

Thunder Bay Regional Health Sciences Centre

Response to the Truth and Reconciliation Calls to Action

Report Year 3

Thunder Bay Regional Health Sciences Centre

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

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Honouring Elder Aaron Therriault Baa

Elder Aaron, also known by his Anishinaabe name Animkii-gaabowii (Thunder Spirit), was a respected Elder who called Thunder Bay home since 1983. His dedication to his culture, language, and tradition, shared through education, song, and storytelling, made him a deeply valued presence in our community and at Thunder Bay Regional Health Sciences Centre (TBRHSC). He could often be seen around the Hospital, smiling and carrying his drum. He participated in many Hospital initiatives, and his positive presence and guidance helped to move the work forward. Elder Aaron provided support and guidance to patients alongside our Spiritual Care team. He sat with many patients at the end of their lives, helping them begin their journey to the Spirit World. The compassion he showed brought comfort to both patients and their families. Elder Aaron served as an Elder for the Repairing the Sacred Circle: An Indigenous Health Primer training, designed by our partners N'Doo'owe Binesi at St. Joseph's Care Group, and delivered by TBRHSC. Through his teachings and guidance, he supported staff in developing stronger cultural safety skills and a deeper understanding of Indigenous health. He helped shift attitudes and bring people together in a more meaningful way. His voice was central to TBRHSC's annual Truth and Reconciliation Report, which highlights the Hospital's efforts to address the Truth and Reconciliation Commission's 94 Calls to Action. His reflections, grounded in the teachings of the Medicine Wheel and the spirit of the Sacred Circle, helped shape the Hospital's approach to Reconciliation and the path forward. The greatest gifts he gave us were the Anishinaabe names he offered through ceremony, laying a foundation to move the work forward in a good way. He gifted the Indigenous Collaboration, Equity and Inclusion portfolio's Indigenous departments the name Miskwaa Biidaaban, meaning 'Red Dawn', and the youth-focused career experience the name Kinomagai Akosii-agamong Anokiiwin, meaning 'Teaching Hospital, Career or Work'. These were the first traditional names gifted to Indigenous Collaboration, Equity and Inclusion, and the significance of that moment will not be forgotten. Elder Aaron saw the dedication to this work as a sign of compassion and love, and a commitment to building respect and common ground. He shared that people heal through love, through culture, and through the support of those who carry the teachings. He saw opportunities to grow and do things better. He hoped we would learn from one another, and that by walking this path together, we would find a better way forward for patients, families and our staff. Elder Aaron's spirit lives on in the names he gave us and the teachings he shared. Everyone who had the privilege of working alongside him was touched by his knowledge, generosity, and belief in what we were doing and why it mattered. We give thanks for a life of service and will remember him fondly for his tremendous contributions to the well-being and growth of our Hospital. We are grateful. We will carry his teachings forward.



Elders at TBRHSC

At TBRHSC, we recognize that meaningful reconciliation requires ongoing commitment to supporting, recruiting, and retaining Indigenous health professionals. Guided by the Truth and Reconciliation Commission's Call to Action #23, we understand that increasing Indigenous representation in health care must be rooted in cultural safety. On-site Elders are essential to this effort, providing wisdom, cultural guidance, and support that help create a welcoming and sustainable environment for Indigenous staff and patients. The following quotes from our Elders highlight the importance of their presence in fulfilling this commitment:

- Elder Ma-Nee Chacaby: It's important to support patients and staff. Elders also need to help support other Elder patients, to help raise their spirits. It's important to be able to speak the language with Indigenous patients from all areas North, East, South and West.
- Elder Peter Sackaney: Elders support Indigenous patients at the Hospital to bridge the gap between Westernized medicine and community. Ensuring Indigenous patients have access to traditional medicine as well as Westernized medicine.
- Elder Gerry Martin: End of life is vitally important and can be very spiritual. Patients who are on the end-of-life journey can find comfort, courage and hope that the Creator will accept them back home again.
- Elder Sheila DeCorte: I believe sharing traditional knowledge and cultural practices to Hospital employees that provide care to our First Nation families will help support their cultural understanding to better guide them into a more compassionate delivery of care.

Acknowledgement of the Land

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



I am honoured to present our third annual report on TBRHSC's Response to the Truth and Reconciliation Commission Calls to Action, which marks another important milestone in our Hospital's ongoing journey toward reconciliation and transformation in health care.

This year, we have aligned our work with the Truth and Reconciliation Commission's Call to Action #23, focusing on increasing Indigenous representation across all levels of the health care system.

I am continually inspired by the strategic vision of the Miskwaa Biidaaban department and the unwavering dedication demonstrated by staff across all levels of TBRHSC. Their daily commitment to the Calls to Action is driving meaningful, organization-wide transformation and advancing our mission of reconciliation. Through collaboration and guidance from Indigenous partners, we are building capacity, creating opportunities, and ensuring meaningful support for Indigenous health professionals at every stage of their careers.

Throughout the past year, we have launched new mentorship programs, expanded our recruitment outreach, and prioritized shared learning alongside Indigenous communities. These steps are about more than equity, they are about transforming the very foundation of health care. We know that meaningful progress depends on humility, transparency, and sustained relationship-building.

Indigenous voices remain central in shaping our priorities and our vision for success. This year's report highlights the powerful impact of these efforts, from strengthened collaborations to shared celebrations that have deepened trust and advanced our reconciliation journey.

As we look ahead, we remain committed to listening, adapting, and co-creating a health care system where Indigenous perspectives are empowered at every level. On behalf of our staff, leaders, and board members,

I thank you for your continued partnership and support. Together, we will continue to foster a culturally responsive and inclusive health care system, guided by the values and aspirations of the communities we serve.



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

President & Chief Executive Officer of TBRHSC and Chief Executive Officer of the Thunder Bay Regional Health Research Institute



Dr. Miranda Lesperance



Boozhoo, hello

Miranda Lesperance nindizhnikaaz, Ojiichaagobishinkwe nindigoo, mukwa nindoodem, Opwaaganisiniing nindoonjii, Neebing nindaa. In alignment with First Nations protocol, I introduce myself and where I am from in my language, Anishinaabemowin. This loosely translates to share that I was born in Thunder Bay, raised in my community of Lake Helen Reserve, home to the Red Rock Indian Band. I belong to the bear clan. 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 the Lesperance family of Biinjitiwaabik Zaaging Anishinaabek. My grandparents are Dolores and Richard Morriseau, and Albert and Shirley Lesperance. I am a mother to Nodin and Waseya.

Reconciliation in health care is demonstrated through the decisions we make, the systems we change, the people we welcome and support within our organization, and the experiences of Indigenous patients, families, staff, organizations, and communities.

The Truth and Reconciliation Commission of Canada's Call to Action #23 calls upon governments to increase the number of Indigenous professionals working within the health care field, ensure the retention of Indigenous health care providers, and provide cultural competency training for all healthcare professionals. While the Calls to Action are directed to governments, its intent carries an important responsibility for healthcare organizations. At TBRHSC, we have both an opportunity and an obligation to contribute to this change.

As Vice President of Indigenous Collaboration, Equity and Inclusion, I see Call to Action #23 as much more than a workforce initiative. This Call to Action asks us to consider what kind of health care system we aim to create. We consider who sees themselves represented within it and whose knowledge and leadership are valued. We are helping to build a system where Indigenous staff can build meaningful and sustainable careers within the Hospital. We are building a culture where our workforce is equipped to provide Indigenous patients and families with care that is culturally safer, respectful, and free from racism and discrimination.

Increasing Indigenous representation is important, but representation alone is not Reconciliation. Recruitment must be accompanied by meaningful retention strategies, culturally safer workplaces, opportunities for leadership and advancement, and organizational environments where Indigenous knowledges, identities, and worldviews are valued and respected. It also requires us to dismantle barriers and experiences of Indigenous-specific racism and discrimination that have historically excluded Indigenous Peoples from healthcare institutions.

These responsibilities are embedded within the Indigenous Health Framework and Action Plan, which was co-developed with the Indigenous Partner Steering Committee and advanced through the leadership within the Indigenous Collaboration, Equity and Inclusion portfolio. In particular, our work across Recruitment and Retention; Cultural Education; and Addressing Indigenous-specific racism reflects the intent behind Call to Action #23. Addressing racism and discrimination is particularly important as we cannot recruit Indigenous Peoples into systems without also ensuring those systems are places where Indigenous Peoples can thrive.

This is transformational work, and transformation requires us to examine not only individual behaviours but also the systems that shape them. Our goal is ambitious but necessary: to shape a health care system in which Indigenous Peoples are represented throughout Hospital workforce and leadership, Indigenous employees are supported to thrive, and every member of our organization understands their responsibility to contribute to culturally safe, equitable, and racism-free care.

There is progress to recognize within this report, but there is significant work ahead. Our responsibility is not simply to demonstrate that activities have occurred. Our responsibility is to ask whether those activities are producing meaningful change. Are more Indigenous Peoples choosing to work within our organization? Are they staying? Are they advancing into leadership and decision-making roles? Do Indigenous staff experience our workplace as culturally safe? Are our leaders and health care professionals better prepared to recognize and address Indigenous specific racism? And ultimately, are Indigenous patient and families experiencing a different and improved health care system because of this work? Those are the measures that matter.

Reconciliation is not always measured by operational and strategic metrics. It is measured by what Indigenous Peoples experience when they walk through our doors as patients, families, staff, leaders, and partners.

That is the standard to which we at TBRHSC must continue to hold ourselves.

Mii i'wi, miigwech.



Dr. Miranda Lesperance, Ph.D.

Vice President, Indigenous Collaboration, Equity and Inclusion



Dr. Laura Power



The Chief of Staff office and the Department of Medical and Academic affairs are committed to ensuring cultural safety at TBRHSC. We recognize the importance of Indigenous partnerships and support within our Hospital.

In this annual report, we are focusing on Call to Action #23: We call upon all levels of government to: (1) Increase the number of Indigenous professionals working in the health care field. (2) Ensure the retention of Indigenous health care providers in Indigenous communities. (3) Provide cultural competency training for all health care professionals.

I am pleased to report that we will have 100% compliance with our mandatory Indigenous cultural competency training for all professional staff by January 2027. This is quite the accomplishment and highlights our professional staff's commitment to providing culturally safe care to our patients as well as a commitment to improving the work environment for our staff. Beyond the mandatory requirements, many physicians have chosen to complete additional training, including Repairing the Sacred Circle, an in-person training session developed and delivered in-house.

In 2025, cultural safety training became mandatory for all new core and elective medical learners. We implemented locally developed training that, like Repairing the Sacred Circle, is especially valuable because it is tailored to our local context. Delivered virtually, it is accessible to any learner entering our Hospital. Additionally, Indigenous Care Coordinators (ICC) are included in the learner orientation to build awareness of the challenges and available resources/supports for our patients, including options for smudging and accessing cultural spaces within our Hospital. Our academic partnerships with NOSM University, Oshki-Wenjack, Confederation College, and Lakehead University are also grounded in providing high-quality and supportive clinical placement opportunities for Indigenous students, contributing to efforts to increase the number of Indigenous health care professionals.

Current and future projects:

- Nursing Bursary: Developing an Indigenous nursing learner professional development bursary.
- Midwifery Integration: Formalizing a process to allow unregistered traditional and clinical Indigenous midwives to work in the Hospital
- Family Medicine Unit: Creating an academic teaching unit with external partners to address urban Indigenous care gaps and integrating Indigenous care providers into Hospital teams
- Credentialing Update: Exploring Indigenous self-identification within the staff credentialing process.

As we further develop our role as an academic health sciences centre, we will be engaging with the Indigenous Collaboration, Equity & Inclusion Office and Miiskwa Biidaaban specifically around quality improvement in the learning environment and responding with an anti-racist approach. There will be additional opportunities to build on this work to promote professional staff recruitment and retention initiatives.



Dr. Laura Power, MSc. MD. FRCSC

Chief of Staff

Executive Summary

In its third year of reporting, TBRHSC renews its dedication to meaningful Reconciliation and transformation in health care. This year, our efforts are guided by the Truth and Reconciliation Commission's Call to Action #23, which centers on increasing Indigenous representation across the health care system. The Miskwaa Biidaaban department, in partnership with leadership and staff, has focused on building capacity, fostering opportunity, and ensuring support for Indigenous health professionals at every stage of their careers. Through intentional action and guidance from Indigenous voices, we are shaping a better future for health care in Northwestern Ontario.

Throughout the past year, TBRHSC launched new mentorship initiatives, expanded recruitment outreach, and prioritized collaborative learning with Indigenous partners. These actions are not simply about equity; they are about changing the foundation of health care. Our approach is rooted in accountability, continuous learning, and shared leadership with Indigenous communities.

We have learned that progress is only possible through transparency, humility, and sustained relationship-building. Indigenous perspectives continue to shape our priorities and our definition of success. This year, new collaborations and shared celebrations have deepened trust and advanced our reconciliation journey.

Looking ahead, TBRHSC will continue to listen, adapt and be guided by evidence, community feedback, and the shared vision of a health care system where Indigenous voices are empowered at every level. Our pursuit of reconciliation is ongoing, and we remain steadfast in our promise to create lasting change alongside the communities we serve.

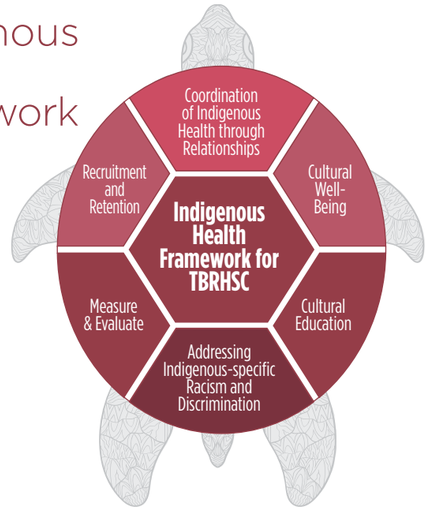
Call to Action #23

We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health care field. ii. Ensure the retention of Aboriginal health care providers in Aboriginal communities. iii. Provide cultural competency training for all health care professionals.



Miskwaa Biidaaban Department Overview

Indigenous Health Framework



Developed on the guidance of the Indigenous Partners Steering Committee, the Indigenous Health Framework was developed to set shared expectations for advancing equity and belonging for Indigenous peoples, clarifying accountability at all organizational levels.

The priorities of the Framework are: partnerships, cultural well-being and education, addressing Indigenous-specific racism, recruitment and retention as well as embedding a way to measure and evaluate progress. Shaped by both local and provincial perspectives, the Framework embeds Indigenous ways of knowing throughout governance, strategy, and everyday work.

Engagement during the development of TBRHSC's Equity, Diversity, and Inclusion (EDI) Framework revealed synergies with EDI concepts, but also highlighted the need for a distinct, rights-based approach to Indigenous health sovereignty. In response to these findings, the Indigenous Health Framework was developed separately from other EDI and anti-racism frameworks to ensure the unique priorities of Indigenous communities are recognized and guided with cultural safety. Ongoing leadership from the Committee shapes how this Framework is applied in practice, ensuring Indigenous ways of knowing remain foundational to ongoing improvement.

This dedicated focus sets the stage for broader structural change in how care is delivered and governed. True health care equity requires a shift in perspective. By honouring structural sovereignty alongside compassionate frontline care, TBRHSC ensures that every Indigenous patient can receive exceptional, culturally safe care.

Second Grand Council Treaty #3 Indigenous Care Coordinator



Thunder Bay Regional Health Sciences Centre has expanded the number of Indigenous Care Coordinator (ICC) positions in their partnership with Grand Council Treaty #3. Winter McGrady has joined the team to provide a range of services including patient navigation, advocacy, discharge planning, and support services to Indigenous peoples, primarily members of the Grand Council Treaty #3 communities, that access health and mental health services at TBRHSC.

> **"Working at TBRHSC in the past has many fond memories for me. Recently there was a big change in my life and I had to make a decision. I applied and here I am. I enjoy working with our Anishnawbe people coming through our doors and hope to make a difference in their health journey. Thunder Bay is beautiful.**
>
> **The Miskwaa Biidaaban team is a great program that was not here before. It is wonderful to have a great team behind me."**



Leona Masakeyash, ICC

RISE Training

The Indigenous Collaboration, Equity and Inclusion (ICEI) team is pleased to introduce Respect Inclusion, Support Equity (RISE) (Respect Inclusion, Support Equity Training). This new education initiative provides flexible, accessible learning opportunities to strengthen culturally safe, equitable, and person-centred care across our organization. Topics focus on Spiritual Care, Traditional Wellness, Miskwaa Biidaaban, and Equity, Diversity and Inclusion (EDI). RISE Training was created to make professional development learning practical, relevant, and accessible. By offering multiple learning formats, RISE Training allows staff to build knowledge, skills, and confidence in providing culturally safer, inclusive, and person-centred care while minimizing disruption to clinical operations. The initiative also supports leaders in fostering inclusive workplaces and advancing organizational commitments to equity and reconciliation. Designed to fit into the busy schedules of staff working within our healthcare facility, RISE Training delivers learning through a variety of formats that support both individual and team development. Formats include:

- On-unit 10 to 15-minute micro-learning sessions
- Lunch & Learns
- Department-specific education
- Leadership training
- Roaming education
- Learning cards with QR codes that offer options for self-directed learning.

The name RISE reflects our collective commitment to respect inclusion and support equity, while also honouring Miskwaa Biidaaban, the traditional name gifted by the late Elder Aaron Therriault. RISE symbolizes the rising sun and the opportunity for a new day of learning, understanding, and action.

RISE TRAINING
Respect Inclusion • Support Equity



Mentoring of Geraldton District Hospital Indigenous Care Coordinator

TBRHSC's Indigenous Care Coordinators had the opportunity to demonstrate their dedication to providing culturally safe care by mentoring the first ICC at the Geraldton District Hospital (GDH). The ICCs provided the safe and confident transition into practice for the new hire. Their contribution helped influence staff development and retention as well as the overall quality of patient care.

Lisa Abernot, the first ICC for the GDH, was on site at TBRHSC to shadow and learn the responsibilities and expectations of her new role from TBRHSC ICCs. The training equipped her with a strong foundation and ongoing support, enabling her to resolve work-related questions and develop confidence in her position.

Lisa is a member of Constance Lake First Nation in Treaty No. 9., and has over 30 years' experience in nursing.

> **"I had the opportunity to receive training at TBRHSC alongside the ICC team. This experience provided a solid foundation as I began my role as an ICC at GDH. As questions came up in my day-to-day work at GDH, I would keep track of any questions that arose. During my next training session at TBRHSC, I was able to get all my questions answered. This experience gave me the confidence to fully embrace my new role at GDH. The training was excellent, thanks to a supportive team of ICCs."**
>
> Lisa Abernot



Hospital Initiatives

TBRHSC Research Initiatives



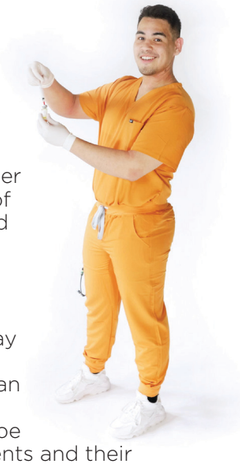
Partnering with the Indigenous Collaboration, Equity and Inclusion portfolio to support opportunities for Indigenous researchers, both within and beyond the hospital is essential because it brings Indigenous knowledge, perspectives, and experiences into research, ensuring that the care we provide reflect the priorities and needs of the Indigenous communities we serve. Indigenous-led and culturally grounded research can contribute to more equitable health outcomes for Indigenous Peoples.

Dr. Christopher Mushquash
Vice President, Research and Chief Scientist

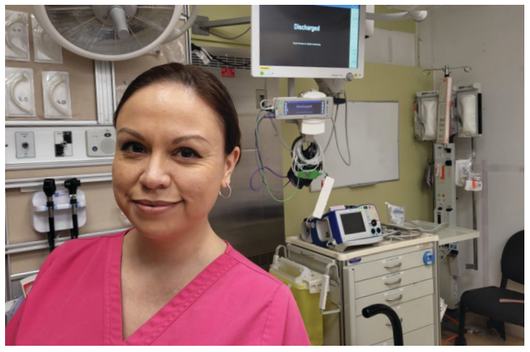
Recruitment of First Nations Nurses

Indigenous nurses play a vital role in the health care system, providing culturally relevant care at our Hospital. The expertise and dedication of Indigenous nurses have made an impact on the lives of many patients and their families, not only inspiring others but also raising awareness of the role that Indigenous nurses play in promoting wellness and healing across our Hospital.

Kendaaz



Hello, my name is Kendaaz, from the sturgeon clan of Grassy Narrows First Nations. After graduating high school, I began my education at Lakehead University in Thunder Bay, for a Bachelor's degree of Science in Nursing in 2021 and have recently graduated this year and have now become a Registered Nurse. While growing up in a First Nations community. With my vast array of experience in health care and the knowledge I have as an Indigenous person raised in a First Nations community I hope to ultimately help future patients and their families feel safe through my empathetic and culturally competent care as they go through some of the most difficult times in their lives. Ultimately, I am proud to be an Indigenous Registered Nurse at Thunder Bay Regional Health Sciences Centre!



Angela Bearman

I am from Lac Seul First Nation (Treaty #3). I am a Registered Nurse and have worked in the Emergency Department for 12 years. I am grateful to be included in this recognition as a proud Indigenous Nurse at the TBRHSC. I love my job and plan on working here for many years to come. Miigwetch, Thank You!



Alicia Roy

I was born and raised in Thunder Bay, Ontario. My family and I are from Fort William First Nation Reserve. Growing up on a reserve my whole life was definitely a challenge. Through my struggles and challenges dealing with discrimination. It pushed me to show the world that our people can thrive and go beyond what is stereotypically said about First Nations. I have worked at Thunder Bay Regional Health Science Centre on the inpatient oncology unit 1A which I did for 12 years and now I work with an outpatient oncology population in the Cancer Center. My goal is to bridge the gap between our differences, inspire inclusion, provide culturally sensitive care, change perspectives, and inspire everyone to do the same. I am honoured to call myself Indigenous.



Caitlyn Meza-King

My name is Caitlyn Meza-King, and while I currently reside in Nipigon, Ontario, my home is in Gull Bay, First Nation. I identify as First Nation. I am connected to the Gull Bay First Nation community. From a young age, I have aspired to become a nurse. With the support of Oshki-Pimache-O-Win Education & Training Institute, nursing school became a reality. Balancing motherhood and studies was challenging, but as an Oshki student, I was empowered to pursue my dreams of a nursing career.

Human Resources

Kinomagai-Akosii-agamong Anokiiwin

In its fifth year, the Indigenous Career Experience was gifted with a traditional Spirit Name by the late Elder Aaron Therriault. The name 'Kinomagai Akosii-agamong Anokiiwin', translates to 'teaching hospital, career or work', and represents the work that our Hospital does, as it is a place for teaching and learning.

The initiative supports the recruitment of Indigenous professionals within the health care sector. Students experienced a day filled with tours, presentations, and hands-on activities designed to provide them with an authentic feel of various health care roles. Students can interact with managers and staff, ask questions, and learn about the educational pathways required for various positions.

As we move forward, Kinomagai Akosii-agamong Anokiiwin remains dedicated to inspiring Indigenous youth by providing essential insights into diverse health care career opportunities and by building relationships with TBRHSC. A significant aspect of the program is connecting with high school students before they make final decisions about post-secondary education. Through hands-on learning experiences, it ignites their enthusiasm for pursuing a future in health care. Additionally, the initiative supports the recruitment of Indigenous professionals within the health care sector.

> **"It was a fun day. I think the hands-on activities were the best part. Using surgical tools in the operating room was super cool. I also really enjoyed learning about Indigenous traditions like drumming and smudging, which I don't get to do often," said a grade 10 student from Hammarskjold High School. "The 'Amazing Race' activity was really fun and interactive. I appreciated how the staff explained everything and answered our questions."**

Updated LMS Training

The Dual Code Learning Management System (LMS) provides a centralized and accessible learning environment for staff across the Hospital, supporting ongoing professional development, organizational priorities, and required learning.

Corporate mandatory eLearning is assigned to all hospital employees through the LMS, with learning requirements refreshed annually from April 1 to March 31. New employees are also supported through a structured first-year learning pathway that ensures they receive the foundational education needed to begin their journey with the organization.

The current annual learning framework includes:

- 15 annually recurring courses for all employees.
- Four one-time completion courses that employees complete within their first year.
- Four additional courses for leaders and supervisory staff.

Together, these learning opportunities create a strong foundation for consistent knowledge, awareness, and professional development across the organization.

Expanding the Learning Journey: Indigenous Health Course

- As part of our continued commitment to learning, inclusion, and culturally responsive care, a new Indigenous Health course was launched in late August. This course will be a one-time completion-learning requirement for all staff, providing an opportunity for employees across the organization to build knowledge and understanding of Indigenous health, the experiences and barriers faced by Indigenous Peoples, and the importance of culturally safe and responsive care.
- The addition of the Indigenous Health course will complement the existing annual learning framework while providing an important, shared learning experience for all staff. By creating a common foundation of knowledge, the program will support our ongoing efforts to strengthen culturally safe care, promote understanding, and contribute to a more inclusive and respectful health-care environment for Indigenous patients, families, communities, and staff.
- **100%** of respondents found this training to be very useful or extremely useful.
- **100%** of respondents found this training to be very easy to navigate or extremely easy to navigate.

TBRHSC Board

Anti-Discrimination and Anti-Racism Policy

TBRHSC's Board of Directors acknowledges the longstanding history of systemic racism and discrimination faced by Indigenous Peoples and other equity-deserving groups of people within the health care system, as well as the continuing harm, trauma, and inequities experienced by those affected.

The Board recognizes its responsibility to address discrimination and has a shared vision of providing exceptional care in our community by promoting equity, inclusion, and cultural safety, and by preventing racism, and discrimination in the decisions being made.

To ensure this commitment remains at the forefront, the Board introduced the Anti-Discrimination and Anti-Racism Policy. This Policy will ensure clear implementation, monitoring, and recognition of frameworks and action plans for addressing Indigenous-specific racism and for other equity-deserving groups of people at TBRHSC.

Additionally, the Board of Directors recognizes the Indigenous Health Framework and any associated action plans for TBRHSC developed in partnership with the Indigenous Partner Steering Committee.

The Board of Directors will monitor the implementation of the TBRHSC Anti-Discrimination and Anti-Racism Policy if and when concerns are escalated through the Patient Safety and Quality Care Committee.

> **The Board of Directors will monitor the implementation of the TBRHSC Anti-Discrimination and Anti-Racism Policy if and when concerns are escalated through the Patient Safety and Quality Care Committee.**

Community Partnerships

Indigenous Partners Steering Committee



Crystal Bell
Matawa
First Nations



James Cutfeet
Kitchenuhmaykoosib
Inninuwug Dibenjikewin
Onaakonikewin



Monica Hemeon
Sioux Lookout First
Nations Health
Authority



Kendra Walt,
BScN, MN, RN
Director, Health
Services Mushkiki

> **"The work that TBRHSC and the IPSC is doing has been a collaborative effort and will have a positive impact on the services received by our community members. It will improve Indigenous lives, access to Health care and allow for Indigenous voices to be part of the planning and development at TBRHSC. This is a great step toward reconciliation."**
>
> Monica Hemeon, SLFNHA

Grand Council Treaty #3
Nishnawbe Aski Nation
NOSM University
St. Joesph's Care Group
Dilico Anishinabek Family Care
St. Joesph's Care Group
Regional Specialized Services Network

Confederation College

Onajigawin Indigenous Services Program

The Onajigawin Indigenous Services Program is a two-year diploma designed to prepare students to support Indigenous individuals and communities in a culturally safe and reflective manner across multiple sectors. The curriculum emphasizes cultural safety, humility, and understanding of systemic inequities, while focusing on Indigenous knowledge and the impacts of colonization.

TBRHSC collaborated with the Program to provide an important opportunity for students to put these principles into practice within health care and, through the hiring of graduates, for that learning and approach to continue within the health care system.

The relationship has also created an important pathway from education to employment. Graduates of the Onajigawin Indigenous Services Program have been hired by TBRHSC, strengthening Indigenous representation and culturally grounded practice within the health care workforce. For current students, seeing program graduates working within the Hospital is also powerful. It provides a visible pathway from their education, through field placement and mentorship, and into meaningful professional employment.

To date, Onajigawin Indigenous Services students have completed field placements within the Hospital, including opportunities to work and learn alongside ICC. This provides students with firsthand experience of Indigenous health care and patient support within a large health careenvironment while learning alongside Indigenous professionals who are actively working to strengthen culturally safe and wholistic care for Indigenous patients and families.

The partnership demonstrates how postsecondary education and health care organizations can work together to respond meaningfully to the Truth and Reconciliation Commission's Calls to Action. It goes beyond providing students with a placement experience; it creates opportunities for learning, mentorship, professional development, employment, and continued relationship building.

Cody Wawia was the first student to complete this program and be hired at TBRHSC. Cody was on site as a student from January to April 2026 and began employment as an ICC in April 2026.





Thunder Bay Catholic School Board

Co-operative education (also known as high school co-op) provides secondary school students with an immersive learning experience in a safe, culturally responsive environment. The co-operative education program aligns with our mission as an academic health sciences centre and our strategic priority Staff Experience, allowing students to learn about TBRHSC and to apply their skills and interests in different areas of the Hospital. Students are able to engage in unique learning opportunities that are not only memorable, but allow them to gain practical, hands-on work experience that enhances their resume. In addition, the program can help students decide on a post-secondary career path and may find themselves working at TBRHSC in the future.

Miskwaa Biidaaban welcomed the team's first co-op student this year, Brighton Cherneske.

> **"The accomplishments that I'm most proud of were that I was able to improve my speaking skills and being able to talk to other people, which I used to be shy or afraid. I felt welcomed and that they got to know me. I was able to speak my mind and they heard what I had to say. It was nice to be able to get them to helpe me with my homework. Co-ops can help influence a student's future career by showing that there are a lot of different things that is going on at the Hospital."**
>
> Brighton Cherneske



Emergency Department ICC: Community Partner Engagement

The ICCs in our Emergency Department (ED) undertook engagement with community partners to learn about the programs and services they offer for Indigenous patients after discharge from the ED. By making these connections within the community, they can better support the vulnerable populations they serve, include those who are homeless, have mental health challenges, use substances and other complex needs., mental health challenges, substance use, and other complex needs. Since outreach began, there has been an increase in referrals across partner organizations. Community partners include: HART Hub, Shelter House, Kwae Kii Wiin, St. Joseph's Care Group, Ontario Native Women's Association. This work is ongoing and more partners will be added.



By the Numbers

Wake the Giant staff completion

93%

Repairing the Sacred Circle

1260

staff have completed

100%

leadership

82%

managers

33%

general staff

Events

300 Open Doors Career Fair

75 Matawa Students

20 Pharmacy Technician Class

60 Northern Ontario Home and Community Care Network (NOHCCN) Service Delivery Planning and Personal Support Worker Skills Training

15 Palliative Care Education Collaborative

10 Windigo Health Directors

50 Chiefs of Ontario - Health Forum

60 NOHCCN

80 Wake the Giant (Dennis Franklin Cromarty High School)

150 Red Rock Career Fair

Indigenous Care Coordinator Presentations

25 Indigenous Nurses Day Panel

8 RISE Training

3 HART Hub

45 Outreach Network

3 SJCG Withdrawal Management

24 Security

1 Elevate NorthWest Ontario

20 ONWA

6446

Patients supported by ICC to date

Recognition

iCare Impact Awards

The iCare Impact Awards recognize the contributions of staff that go above and beyond their responsibilities to ensure positive outcomes. In particular, the Vision Award is presented to an individual or team who has exemplified our values and dedicates their energy to ensuring our vision of *exceptional care for every patient, every time.*

The recipient of this award is peer-nominated based on their daily work-life responsibilities and the added efforts that show through to further support our mission, vision, values, and strategic directions.

The nomination: *ICCs go above and beyond to support Indigenous patients receiving care at TBRHSC. The ICCs work tirelessly to ensure Indigenous patients feel supported and heard throughout their care journey and receive care in a culturally safe environment. When an Indigenous patient requests support from an ICC, the ICCs will work collaboratively to develop ways to meet each patient's unique needs. This includes working closely with the Traditional Wellness Lead to make traditional medicines and supports available while the patient is receiving care here. Each patient interaction allows the ICCs to identify gaps in care that can be addressed through policy and procedure changes across the organization. Their hard work and dedication to patients, families and the strategic direction of Equity, Diversity and Inclusion do not go unnoticed.*



Leona Kakepetum, Leadership Course Graduation

Leona Kakepetum, Director Indigenous Collaboration, Equity and Inclusion has graduated from Leadership Development Training through Rotman School of Management, and has completed the most recent Humber College leadership program.

This milestone reflects her hard work and commitment, as well as our organization's ongoing investment in leadership growth and development. Leona will participate in the next cohort of the second level of Rotman courses.



Annette Klement 5-Year Service Award



Truth and Reconciliation Commission
Timeline



2021
Indigenous Care Coordinator program launched in partnership with Anishnawbe Mushkiki and Grand Council Treaty #3



2022
Dr. Miranda Lesperance hired as the Vice President, Indigenous Collaboration, Equity & Inclusion



2024
Launch of Repairing the Sacred Circle

2020
Results of Indigenous Engagement Survey for Strategic Plan 2020 were unveiled (this SP did not happen due to the COVID-19 pandemic)



2021
TBRHSC adopts a self-identification process to better serve Indigenous patients.



2023
Launch of Wake the Giant Cultural Training



2024- 2025



Robinson Superior Treaty Plaque
This permanent plaque honors the ancestral lands of Fort William First Nation and the First Nation communities within this Treaty to reaffirm our commitment to Truth and Reconciliation. It stands as a powerful symbol of our respect for Treaty relationships and our dedication to Call to Action #10 (vii), marking an important step toward a more collaborative future.



Matawa ICC position
Matawa Health Co-Operative and TBRHSC signed a Service Agreement for an additional Indigenous Care Coordination (ICC) dedicated to support First Nation community members from the nine Matawa First Nations: Constance Lake, Eabametoong (Fort Hope), Long Lake 58, Ginoogamang, Marten Falls, Neskantaga (Lansdowne House), Webequie, Nibinamik (Summer Beaver), and Aroland.



Intensive Care Unit (ICU) Artwork Collaboration with Dennis Franklin Cromarty High School
To enhance Patient and Family Centred Care (PFCC), TBRHSC revamped the ICU waiting room, creating a welcoming and comfortable space. This initiative included new furniture, vibrant paint, and the integration of student artwork from Dennis Franklin Cromarty High School, reflecting community values and creativity. By fostering an inviting environment, TBRHSC aims to support families during challenging times and highlight student talent, with plans to update the artwork annually or semi-annually.

Emergency Department Indigenous Care Coordinator (ICC) Position
Implementation of an ICC specifically in the Emergency Department to provide culturally safe care to improve health delivery and equity outcomes for Indigenous Peoples within the organization.



Repairing the Sacred Circle Orientation
TBRHSC has integrated cultural safety training into the employee orientation process to ensure that all new hires develop a foundational understanding of cultural humility and respect from the start of their career journey at TBRHSC.



Truth and Reconciliation Commission
Timeline

2025- 2026



Powwow Demonstration

To celebrate Indigenous History Month, a Powwow demonstration was held at our Hospital. Over 70 staff from across departments, as well as patients and their families, gathered to celebrate and learn together. A highlight of the event was seeing young dancers share their gifts and stories through dance. Attendees learned about the parts of regalia and the different types of dancing, including Men's Warrior, Grass, Traditional and Women's Jingle Dress, and Fancy Shawl/Butterfly Shawl. The demonstration also invited participants to take part in an Intertribal and Social Dance, allowing for a deeper understanding and appreciation of Powwows. Miigwech to Elder Marlene Pierre, Knowledge Keeper Jeordie Pierre, the dancers and drummers as well as everyone who joined us.



ICC Office Space

The ICC office has been relocated to the 2nd floor next to Volunteer Services in response to public feedback highlighting the need for greater visibility and accessibility within the Hospital. This new location not only enhances wayfinding for patients and their families but also fosters a supportive environment by placing the coordinators in a patient-facing area. By being closer to Volunteer Services, the ICCs will be better equipped to collaborate and connect with vital resources, ultimately enriching the care experience for Indigenous patients and ensuring their needs are met with increased ease and accessibility.

Women & Children ICC

Tarra Baker joined ICC team after nearly nine years as a Rehab Assistant in the Rehabilitation Services Department. With a Kinesiology Degree from Lakehead University, she brings strong experience inpatient and family centered care and functional rehabilitation. Tarra provides dedicated support to the Women & Children's Department, contributing to the advancement of culturally safer care for Indigenous Peoples.



Smudging

Staff at TBRHSC can participate in weekly smudge ceremonies. The Hospital hosts weekly Smudge ceremonies for staff to reconnect with themselves and have a moment of self-care during their busy day. By attending Smudge ceremonies, staff can clear their minds and emotions, release negative thoughts and feelings, and reconnect with themselves. Patients who are cared for by staff who are healthy will receive better care and experience empathy, compassion, and respect in every encounter.



Next Steps

As we reflect on the progress made in advancing Indigenous health equity at TBRHSC, we remain committed to ongoing learning, collaboration, and accountability. In the coming year, we will also intensify our efforts in response to Call to Action #22.

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.

First Nations Communities of Northern Ontario

Thunder Bay Regional Health Sciences Centre





Thunder Bay Regional
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Exceptional **care** for every patient, every time.