staff and patients for spiritual and emotional support. The Indigenous Care Coordinators are here to help Indigenous patients and families navigate their hospital stay and transition to home or additional care.

In addition to our frontline role, we work on seven initiatives under the *Strategic Plan 2026*.

These initiatives include 1) establishing an **EDI Steering Committee**; 2) implementing the **Truth and Reconciliation Calls to Action**; 3) conducting a **Policy and Procedure Review** from an EDI lens; 4) training staff in **Cultural Safety**; 5) conducting a **Physical Environment Review** from an EDI lens; 6) sharing **Experiences to Build Understanding and Respect**; and 7) recruiting and retaining **Indigenous staff and partner with Education** organizations.

In this report, I am pleased to update you on the work completed on our Strategic Plan 2026 direction for Indigenous health. Historically, issues can occur within the health care system for Indigenous Peoples. We are strengthening our commitment to the Truth and Reconciliation Calls to Action to ensure we provide the best possible healthcare experience to patients and families across Northwestern Ontario.

We are taking action to create a culturally safe and compassionate environment for all patients, families, and staff. Initiatives include mandatory cultural safety training related to Indigenous health to foster an inclusive space for all. Through this work, we will ensure the inclusivity of all equity-deserving groups, including Indigenous Peoples and those within the 2SLGBTQIA+ community. The implementation of these initiatives will provide a positive experience for not only patients and their families but also for our staff, to ensure everyone is treated with compassion, respect, and empathy in every encounter.

Through our strategic directive on Equity, Diversity, & Inclusion (EDI), we established the EDI Steering Committee. The EDI Steering Committee will foster an organizational culture of equity, diversity and inclusion. The Committee will drive work by creating and implementing an action plan that will address racism of all forms, discrimination, oppression, stigma, and other harmful situations that lead to inequities throughout our Hospital.

As part of the Cultural Safety Training in Strategic Plan 2026, we continue to acknowledge and respect the resilience of Indigenous Peoples and communities by providing opportunities for our staff to learn more about Indigenous history, culture, and traditions. We have a joint council with St. Joseph's Care Group called the Cultural Safety and Education Council that guides the Indigenous Education Committee to offer educational sessions at both Hospitals. These educational opportunities will support our collective efforts toward Truth and Reconciliation.

The Wake the Giant Indigenous Culture and Inclusivity training was made available to all staff. This training will help Hospital staff and volunteers serve the community and bring us forward in a good way, by creating a more welcoming and inclusive city for Indigenous Peoples, youth, and their communities. It presents the realities of First Nations students leaving their home community to attend high school in Thunder Bay. It was developed in direct response to the recommendations in the Seven Youth Inquest by Northern Nishnawbe Education Council, Elders, Knowledge Keepers and various community volunteers.

We are pleased to provide the opportunity for staff, learners, volunteers, residents, and Patient Family Advisors to take part in a new cultural safety training session, created by the N'doo'owe Binesi Indigenous health team at St. Joseph's Care Group, titled “Repairing the Sacred Circle: An Indigenous Cultural Awareness

and Education Primer”. The training session will introduce participants to an insightful way of thinking about Truth and Reconciliation. It will be a reflective pathway for cross-cultural discussion and an entry point to create the necessary change for awareness and inclusiveness within TBRHSC. It explores concepts such as colonization, race and racism, and common stereotypes and how these contribute to health inequities for Indigenous Peoples within the current healthcare system.

We have partnered with Anishnawbe Mushkiki, and Grand Council Treaty #3 to hire additional Indigenous Care Coordinators to help Indigenous Peoples navigate the health care system and transition back to their home communities by working with local community supports. The Indigenous Care Coordinators are responsible for providing a range of health and mental health navigation, advocacy, discharge planning and supports services to

Indigenous Peoples accessing services while being an inpatient at TBRHSC.

The Indigenous Care Coordinators work as a liaison between TBRHSC and local community organizations in order to meet the needs of Indigenous patients through the provision of Patient and Family Centred Care.

I look forward to continuing this work to ensure that when people come to TBRHSC they will receive the highest quality care in a way that resonates with them. We will work together to promote a sense of safety and belonging for all who walk through the door.

Mii i'iw. Miigwech.

Dr. Miranda Lesperance, Ph.D.

Vice President, Indigenous Collaboration, Equity and Inclusion, Thunder Bay Regional Health Sciences Centre

Staff in front of the 20-foot tall tipi which stands on the grounds of Thunder Bay Regional Health Sciences Centre. It symbolizes the Hospital's commitment to supporting and enhancing Indigenous peoples' healing journey while in our care.



Executive Summary

TRC Call to Action 18: *We call upon the federal, provincial, territorial and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.*

Widespread and systemic racism and discrimination against Indigenous Peoples within the healthcare system has resulted in disproportionate rates of health inequities and disparities including illness, injury, and death compared to the non-Indigenous population. Hospital environments can be particularly challenging and a lonely place for Indigenous Peoples, especially for those that have to travel long distances from their homes. Indigenous Peoples living in the remote and isolated Northwestern Ontario communities can sometimes face many barriers in accessing quality health care. Thunder Bay Regional Health Sciences Centre (TBRHSC) recognizes the importance of providing equitable, culturally relevant, and sensitive care to Indigenous patients and their families. Whether an Indigenous patient resides in Thunder Bay or travels from their community within Northwestern Ontario, we continue to learn and understand their unique needs when providing care.

Strategic Plan 2026 is guided by a philosophy that takes a holistic approach to health. It acknowledges that good health involves the body, mind, and

spirit and all these aspects must be considered when providing care. In the spirit of patient-centered care and Truth and Reconciliation, the organization aims to involve patients and families as full partners in health care. It is also critical to acknowledge that Canada's history has had a significant impact due to colonization, racism, and stereotypes, contributing to health inequities for Indigenous Peoples within the Canadian health care system.

It is crucial to acknowledge the historical and ongoing wrongs committed against Indigenous Peoples and the lingering effects of colonialism that continue to affect them today. The separation and suppression of culture have had a profoundly negative impact on Indigenous communities, families, and cultural connections through generations. It is estimated that approximately 150,000 Indigenous children were separated from their families and communities and forced to attend one of the hundreds of Indian Residential Schools across Canada.

In 2015, the Truth and Reconciliation Commission of Canada (TRC) published its final report, detailing the experiences and impacts of the

residential school system and providing a historical record of its legacy and consequences. The TRC recorded testimony from more than 6,000 Survivors affected by residential schools. The report identifies 94 Calls to Action directed toward various groups, including different levels of government and institutions, such as those in healthcare and education.

One outcome of the report was a document detailing 94 Calls to Action across various areas, including child welfare, education, health, justice, language, and culture. The TRC Calls to Action address the ongoing impact of residential schools on Survivors and their families. TBRHSC is working collaboratively with Indigenous organizations, communities, and stakeholder groups to develop strategies to promote and enable a culturally safe environment. TBRHSC continues to address racism and other inequities to create an environment for patients, families, staff, and clinicians where everyone feels they belong and are safe and supported.



(Back row, L to R): Dr. Miranda Lesperance - Vice President Indigenous Collaboration, Equity and Inclusion or Equity & Inclusion, TBRHSC, Leona Kakepetum - Director Indigenous Collaboration, Equity & Inclusion, TBRHSC, Carla Shawayhamaish - Indigenous Care Coordinator (ICC), TBRHSC, Naomi Sinclair - ICC, TBRHSC. (Bottom row, L to R): Jillian Larabee - ICC, TBRHSC, Martina White - ICC, TBRHSC, Annette Klement - Cultural Safety Educator, TBRHSC.

Miskwaa Biidaaban Department Overview

TRC Call to Action 23: *We call upon all levels of government to:*

Increase the number of Aboriginal professionals working in the health-care field.

Ensure the retention of Aboriginal health-care providers in Aboriginal communities.

Provide cultural competency training for all healthcare professionals.

In August 2024, TBRHSC created and filled the position of Director of Indigenous Collaboration, Equity and Inclusion (ICEI). The Director will support the strategic and relational goals of the ICEI portfolio, and will supervise the Manager of Indigenous Collaboration, Equity and Inclusion and all other future Leaders within the portfolio. An asset for the candidate of this position was the ability to speak, read and/or write in an Indigenous language.

Vice President,
Indigenous
Collaboration,
Equity & Inclusion

Director,
Indigenous
Collaboration,
Equity & Inclusion

**Cultural Safety
Educator**

Manager,
Indigenous
Collaboration,
Equity & Inclusion

**Indigenous Care
Coordinators**

First Nations Communities of Northern Ontario



Manitoba

United States



September 2024

Map of Service Area

TRC Call to Action 20: *(service of Métis, Inuit communities and urban Indigenous populations): In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.*

Our Hospital is unique, and we serve a population with the poorest health status and greatest health needs compared to other Ontario regions. We also provide care to many patients who live in rural and remote First Nation communities where access to health care may be limited. In addition, we provide care and services to all Indigenous individuals, including Inuit and Métis Peoples, in urban communities.

Naming Ceremony

The Truth and Reconciliation Commission of Canada Report has emphasized the significance of Indigenous naming in acknowledging the inherent rights of Indigenous Peoples to reclaim and rename their languages and traditions. Many Indigenous Peoples and organizations have embraced the practice of reclaiming traditional names.

A Naming Ceremony aims to strengthen the connection to spirit, community, and wellness by revealing a name that aligns with the description, strength, intention, and significance of a person, place, or organization. The name can be unique or from a person or family that already holds the name. The offer from

the Elders/Knowledge Keepers is considered an honour and an indication that the Hospital's work is on the right path.

The Elder/Knowledge Keeper facilitators for the Repairing the Sacred Circle: An Indigenous Health Primer training expressed their desire to gift Indigenous names upon the Indigenous Collaboration, Equity and Inclusion (ICEI) portfolio and their programs/services.

In 2023, Elders initiated the gifting of a traditional name for the ICEI portfolio and its services and programs through a Naming Ceremony. Elder Aaron Therriault has selected the name for the portfolio through the Ceremony. The first event, which included a pipe ceremony, was

held on April 5, 2024, on-site at TBRHSC, with Dr. Rhonda Crocker Ellacott, Dr. Miranda Lesperance, and ICEI staff present. The name bestowed upon the ICEI portfolio is Miskwaa Baadaabin, which means the red dawn. The red dawn is a sacred and powerful time just before the sun rises. Miskwaa Biidaaban was inspired by the life of a former patient of TBRHSC.

This is the first name gifted to TBRHSC, and more departments and portfolios with Indigenous-specific programs/services will also receive a name, as suggested by Elders/Knowledge Keepers.

Phonetic Spelling of Traditional Name: Miss kwa Be Dah Ban

Dr. Rhonda Crocker Ellacott, President and CEO of TBRHSC and CEO of Thunder Bay Regional Health Research Institute, and Dr. Miranda Lesperance, Vice President of Indigenous Collaboration, TBRHSC, joined with Elders, Knowledge Keepers and the Miskwaa Baadaabin team, at the Naming Ceremony.



Services Provided Indigenous Care Coordinators

TBRHSC strives to create an environment of safety and belonging for all who walk through the door. To address the gaps in the health care system and improve outcomes for Indigenous patients, TBRHSC led the development of the Indigenous Care Coordinator (ICC) program. This program ensures a welcoming environment for patients aiming to improve patient experiences and outcomes by respecting and incorporating Indigenous traditions, values and promote a healing environment that is inclusive and supportive for Indigenous patients and families.

Launched in 2021, in partnership with Anishnawbe Mushkiki (which provides holistic health care including primary, traditional and alternative approaches for Indigenous patients) and Grand Council Treaty #3 (the governing body

of the Anishinaabe Nation in Treaty #3), the program has expanded to include five ICCs on site Monday to Friday from 8 a.m. to 11 p.m., to support culturally safe, and quality care for Indigenous Peoples during their hospital stay. Two of the ICCs are core hospital staff with annual funding from Indigenous Services Canada.

The ICCs are responsible for providing a range of health and mental health navigation, advocacy, and support services to Indigenous Peoples while an inpatient at TBRHSC. ICCs act as a point of contact within the patient's circle of care, ultimately improving their care experience.

Some of the most common services provided by the ICCs are interpretation services in Ojibwe and Oji-Cree, iPad lending for patients to reach their loved ones at home, participating in bed rounds to

support patients, and helping staff navigate non-insured health benefit processes. As well, linking patients to traditional care practitioners, spiritual care providers, and supporting traditional practices.

Additionally, the ICCs work with local, regional and federal supports for patients requiring additional care. This is accomplished through discharge planning and leveraging community/regional-based services that are culturally appropriate. ICCs work with the discharge planner by processing community referrals to ensure necessary services are in place before discharge. This may include arranging assisted living or respite placement.

To connect with an ICC, please email: TBRHSC.IndigenousCareCoordinators@tbh.net.



ICCs Carla Shawayhamaish (left) and Martina White (right) speak with a patient before admission.



Spiritual & Cultural Services

TRC Call to Action 22: *We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.*

TBRHSC offers care that involves the whole person — body, mind and spirit. Spiritual Care Providers work with patients and families in times of illness, trauma and loss, when people often require more than physical care to help them cope. Spirituality is that part in each of us that seeks to find meaning and purpose in our lives.

Many people find their spirituality helps them maintain wellbeing and provides support in the midst of significant transitions in life. Our Spiritual Care Providers are trained to provide support for people from diverse faith backgrounds and also for those with no traditional belief system.

We respect the spiritual dimension of all persons regardless of race, colour, culture, belief system, ability, gender, gender identity or sexual orientation.

Spiritual Care Services is able to help connect Indigenous patients and families with both Elders and Knowledge Keepers

as well as traditional ceremonies upon request.

Many patients, their families, and caregivers who access care at TBRHSC practice traditional practices, including drumming and smudging, as a part of the healing process. Smudging and drumming are available to patients wanting to access traditional practices for their healing journey. Those who wish to partake can have a member of their care team contact Spiritual Care or the Indigenous Collaboration Department to make arrangements.



Drumming event led by Annette Klement, Cultural Safety Educator, with the All My Relations hand drum group.

Overview of Community Partnerships Indigenous Partners Steering Committee

The Indigenous Partners Steering Committee was formally established in June 2024. It is comprised of representatives from Indigenous organizations and departments within non-Indigenous organizations in which we partner under formal agreements. The Committee meets quarterly to ensure that the Miskwaa Biidaaban team is working in alignment with our service and partner agreements, and to provide best practice guidance on any existing and current initiatives for Indigenous patients, families, and staff. This group also provides valuable feedback on the Indigenous and EDI initiatives under *Strategic Plan 2026*, as part of our community engagement commitment. The group is currently guided by Elders and have plans to add youth representatives in the future.



(L-R): Dr. Miranda Lesperance - Vice President Indigenous Collaboration, Equity & Inclusion, Joseph LeBlanc, Associate Dean, Equity and Inclusion-NOSM, Cindy Blackstock, Executive Director of First Nations Child & Family Caring Society of Canada

What work is being done within TBRHSC? Cultural Safety Educator

When it comes to providing better care to diverse populations in our region TBRHSC was pleased to support the creation of a new Cultural Safety Educator position funded with a joint application with St. Joseph's Care Group (SJCG) to the Canadian Heritage Community Support, Multiculturalism, and Anti-Racism program. The Cultural Safety Educator works directly with our Indigenous Health Hub and staff, students and volunteers, improving cultural awareness and education across the organization. Additionally, they are part of the team that advances EDI initiatives for all equity-deserving groups that access services at our Hospital.

This is a positive step toward improving the care experience for Indigenous Peoples. The introduction of a Cultural Safety Educator has proven to be key in building awareness to cultural differences. This regionally specific training aligns to our *Strategic Plan 2026* - providing a culturally safe experience for all patients and staff.

The Cultural Safety Educator helps the ICCs connect patients and families to cultural and traditional care from Elders and Knowledge Keepers in the community. Patients can ask an ICC to be connected with the Cultural Safety Educator at any time throughout admissions to connect to cultural and traditional care.

Internal Organizational Education and Engagement

- Clinical Nurse Specialist group
- Operational Leadership Council meeting
- Operational Updates and Strategic Planning meeting
- 4th Year Medical Students Orientation
- Emergency Department Rocket Rounds
- Phlebotomy Team
- Standards of Practice Committee
- Pharmacy Team
- Security Team



Response to the Truth and Reconciliation Calls to Action



(L-R): Annette Klement, Cultural Safety Educator, TBRHSC and Dr. Miranda Lesperance, Vice President of Indigenous Collaboration, Equity and Inclusion, TBRHSC, promoting Wake the Giant to TBRHSC staff.

Wake the Giant Indigenous Culture and Inclusivity Training

In 2023, TBRHSC in partnership with St. Joseph's Care Group (SJCG) and Wake the Giant, introduced a new way to learn about the history of Indigenous Peoples and anti-Indigenous racism strategies. Wake the Giant Indigenous Culture and Inclusivity Training provides an online learning experience to support businesses, companies and organizations in creating more inclusive spaces, free of racism, where Indigenous People are welcome. The training course was developed by Northern Nishnawbe Education Council leaders in collaboration with Elders, Knowledge Keepers, educators, the Wake the Giant committee, and support from healthcare partners.



Repairing the Sacred Circle

TBRHSC is pleased to provide a new cultural safety training session titled, "Repairing the Sacred Circle: An Indigenous Cultural Awareness and Education Primer". The training, created by the N'doo'owe Binesi Indigenous health team at SJCG, will introduce participants to an insightful way of thinking about truth and reconciliation.

It will be a reflective pathway for cross-cultural discussion and an entry point to create necessary change, build awareness and inclusiveness within TBRHSC. Participants will be introduced to concepts such as colonization, race and racism, common stereotypes, and how these contribute to health inequities for Indigenous Peoples within the current health care system. The Cultural Safety Educator will support the implementation of the training by co-facilitating training sessions with a non-Indigenous ally and an Elder/Knowledge Keeper.



Indigenous Cultural Safety and Education Council

The Indigenous Cultural Safety and Education Council (ICSEC) is a joint council between SJCG and TBRHSC that is an Indigenous-led forum for collaboration, planning, problem-solving, and communication related to Indigenous cultural safety and education initiatives within both organizations.

Through an Indigenous trauma informed lens, education and committee initiatives will prioritize Indigenous knowledge and healing to focus on increased intercultural competency, conflict resolution, behavioral change strategies and practice support with the goal to create a culturally safe and inclusive environment for Indigenous patients, families, volunteers, learners, staff and physicians that is high quality and free of racism.

Considering Canadian historical realities and the ongoing impacts of colonialism on the health care system, the Committee's work will embed Indigenous cultural safety and humility to advance health equity into health and wellness service delivery to improve experiences and outcomes for Indigenous Peoples.

As an integral part of both organizations, the ICSEC upholds TBRHSC's Mission, Vision and Values in all aspects of its work.

The Committee will incorporate the 7 Grandfather Gifts of the Anishinaabek in the learning offered:

1. **Truth** - Debwewin
(speak the truth through your own lens)
2. **Humility** - Dabaadendiziwin
(to live in a way that is lowered)
3. **Courage**- Zoongide'ewin
(to have a strong heart, love unconditionally)
4. **Wisdom** - Nibwaakaawin
(live out the lessons you've seen/learned in life)
5. **Respect** - Manaaji'idiwin
(to go easy on someone or something)
6. **Honesty** - Gwayakwaadizi
(to live in a way that is correct, straight)
7. **Love** - Zaagi'idiwin
(unconditional love)



(L-R): Paul Francis, Vice President, N'doo'owe Binesi and Dr. Miranda Lesperance - Vice President Indigenous Collaboration, Equity & Inclusion, TBRHSC

Well Living House Partnership



Well Living House

As part of *Strategic Plan 2026*, TBRHSC joined in partnership with Dr. Janet Smylie and Well Living House (through Unity Health Toronto, St. Michael's Hospital), to address Indigenous racism and discrimination that lead to inequities throughout our Hospital. The Well Living House (WLH) is an action research centre, led by Dr. Janet Smylie, which is focused on Indigenous infant, child and family health and well being.

From the review, an internal report was developed that included short (within one year), medium (within current Strategic Plan) and long-term recommendations (considered for future strategic planning).

Recommendations were organized into seven areas:

- 1) Active Organizational Implementation of TRC Calls to Action;
- 2) Cultural Safety Education for all Staff;
- 3) Actively Advance and Support Indigenous Human Resources at TBRHSC;
- 4) Actively Grow and Publicize Indigenous Specific Programs, Resources, and Spaces at TBRHSC;
- 5) Prioritize Patient Care Experienced by Indigenous Patients;

6) Build Accountability Systems for Indigenous Patients, Staff, Community, and Community Organizations who are Experiencing Anti-Indigenous Racism and Discrimination, and

7) Grow, Formalize, and Define Partnerships with First Nation, Inuit, Métis Communities, Organizations, and Service Providers across Urban, Rural, and Remote Geographies.

All recommendations were carefully developed, using staff and patient feedback, by the joint WLH and TBRHSC project team and input from a table of Indigenous staff and community partners created for this project known as the Anti-Indigenous Racism and Anti-Hate Steering (ARAH) Committee.

Highlight of Recommendations Implemented in 2023-2024

To fulfill the recommendations under area # 1, we are transparently reporting our responses to the TRC Calls to Action within this report which includes the recruitment and hiring of a Director of ICEI to help lead the the Miskwaa Biidaaban Department. The establishment of this position is a result of the long-term recommendation ARAH to hire a full-time complement of staff within the Office of the Vice President ICEI and to align with the current evidence regarding the Indigenous population served by TBRHSC.

Additionally as per Area #1 and 2, 100% of TBRHSC's Senior Leadership has

completed Repairing the Sacred Circle which pertains to the recommendation that leadership complete an Indigenous Collaboration, Equity and Inclusion (ICEI) approved Indigenous Cultural Safety (ICS) Training and ICS self-assessment. Solely under Area #2, TBRHSC has fulfilled the recommendation to recruit and hire a permanent Indigenous Cultural Safety Lead.

Indigenous Care Coordinators are now available beyond standard work week hours, in response to Area #3 where the recommendation was to increase the hours of the Indigenous Care Coordinator program.

To fulfill the requirement of Recommendations under Area# 7, TBRHSC established the Indigenous Partners Steering Committee as it pertains to the short-term ARAH Recommendation # 7, to sustain and advance inclusion of key Indigenous community and organizational partners in strategic planning and organizational transformation.

In future reports, we look forward to highlighting more recommendation responses as work continues in the ICEI portfolio and across the entire organization.

Outcomes from the implementation

ICCs
have served
5,334
Patients
Served

(March 31, 2023 until
the time of this report).

100% | **2472**

TBRHSC
Senior
Leadership
Council has
completed
Repairing the
Sacred Circle

Hospital staff
have completed
**Wake the
Giant** Indigenous
Culture and
Inclusivity
Training

Self-Identification of Indigenous Peoples

20,055 Patients have **self-identified**
as First Nation, Inuit or Métis.
(as of August 2024)

To provide better care to the Indigenous population in Northwestern Ontario, TBRHSC adopted a self-identification process to better understand patients and improve how they receive care services.

Beginning in 2021, TBRHSC began asking all patients at registration if they'd like to voluntarily self-identify as First Nations, Métis or Inuit. If they answer "yes" or "no" the response will be saved in the patient's electronic medical record and the patient will not be asked again when registering in the future. If they do not respond, they will be asked on their next visit.

The purposes of gathering this information is to share with members of the ICEI team to facilitate culturally supported services. The information is not shared across departments. TBRHSC's objective is to enrich the patient experience, improve health services, identify areas of need in the health care system, and provide data to measure the effectiveness of health care for Indigenous patients. This includes access to language interpretation services (in Ojibwe, Ojicree, and Cree), access to an Indigenous Care Coordinator and Indigenous Spiritual Care, and discharge planning coordination for a

smoother transition to their home community. It also allows the opportunity to link Indigenous patients and families to federal government services including the Non-Insured Health Benefits or Jordan's Principle programs.

Patients can provide the information the next time they register for any services at TBRHSC or can go online at www.tbrhsc.net/selfID. Proof of status is not required, and patients can choose not to answer if preferred.

Recognition



Long service award

Naomi Sinclair, Indigenous Care Coordinator (10 years)



Employee Recognition-EDI

Award for **Annette Klement**, Cultural Safety Educator

The Equity, Diversity and Inclusion Award is presented to a member or members of the hospital community who contributed to a strategic initiative that embodies the goal of "we all belong". This individual or team embeds diversity in all they do and ensures the provision of a culturally safe experience to staff and/or patients. The recipient of this award was nominated by their colleagues at TBRHSC.



Finalist for the 2024 Ontario Health System Quality and Innovation Awards

At the time of publication, the **Miskwaa Biidaaban team** was selected as a finalist in the Improved Indigenous Health Award for the 2024 Ontario Health System Quality and Innovation Awards. The Ontario Health System Quality and Innovation Awards recognize and celebrate the achievements of individuals and teams working in the Ontario health system. The award ceremony was hosted by the University of Toronto - Dalla Lana School of Public Health on September 26, 2024.

Truth and Reconciliation Commission TRC

Timeline





Next Steps

TRC Call to Action 24: *We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and*

practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.
– Professional Staff receiving *Wake the Giant training*

TBRHSC's Chief of Staff, Dr. Bradley Jacobson and Vice President of ICEI, Dr. Miranda Lesperance are working to ensure that professional staff

receive the opportunity to complete cultural training. This will assist with the goal of providing culturally safe care at TBRHSC. Training opportunities, including Wake the Giant Indigenous Culture and Inclusivity Training will be required for new and existing professional staff in the coming months.



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